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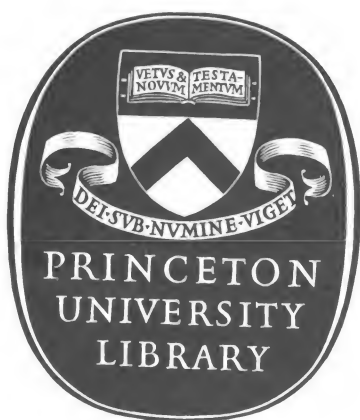
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# THE LANCET.

MDCCCXXX—XXXI.

IN TWO VOLUMES.

VOL. I.

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EDITED BY  
THOMAS WAKLEY,  
SURGEON.

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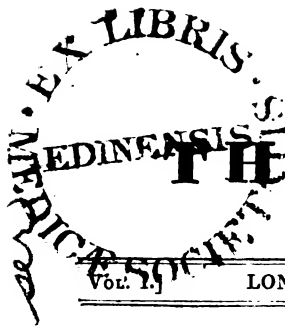
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# THE LANCET.

Vol. I.]

LONDON, SATURDAY, SEPTEMBER 25.

[1830-31.

## ADDRESS.

IN addressing a few prefatory remarks to the readers of *THE LANCET*, on commencing the Volumes for another medical year, it is not necessary that we should enlarge upon the subjects which are usually embraced in such essays. Instead of launching into bombastic promises for the future, we have rather to direct attention to the past; and, instead of appearing before the profession as untried men, we stand forward as Journalists who have waged a constant war against the unprincipled abettors of public abuses. In our first address to the profession, we took the opportunity of briefly descanting upon the advantages which must arise to the community from the publication of the lectures that were delivered, and of the cases that were treated, in our great national Hospitals. The success—the extraordinary, the unparalleled success—of *THE LANCET*, shows that our opinions on this question were founded upon a knowledge of the wants of the profession in a particular branch of medical information,—of the true theory of medical science,—and of the best interests of the public. Next to life itself, nothing can be so valuable to man as health, and to this nothing can be so conducive as the ardent cultivation of the science of medicine. Having at an early period observed the vast sources of knowledge which were hidden from public view within the walls of our national institutions, we thought that the press might become available for rendering to practitioners in the most distant parts of the globe, some portion of the practical experience which, for so many succeeding ages, had been enjoyed only by the favoured few;—by individuals who had ever appeared more anxious to embitter or destroy the cup of knowledge, than to pass it with a friendly and cheerful hand around the circle of thirsty inquirers who, had they been permitted, would have diffused its benign influence, like the dew-drops of heaven, over all mankind.

The Lectures and Cases of our public hospitals, we always regarded as the two great sources of medical information, and it was to the publication of these that, from the first, we directed our most especial attention. If the Lectures were sound in principle,—drawn from practical knowledge, and enriched by the ever-sure results of experience,—it is evident that their diffusion amongst practitioners, and especially amongst the junior members of the profession in all parts of the globe, could not fail to produce universal good. On the other hand, if the Lectures were unsound in principle, deficient in practical knowledge, devoid of facts derived from the personal experience of the Lecturer,—we considered that publicity would prove the best corrective; that by this salutary and effectual check, the pupils would be spared the pain, labour,



and expense, of listening to doctrines that were worthless, or even fallacious, and that the public would be protected against the evils which, it is feared, have but too frequently arisen from the propagation of crude, ill-digested, and dangerous medical theories.

In selecting Lectures, therefore, for publication in the pages of this Journal, it must not be inferred that the *excellence* of the discourses has always been to us the magnet of attraction. THE LANCET is a medical newspaper, and we should no more think of publishing *some* Lectures with a view, by their direct application, to improve the practice of medicine, than a daily Journalist would think of improving, immediately and directly, the morals of the people, by publishing an account of a murder, or of a burglary. An advantage of exactly the same kind and extent, is probably derived from publicity in both instances; but the benefit is obtained, in each case, by causes of a directly opposite character. Numerous are the courses of Lectures which we have published during the seven years this Journal has been established, and numerous are the pages that might have been better occupied, as far as instruction was concerned, had not exposure been deemed the most effectual means of leading to the reformation of pernicious principles and practices.

It will readily be confessed, and believed, that it would be a work of supererogation to publish any more Lectures, with a view merely to show that some of the best that ever were written, and many of the worst that ever were written, are annually delivered in this metropolis. These facts being now well known and acknowledged, one of the first objects of publicity has been fully attained. Students, in the present day, *inquire* before they enter to the classes; they are no longer misled, no longer cajoled by false, hypocritical, clap-trap advertisements. Having, therefore, presented the profession with lectures on Surgery, on the Practice of Medicine, on Chemistry, on Pathology, on Midwifery, on Anatomy, on Physiology, on Phrenology, on the Intellectual Composition of Man, on Ophthalmic Surgery, and on the Diseases of the Nervous System, with a great number of clinical lectures on desultory diseases, there remain only three or four other courses mentioned in the curricula of our profound medical colleges. The publication of these lectures we must defer to a future occasion; for, in consequence of the great and unexpected length of the course which we have just concluded, we have been compelled to omit in the volumes for the past year, nearly the whole of the customary reports from our Hospitals,—a species of medical information far, very far, surpassing, in point of real value, every other description of medical record; while the clinical lectures, which are founded on the cases, are often instructive in the highest degree, and are incomparably superior to the sing-song trash which is annually doled out at so much a yard, under the title of “regular courses.” Of “regular courses” of lectures, then, for the present, we take our leave; and it will be our object, in succeeding Numbers, to render THE LANCET a moving picture of every interesting fact that may present itself to the notice of our reporters in the great national establishments. It is too true, that the students of this metropolis are but seldom gratified by the delivery of a clinical lecture,—an omission on the part of the medical officers of our Hospitals which cannot be too severely reprobated. We believe that Dr. ELLIOTSON, of St. Thomas’s Hospital, Dr. WATSON and Mr. CHARLES BELL, of the Middlesex, Mr. BRODIE, of St. George’s, and Mr. EARLE, of St. Bartholomew’s, are the only physicians and surgeons who *regularly* deliver clinical lectures in their respective institutions.

In order to remedy a defect of this magnitude, the pupils should obtain a promise

before paying their entrance fees, that the physicians and surgeons would regularly deliver clinical lectures upon all diseases of importance that may fall under their treatment. The value, indeed we may say the very great value, of the clinical discourses, which were published in the Volumes of *THE LANCET* just concluded, is enough to render every student extremely anxious for this species of medical disquisition. The data were before his eyes, the treatment has just been under his immediate notice, he has seen the effects of the remedies, and, therefore, he has had the best opportunity of judging for himself of the propriety and soundness of the conclusions of his preceptor. By the sufferings of the patient, the observer becomes sympathetically interested in his welfare, and impressions painfully produced are long fixed upon the memory. The eye is evidently the great channel that leads to medical knowledge: this may at any time be proved by contrasting the dubious and obscure descriptions of disease given by the theorist, with the positive, distinct, and picturesque language of the actual observer. Abstract theories, tedious, wearisome, uninteresting lectures of an hour and a half in duration, neither aided nor illustrated by the presence of disease itself, are almost useless to the tyro, and to the experienced practitioner present little more than old, well-known maxims, obscured by the sophistry of unsubstantial speculation. Accurate descriptions of diseases, then, as they really occur in our hospitals, together with the expositions given by the teacher, furnish materials for supplying a knowledge of the principles and practice of medicine inferior only to those which can be derived from personal observation and experience. It was under this impression that we commenced the publication of hospital reports in the autumn of 1823, and since that time the voice of the profession has every-where been raised in favour of the plan, all acknowledging that it has been of incalculable service to science and to the cause of medical reform. A kind of medical police has been thus established, having a constant tendency to ensure to the student, punctuality from the lecturer; to the teacher, respect and attention from the pupil; and to the patient, a safe, diligent, and humane treatment from his medical attendant. At the same time, the practice and experience furnished by our great medical institutions are, when worthy of imitation, rendered available to those practitioners who reside at a distance from the metropolis. Actuated by a strong feeling on all these points, it may readily be conceived that we have not curtailed the hospital reports in our preceding volumes without very deep regret; and the resumption of operations, with our little regiment of pioneers, in this field of inquiry, and, alas! sometimes of slaughter, will be a source of satisfaction to ourselves, and must prove of infinite advantage to all classes of the community.

In publishing "regular courses" of lectures, upon the practice of medicine or surgery for example,—it must be confessed, that after such a number has been presented to the public, and while there are so many systematic works on these hacknied subjects, not one page in forty can consist of new matter; besides, if a surgeon or physician make a discovery of the least importance in medical science, he hesitates not to lay it before the profession in the shape of a well-bound, hot-pressed octavo. Thus secure, by the natural vanity of all authors, against the concealment of important facts, or valuable opinions,—*THE LANCET*, on entering its eighth year, presumes to think that it can go alone; that it can proceed unaided even by the ornamental cords which have been so frequently and so ingeniously woven from the mutilated folios of certain dictionaries and encyclopædias. Instead of leading-strings, instead of guides, they have acted like fetters, and the limbs have grown restless and painful under the weight and pressure

of restraint. The go-cart, that yields assistance to the infant, would act as a disagreeable clog to the boy who is desirous of stretching himself vigorously in the seventh year of his age; and even the infant, with the support of his perambulating machine, would be ill-requited in his search after nutriment, if he could only discover one grain of wheat in a bushel of chaff.

The discontinuance for the present, then, of the "regular courses" of lectures, besides affording space for the insertion of many Hospital reports, will enable us also to devote more attention to the reviews of new works. We shall be enabled, likewise, to appropriate a larger space to the contributions of many well-informed and scientific correspondents; the important proceedings also of several learned societies, accounts of which we have hitherto been frequently compelled to omit, will in future receive constant and earnest attention. In a word, it shall be our endeavour to render *THE LANCET* an epitome of every-thing that is passing in the medical world—a faithful picture of "medical life."

Of the more prominent events which have been connected with the profession during the past year, two or three only call for notice in this place.

The decision of Lord Tenterden, in the cause of *Handey v. Henson*, is the commencement of a new era in the practice of medicine; it has unmasked pretenders, and reduced them to their proper grade, while to the scientific services of the well-qualified and regular practitioner it affords a just security, and has raised him to his proper, honourable rank in the profession.

The self-perpetuating, tyrannical council of the college of surgeons still labours in its sordid vocation. Several more of the MEMBERS of the college have been recently degraded by it, and are for ever deprived of the least chance of assuming the robes of office. Their names have been passed over in the list, they have been rejected without open discussion, and punished without an opportunity of meeting their accusers, either by themselves or their agents, or of knowing of what they have been accused. The CHARTER of this college is a nuisance that *must* be abated.

The circumstances connected with the inquest held on the body of the late Miss Catherine CASHIN might well be adverted to at some length in this place, were not the affair still *sub judice*, and did not impartial justice demand that nothing should be advanced, which by possibility could influence the minds of the jury, before whom the fortunes, the reputation, and even the life of a fellow-creature, may be at stake.

By reminding our readers, in conclusion, of the manner in which we have repeatedly exposed the ignorance and incompetency of non-medical coroners, we embrace this opportunity of pointing to the late contest for the office of coroner for this county, as one of the most splendid triumphs ever achieved for the press and the medical profession. It exhibits a brilliant example of what reason can accomplish over prejudice. There is not now to be found in the county of Middlesex a single well-informed mechanic who would endeavour, by his vote, to place an attorney in the office of coroner. Every man acknowledges, that as it is a medical office, so it can only be adequately occupied by a medical judge. It is evident from what transpired during the struggle, that the long-persecuted members of our incomparable profession have made a rapid march towards intelligence and moral power. Medical men in their canvass, were everywhere received by the public with open arms; and it is no more than an act of justice towards the gentlemen of the law to state, that many of the most intelligent at the Bar were the warm, zealous, and active supporters of the medical candidate. At one period

of the election, there were on the hustings not less than seven gentlemen, from the Inner Temple alone, actively exerting themselves on his behalf. The medical candidate,—although opposed to an unprincipled league of five attorneys, of whom three had advertised that from the number of promises they had obtained they were “confident of success,”—was only in a minority of one hundred and thirty-six on a poll of seven thousand two hundred and four; the attorney had not a hand raised in his favour before the hustings, while from forty to fifty thousand were exhibited in acknowledgment of the claims of the surgeon. With the public, therefore, this may be regarded as a settled question, and never again will the medical profession be insulted by the election of an attorney to the office of medical judge, in the county of Middlesex.

## ACCOUNT OF THE MEDICAL AND SURGICAL SCHOOLS OF LONDON,

*For the Session 1830-31.*

THE following are the Regulations published by the College of Surgeons and Apothecaries Company, which are to be rigidly observed by the students, or they will not be admitted to examination.

### COLLEGE OF SURGEONS.

THE College of Surgeons requires of candidates six years' professional study; to attend not less than three winter courses of anatomy, two courses of dissection, two courses of the principles and practice of surgery (three months each or one six months), two courses of practice of medicine (three months each or one six months), one course on materia medica and botany, two courses on chemistry (of three months each), and two courses on midwifery (of three months each); hospital surgical practice, twelve months, or during four years the surgical practice of a recognised provincial hospital, and six months at least of a London Hospital.

### APOTHECARIES COMPANY.

REGULATIONS TO BE OBSERVED BY STUDENTS, WHOSE ATTENDANCE ON LECTURES SHALL COMMENCE ON OR AFTER THE FIRST OF JANUARY, 1831.

STUDENTS who are at present pursuing their medical studies, and those who may begin to attend lectures at the commencement of the next medical session (viz. October), will be received as candidates for examination by complying with the regulations heretofore published.

Every candidate for a certificate to practise as an apothecary, will be required to produce testimonials of having served an apprenticeship of not less than five years to an apothecary:—The apprenticeship must have been served with a person legally qualified to practise as an apothecary, either by having been in practice prior to or on the 1st of August, 1813, or by having received a certificate of his qualification from the Court of Examiners.

Of having attained the full age of twenty-one years:—As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.

Of good moral conduct:—A testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person.

Of having devoted at least two years to an attendance on lectures and hospital practice,



## REGULATIONS OF THE APOTHECARIES COMPANY.

The candidate must have attended the following courses of lectures. The lectures required in each course respectively, must be given on separate days.

*Chemistry*.—Two courses; each course consisting of not less than forty-five lectures.

*Materia Medica and Therapeutics*.—Two courses; each course consisting of not less than forty-five lectures.

*Anatomy, Physiology, and Anatomical Demonstrations*.—Two courses; of the same extent as required by the Royal College of Surgeons of London.

*Principles and Practice of Medicine*.—Two Courses; each course consisting of not less than forty-five lectures, to be attended subsequently to the termination of the first course of lectures on chemistry, materia medica, and anatomy and physiology.

*Botany*.—One course.

*Midwifery and the Diseases of Women and Children*.—Two courses to be attended during the second year.

*Forensic Medicine*.—One course; to be attended during the second year.

Students are moreover recommended diligently to avail themselves of instruction in morbid anatomy.

The candidate must also have attended for twelve months at least the physician's practice at an hospital containing not less than sixty beds, and where a course of clinical lectures is given; or for fifteen months at an hospital wherein clinical lectures are not given; or for fifteen months at a dispensary connected with some medical school recognised by the court. The whole of such attendance to be subsequent to the first year of attendance on lectures. Certificates of attendance on the physician's practice at dispensaries will continue to be received until the 1st of January, 1833, from all such as have heretofore been admitted, but after that time the present regulation will be strictly adhered to.

The testimonials of attendance on lectures and hospital practice must be given on a printed form, with which students may be supplied, on application at the under-mentioned places:—In London, at the Beadle's Office, at this Hall. In Edinburgh, at Messrs. McLachlan and Stewart's, booksellers. In Dublin, at Messrs. Hodges and Smith's, booksellers. In the provincial towns, where there are medical schools at the hospital, or from the teacher who keeps the register of the school.

Students are enjoined to observe that no other form of testimonial will be received; and that no attendance on lectures will qualify a candidate for examination, unless the teacher is recognised by the court.

The teachers in Dublin, Edinburgh, Glasgow, and Aberdeen, recognised by the constituted medical authorities in those places respectively, are recognised by the court.

*Registration*.—A book is kept at the Hall of the society for the registration at stated times of the names of students, and the lectures, hospitals, or dispensaries, they attend. The book will be opened for the registration of those students whom these regulations affect, on the 1st of February, 1831.

All students in London are required to appear personally, and to register the several classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the court, whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for the registration during the first twenty-one days of the months of February, June, and October, from nine o'clock until two.

The court also require students at the provincial medical schools to register their names in their own hand-writing, and the classes they attend, with one of the teachers in each respective school, within fourteen days from the commencement of each course of lectures, and those students only will be deemed to have complied with the regulations whose names are so registered. The students will be informed at each school, respectively, of the name of the teacher to whose care the register will be confided.

Each student, at his first registration, will receive the printed form on which he is to obtain the certificates of his teachers.

### *The Examination of the Candidate will be as follows:—*

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. In translating parts of Celsus de Medicina, or Gregory Conspectus Medicinæ Theoreticæ, Pharmacopœia Londinensis, and Physicians' Prescriptions.</li> <li>2. In Chemistry.</li> </ol> | <ol style="list-style-type: none"> <li>3. In Materia Medica and Therapeutics.</li> <li>4. In Botany.</li> <li>5. In Anatomy and Physiology.</li> <li>6. In the Practice of Medicine.</li> </ol> |
|--|---|

*Notice*.—Every person offering himself for examination must give notice in writing to the clerk of the society on or before the Monday previously to the day of examina-

tion, and must also, at the same time, deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from nine until two o'clock.

Candidates will be admitted to examination in the order in which their names stand on the notice paper; and those neglecting to attend agreeably to their notice, will, upon a subsequent application, be placed at the bottom of the list.

By the 22d section of the Act of Parliament, no rejected candidate can be re-admitted to be examined until the expiration of six months from his former examination.

The court meet in the Hall every Thursday, where candidates are required to attend at half-past four o'clock.

(By order of the Court)

JOHN WATSON, Secretary.

Apothecaries Hall, Sept. 9, 1830.

### HOSPITALS AND SCHOOLS.

THE following tables, with the notes attached to them, present a list of the various medical and surgical schools open to students in London for the session commencing October 1st—an enumeration of the branches of knowledge which are taught in them—the names of the teachers and professors—the hours of lecture and attendance—and the expense of entering to each course and to the medical and surgical practice of the hospitals and dispensaries;—together with some other particulars which the various teachers have appended to their prospectuses.

### UNIVERSITY OF LONDON.

Classes and Professors.	Days and Hours of Lectures.	Fees to the Courses.*
Anatomy; Professor Pattison.	Daily, except Saturdays, at 2 p.m.	Whole course, 7 <i>l</i> .; or first division 4 <i>l</i> .; second div. 3 <i>l</i> .; perpetual, 10 <i>l</i> .
Ditto; Prof. Bennett.	Daily, except Sat., 11 a.m.	W. C. 6 <i>l</i> .; or 1st D. 3 <i>l</i> .; 2nd D. 3 <i>l</i> .; P. 9 <i>l</i> .
Demonstrations and Dissections; Prof. Bennett and Mr. R. Quain.	.....	
Physiology; Prof. C. Bell.	Tues. and Thur. from 5 to 6.	W. C. 3 <i>l</i> .; P. 4 <i>l</i> . 10 <i>s</i> .
Nature and Treatment of Diseases; Prof. Conolly.	Daily, except Saturday, from 4 to 5.	W. C. 6 <i>l</i> .; or 1st Div. 3 <i>l</i> .; 2nd D. 3 <i>l</i> .; P. 9 <i>l</i> .
Surgery; Prof. Pattison.	Mon. and Fri. from 5 to 6.	W. C. 2 <i>l</i> .; P. 4 <i>l</i> .
Midwifery, and Diseases of Women and Children; Prof. Dr. Davis.	Daily, except Sat. from 9 to 10.	W. C. 5 <i>l</i> .; 1st D. 3 <i>l</i> .; 2nd D. 2 <i>l</i> .; P. 7 <i>l</i> .
Clinical Medicine; Prof. Dr. Watson.	Mon. and Fri. from 12½ to 1½.	W. C. 4 <i>l</i> .; half the C. 2 <i>l</i> .
Materia Medica and Therapeutics; Prof. Dr. Thomson.	Daily, except Sat. from 8 to 9.	W. C. 6 <i>l</i> .; 1st D. 3 <i>l</i> .; 2nd D. 3 <i>l</i> .; P. 9 <i>l</i> .
Chemistry; Prof. Dr. Turner.	Daily, except Sat. from 10 to 11.	W. C. 7 <i>l</i> .; 1st D. 4 <i>l</i> .; 2nd D. 3 <i>l</i> .; P. 10 <i>l</i> .
Compar. Anatomy; Prof. Dr. Grant.	Daily, except Sat. from 3 to 4, to Jan. 1st, 1831.	W. C. 2 <i>l</i> .
Med. Jurisprudence; Prof. Dr. Smith.	Mon. Wed. and Fri. from 7½ to 8½.	Not yet announced.
Botany; Prof. Lindley.	Daily, except Mon. from Oct. 1 for 6 weeks, and from Apr. 1 for 6 weeks.	W. C. 3 <i>l</i> .; P. 6 <i>l</i> .

\* In this column W. C. means, whole course—D. division—and P. perpetual.

*Hospital Attendance at the Middlesex Hospital, Berners Street, Oxford Street.*

Physicians:  
Dr. M<sup>c</sup>Michael,  
Dr. Hawkins,  
Dr. Watson.  
Surgeons:  
Mr. Joberns,  
Mr. Bell,  
Mr. Mayo.

Hospital attendance daily, except Saturday, from half past twelve to half past one.

*Medical Practice.*—Academical session of 9 months, 12l. 12s. Second session, 12l. 12s., after which the pupil will have free admission; or a fee of 21l. at once, or of 9l. 9s. in addition to the first 12l. 12s., if paid before the conclusion of the first session, entitles the pupil to free admission. Entrance fee to the apothecary, 1l. 1s.; to the secretary, 5s.  
*Surgical Practice.*—The same as the above.

*Dispensary Attendance at the Dispensary, No. 4, George Street, Euston Square.*

Attended by Drs. Conolly, Thomson, Davis, and Pattison.

Dispensary attendance daily, except Saturday, from half past twelve to half past one.

For twelve months, 6l. 6s.

*Table of Day and Hours of Attendance for the Pupils forming the Medical Classes.*

	M.	Tu.	W.	Th.	F.	S.	Class.
8 to 9	—	—	—	—	—	—	Materia Medica.
9 .. 10	—	—	—	—	—	—	Midwifery.
10 .. 11	—	—	—	—	—	—	Chemistry.
11 .. 12	—	—	—	—	—	—	Anatomy.
12½ .. 1½	—	—	—	—	—	—	Clinical Medicine.
12½ .. 1½	—	—	—	—	—	—	Hospital Attendance.
12½ .. 1½	—	—	—	—	—	—	Dispensary Attendance.
2 .. 3	—	—	—	—	—	—	Anatomy.
3 .. 4	—	—	—	—	—	—	Comparative Anat., 15 Oct. to 31 Jan.
3 .. 4	—	—	—	—	—	—	Zoology, 1 Feb. to 30 April.
4 .. 5	—	—	—	—	—	—	Nature and Treatment of Diseases.
5 .. 6	—	—	—	—	—	—	Surgery.
5 .. 6½	—	—	—	—	—	—	Physiology.
7 .. 8½	—	—	—	—	—	—	Medical Jurisprudence.
.....	—	—	—	—	—	—	Botany, beginning of October to middle of November, and 1st April to middle of May.

## NOTES ON THE CLASSES.

*Anatomy.* Mr. Pattison and Mr. Bennett are associated in the chair of anatomy. The descriptive anatomy of the bones, ligaments, muscles, arteries, veins, nerves, and lymphatics, and surgical anatomy, will be taught by Professor Pattison. The descriptive anatomy of the viscera, and general anatomy, comprising the development and organization of the several tissues, by Professor Bennett. Two complete courses of anatomy will be delivered during the session. The Museum of anatomy is open to the medical students every day from nine in the morning to dusk.

*Demonstrations and Dissections.* Mr. Bennett will be assisted by Mr. Quain. Weekly examinations will be held, and those pupils only who have regularly at-

tended the examinations will be admitted to contend for honours and medals at the close of the session.

*Physiology.* In this course of lectures, the professor presents the anatomy before the class in a form somewhat different from that in which it is exhibited by the professors of anatomy, in order to secure a sound foundation for reasoning, and to join the knowledge of structure with that of the properties of life in the parts. To comply with the regulations of the College of Surgeons and Society of Apothecaries, the student must attend the lectures of the professor of physiology and those of the professor of anatomy.

*Nature and Treatment of Diseases.* These lectures are illustrated by a large collection of drawings, made from cases exhibiting the various structural changes effected by disease; and also by preparations from the Museum of Anatomy. Whenever it is practicable, recent morbid specimens will be presented to the class. The drawings are placed in frames in the museum after each lecture, for more particular examination; and the preparations are arranged for reference during the whole progress of the course.

*Midwifery, and Diseases of Women and Children.* The subjects to be treated of by the professor of midwifery will be included under three principal departments, viz. anatomical, physiological, and pathological or practical. The two former will treat of the structures and functions of such parts and organs as are more or less immediately concerned in the practice of midwifery. The latter will treat of the actual practice of the art itself. Under this principal division of the course will be given particular instructions for the obstetric and medical treatment of all varieties of labours, under their respective heads of *Natural, Preternatural, Complex, and Instrumental*; as also ample histories of the most important diseases incident to the human female during the several epochs of her life; but most especially those to which she is subject during pregnancy, and in the puerperal state. The last section of the course will treat of the principal ailments of infants during the month, and then successively of eruptive and other diseases of the skin, of the diseases of the alimentary organs, of the morbid phenomena incident to the process of dentition, of convulsions, and of hydrocephalus.

*Clinical Medicine.* With the exception of the introductory lectures, this course is given at the Middlesex Hospital.

*Materia Medica and Therapeutics.* A museum has been formed by the professor of this department for the illustration of his lectures, to which the students of his class have access under certain regulations. Instruction in pharmaceutical chemistry will be given to private pupils in the professor's laboratory, which contains a steam apparatus, and facilities for vegetable analysis.

*Chemistry.* The professor proposes to give a few lectures on mineralogy and geology; but in order that such lectures should not interfere with other arrangements, they will be delivered on Saturdays. They will probably commence in the month of January. During the course of the session, there will be one or more classes of practical chemistry, which will commence towards the close of January.

*Comparative Anatomy.* In this course the organisation of the whole animal kingdom is considered. The varieties presented by the internal organs, and the modifications of their functions, are examined in every class of animals. The lectures and demonstrations are illustrated by recent dissections, by a series of zootomical preparations, and by drawings.

*Medical Jurisprudence.* The arrangements not finally completed.

*Medical Botany.* Commence early in October, and will continue for about six weeks daily, except Mondays; after which there will be a suspension of the lectures till the 1st of April, when they will be resumed for six weeks more. The autumn course will consist of botanical demonstrations, and an explanation of the principles by which the properties and internal organisation of plants are to be judged of by their external characters. The spring course will be occupied in considering the physiology and comparative anatomy of vegetation, and will comprehend the application of these branches of science to agriculture, horticulture, and systematic arrangement. The course of botany is subdivided in this manner, in order to enable the students in the medical school to complete their course of botany along with the medical classes; and to meet the regulations of the Society of Apothecaries, and those under which the University diploma is granted. But it would be to the advantage of students, if they were to extend their attendance to the whole of the spring courses, terminating in the end of June, the particulars of which may be known at the University. Although the second part of the spring course answers nominally to that of the autumn, yet the subjects employed in illustration will be totally different. Payment to the University for the autumn and whole of the spring course, 4l.

*Hospital Attendance.* The students may witness hospital practice at the Middlesex



## ST. BARTHOLOMEW'S HOSPITAL.

Hospital, which is in the vicinity of the University. Dr. Watson and Mr. Bell deliver clinical lectures upon their cases in the hospital.

**Dispensary Attendance.** The medical and surgical patients, and those of the professor of midwifery, are made the subjects of clinical instruction. The method of investigating and of prescribing for diseases is explained and illustrated, and the pupils have opportunities of attending patients at their own houses, and of becoming practically acquainted with the management of cases, under the superintendence of their teachers.

## ST. BARTHOLOMEW'S HOSPITAL.

Classes and Lecturers.	Days and Hours of Lectures.	Fees to the Courses.
Medicine; Dr. Hue.	Tues. Thur. and Sat. at 10 a.m.	One C. 4l. 4s.; Two C. 6l. 6s.; P. 7l. 7s.
Surgery; Mr. Lawrence.	Mon. Wed. and Fri. at 7 p.m.	One C. 5l. 5s.; P. 8l. 8s.
Chemistry; Dr. Hue.	Mon. Wed. and Fri. at 10 a.m.	One C. 4l. 4s.; Two C. 7l. 7s.; P. 8l. 8s.
Materia Medica and Botany; Dr. Hue.	Tues. Wed. and Fri. at 11½ a.m.	One C. 2l. 2s.; Two C. 3l. 3s.; P. 4l. 4s.
Anatomy and Physiology; Mr. Stanley.	Daily at 2½ p.m.	1st C. 5l. 5s.; 2d C. 4l. 4s.; 3d C. 3l. 3s.; P. 10l. 10s.
Clinical Lectures on Surgery; Mr. Earle.	.....	Gratuitous.
Demonstrations and Dissections; Mr. Skey and Mr. Wormald.	Demonstrations daily at 9 a.m.	One C. 3l. 3s.; P. 10l. 10s.
Midwifery, and Diseases of Women and Children; Dr. Conquest.	Tues. Thur. and Sat. at 7 a.m.	One C. 3l. 3s.; Two C. 5l. 5s.; P. 8l. 8s.
Hospital Attendance. — Physicians: Drs. Roberts, Hue, and Latham. — Surgeons: Messrs. Vincent, Lawrence, and Earle.	Hours of attendance extremely irregular.	Physician's pupil, six months, 12l. 12s.; P., 32l. 11s. — Surgeon's pupil, 6 mos., 18l. 18s.; 12 mos., 26l. 5s. — Dresser to the Surgeons 6 mos., 37l. 16s.; 12 mos., 52l. 10s.

**Surgery.** This course is intended to embrace the whole of surgery, medical and operative. The introductory lecture will be delivered on Friday, October 1st, at half past two p.m. The particular subjects will be illustrated clinically, as far as the cases occurring in the hospital during the progress of the course will allow.

**Medicine, Chemistry, Materia Medica, and Botany.** The lectures on medicine commence on Saturday, October 2nd, at ten a.m. Those on chemistry, Monday, October 4th, at ten a.m. The laboratory will be open every Monday, Wednesday, and Friday, from nine o'clock until noon, for the preparation and repetition of the several experiments connected with the subject of the course, and for the general purposes of operative chemistry. Gentlemen entering as perpetual pupils to both lectures on medicine and chemistry, are considered as perpetual also to all the others. Clinical lectures on the cases of patients in the hospital, will be given every Saturday at a quarter past eleven a.m. The course on materia medica and botany commences on Friday, October 8th, at a quarter past eleven a.m.

**Anatomy, &c.** These lectures commence on Saturday, October 2nd, at 2½ p.m.

**Midwifery.** Pupils, when qualified, are supplied with cases of labour gratuitously.

Morbid inspections as opportunities occur, at one o'clock. The museum of the hospital is opened every day for the admission of students.

## ST. THOMAS'S HOSPITAL.

Classes and Lecturers.	Days and Hours of Lectures.	Fees of the Courses.
Medicine; Drs. Elliotson and Williams.	Tues. Thur. and Sat., at 11 A.M.	1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 6 <i>l</i> . 6 <i>s</i> .
Materia Medica and Medical Botany; Dr. Roots.	Tues. and Fri. at 4 P.M.	1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 4 <i>l</i> . 4 <i>s</i> .
Chemistry; Dr. Burton.	Mon. Wed. and Fri. at 11 A.M.	1st C. 4 <i>l</i> . 4 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 6 <i>l</i> . 6 <i>s</i> .
Midwifery, and Diseases of Women and Children; Drs. Ferguson and Ashburner.	Mon. Wed. and Sat. at 4 P.M.	1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 5 <i>l</i> . 5 <i>s</i> .
Surgery; Mr. Green.	Mon. and Wed. at 8 P.M., and after Xmas on Fridays also.	One C. 3 <i>l</i> . 3 <i>s</i> .; P. 5 <i>l</i> . 5 <i>s</i> .
Anatomy, Physiology, and Operations; Mr. Tyrrell and Mr. South.	Daily at 4½ P.M.; Demonstrations by Mr. Solly, daily, at 10 A.M.	Lectures; 1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 5 <i>l</i> . 5 <i>s</i> .; Dissections; 1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd C. 2 <i>l</i> . 2 <i>s</i> .; P. 5 <i>l</i> . 5 <i>s</i> .
Comparative Anatomy; Mr. South.	Thur. at 8 P.M.	One C. 1 <i>l</i> . 1 <i>s</i> .; P. 2 <i>l</i> . 2 <i>s</i> .
Hospital Practice; Physicians, Dr. Elliotson, Dr. Roots, Dr. Burton.	The physicians visit daily at 12. Dr. Elliotson on Tues. and Fri.; Dr. Roots on Wed. and Sat.; Dr. Williams on Mon. and Thur.; Dr. Burton sees the out-patients on Thurs. and Sat. at 11 A.M.	Physician's pupil, 2 yrs. 24 <i>l</i> . 3 <i>s</i> .; 1 year 15 <i>l</i> . 15 <i>s</i> .; 9 months 12 <i>l</i> . 12 <i>s</i> .
Surgeons; Mr. Travers, Mr. Green, Mr. Tyrrell.	The surgeons visit daily at 12. Mr. Travers on Mon. and Thur.; Mr. Green on Tues. and Fri.; Mr. Tyrrell on Wed. and Sat. Out-patients seen on Mon. at 12. Operations on Fri.	Surgeon's pupil, one year, 26 <i>l</i> . 6 <i>s</i> .; 6 months 20 <i>l</i> .; a second entry, if within 2 months, 6 <i>l</i> . 6 <i>s</i> .; dresser 1 year 51 <i>l</i> . 2 <i>s</i> .; 6 months 32 <i>l</i> . 12 <i>s</i> .

*Medicine.* Dr. Elliotson will deliver the first course, and Dr. Williams the second. A clinical lecture every Thurs. at one P.M. to the physician's pupils, by Dr. Elliotson.

*Materia Medica and Botany.* The medical botany forming a part of these lectures, will be delivered by Mr. Iliff, at the conclusion of each course, to which the pupils entering to the materia medica will be privileged to attend.

*Surgical Practice.* Clinical lectures will be given to the dressers and surgeons' pupils. Pupils entering to the surgical practice of St. Thomas's Hospital, are allowed to attend that of Guy's. [Gentlemen who enter to the practice or the lectures at this hospital, are allowed the use of the library and of the reading room, so long as they continue attending as pupils.]

## GUY'S HOSPITAL.

Classes and Lecturers.	Days and Hours of Lectures.	Fees for the Courses.
Medicine; Drs. Bright and Addison.	Mon. Wed. and Fri. at 3½ p.m.	1st C. 4 <i>l</i> . 4 <i>s</i> .; 2nd C. 3 <i>l</i> . 3 <i>s</i> .; 3rd and P. 2 <i>l</i> . 2 <i>s</i> .; P. 8 <i>l</i> . 8 <i>s</i> .
Materia Medica, &c., and Medical Botany; Dr. Addison.	Tues. and Fri. at 7 p.m.	1st C. 3 <i>l</i> . 3 <i>s</i> .; 2nd and P. 2 <i>l</i> . 2 <i>s</i> .; P. 4 <i>l</i> . 4 <i>s</i> .
Midwifery, and Diseases of Women and Children; Dr. Blundell.	Daily, at 8½ a.m.	One C. 3 <i>l</i> . 3 <i>s</i> .; Two C. 5 <i>l</i> . 5 <i>s</i> .; 3rd, 4th, and 5th C. each 2 <i>l</i> . 2 <i>s</i> .; P. 10 <i>l</i> . 10 <i>s</i> .
Physiology; Dr. Blundell.	Mon. and Wed. at 6½ p.m.	One C. 2 <i>l</i> . 2 <i>s</i> .; 2nd C. and P. 2 <i>l</i> . 2 <i>s</i> .; P. 3 <i>l</i> . 3 <i>s</i> .

## GUY'S HOSPITAL—(continued.)

Chemistry; Messrs. Aikin and A. Barry.	Tues. Thur. and Sat. at 10½.	1st C. 4l. 4s.; 2nd C. 3l. 5s.; 3rd, 2l. 2s.; P. 8l. 8s.
Anatomy and Operations; Mr. B. Cooper.	Daily, at 2 p.m.	One C. 5l. 5s.; Two C. 9l. 9s.; Third C. 2l. 2s.; P. 10l. 10s.
Dissections.	.....	Each C. 3l. 3l.; P. 10l. 10s.
Surgery and Operations; Messrs. Key and Morgan.	Tues. Thur. and Fri. at 8 p.m.	One C. 3l. 3s.; P. 5l. 5s.
Natural Philosophy; Mr. A. Barry.	Thur. at 6 p.m.	One C. 2l. 2s.; P. 3l. 3s.; Hospital pupils 1l. 1s. less.
Hospital Practice; Physicians, Drs. Cholmeley, Beck, Bright, and Addison.	Attendance of the most irregular description.	Physician's pupil, 9 mos. 12l. 13s.; 12 mos. 17l. 18s.; P. 24l. 4s.
Surgeons; Messrs. Key, Morgan, and B. Cooper.	Ditto.	Surgeon's pupil, 6 mos. 20l.; 12 mos. 26l. 6s.; Dresser, 6 mos. 32l. 12s.; 12 mos. 51l. 2s.

*Medicine.* Clinical lectures will be given by the physicians. Demonstrations in morbid anatomy by Dr. Hodgkin. Price for a catalogue of the museum, 15s.

*Midwifery and Physiology.* Pupils of two or more courses of midwifery become perpetual to physiology, by entering for one course.

*Anatomy.* Lectures on the anatomy and diseases of the teeth are included in this course, and will be given by Mr. Bell. *Comp. Anat.*; by Mr. Morgan and Mr. Bell.

*Hospital Practice.* Clinical Instructions will be given by the surgeons. Demonstrator, Mr. Edward Cock; assistant demonstrators, Mr. Smith and Mr. Hilton. Pupils entering to the surgical practice of Guy's Hospital, are allowed to attend that of St. Thomas's. [Pupils will be permitted the use of the library, reading room, and botanic garden, subject to regulations.]

## ST GEORGE'S HOSPITAL.

Classes and Lecturers.	Days and Hours of Lectures.	Fees to the Courses.
Medicine; Drs. Chambers and M'Leod.	Mon. Wed. and Fri. at 11½ a.m.	1st C. 3l. 3s.; 2nd C. 2l. 2s.; P. 6l. 6s.
Surgery; Messrs. Brodie and Hawkins.	Mon. Wed. and Fri. at 7 a.m.	1st C. 3l. 3s.; P. 5l. 5s.
Materia Medica; Drs. M'Leod and Seymour.	Tues. Thurs. and Sat. at 11½ a.m.	1st C. 3l. 3s.; 2nd C. 2l. 2s.; P. 6l. 6s.
Midwifery and Diseases of Women and Children; Mr. Stone and Dr. H. Davies.	Mon. Wed. and Fri. at 10½.	Each C. 3l. 3s.; P. 5l. 5s.
Botany; Mr. G. Burnett.	Tues. Thurs. and Sat. at 7 p.m.	One C. 1l. 1s.; P. 2l. 2s.
Hospital Practice; Physicians, Drs. Hewitt, Seymour, and Wilson.	The physicians and surgeons attend usually at 12½ each day. Patients received on Wed. Operations on Thur. at 1 p.m.	Physician's pupils; 9 mos. 12l. 12s.; 12 mos. 16l. 16s. P. 25l. 4s.; fee to apothecary 1l. 1s.
Surgeons; Messrs. Brodie, Keate, and Hawkins.	.....	Surgeon's pupils; 6 mos. 15l. 15s.; 12 mos. 21l.; P. 52l. 10s.

*Hospital Practice.* Clinical lectures are given gratuitously to the pupils of the hospital, by Drs. Hewitt and Seymour, and Messrs. Brodie and Hawkins; and lectures on pathology, by Dr. Wilson, of which notice will be given. Pupils entering for twelve months, are allowed to dress the patients for three months without additional fee; the perpetual pupils are entitled to dress twice, and also to be house surgeons when properly qualified for the office.

## LONDON HOSPITAL.

Classes and Lecturers.	Days and Hours of Lectures.	Fees for the Courses.
Medicine; Dr. Billing.	Tues. Thur. Fri. at 3½ p.m.	1st C. 4l. 4s.; 2nd C. 3l. 3s.; two C., 6l. 6s.; P. 7l. 7s.
Materia Medica and Medical Botany; Dr. Cobb.	Wed. and Fri. at 9 a.m.	1st C. 3l. 3s.; 2nd C. 2l. 2s.; P. 4l. 4s.
Midwifery, and Diseases of Women and Children; Dr. Ramsbotham and Dr. F. H. Ramsbotham.	Mon. Wed. and Fri. at 10 a.m.	1st C. 3l. 3s.; 2nd C. 2l. 2s.; P. 8l. 8s.
Chemistry; Dr. Gordon.	Tues. Thur. and Sat. at 10 a.m.	1st C. 4l. 4s.; 2nd C. 3l. 3s.; two C. 6l. 6s.; P. 8l. 8s.
Anatomy, Physiology, and Operations; Mr. Headington and Mr. Luke.	Daily at 1½ p.m.	1st C. 5l. 5s.; 2nd C. 4l. 4s.; 3rd C. 3l. 3s.; P. 10l. 10s.
Surgery; Mr. Luke.	Mon. and Wed. at 7 p.m.	1st C. 3l. 3s.; P. 5l. 5s.
Demonstrations and Dissections; Messrs. Adams and Hamilton.	Daily at 11½ a.m.	3 C. each 3l. 3s.; P. 10l. 10s.
Hospital Practice; Physicians, Dr. Frampton, Dr. Billing, Dr. Gordon.	Clinical Lectures by Drs. Billing and Gordon, on Sat. at 3½ p.m.	Physician's pupils, 9 mos. 10l. 10s.; 12 mos. 15l. 15s.; P. 20l.; Apothecary's fee, 1l.
Surgeons; Sir W. Blizard, Mr. Headington, Mr. Andrews.	Clinical observations occasionally by Sir W. Blizard.	Surgeon's pupil, 6 months 21l.; 12 mos. 31l. 10s.; Library 1l.

The surgical lectures are free to students of the anatomical class.

## MIDDLESEX HOSPITAL.

THE only lectures at this hospital are *Clinical Lectures*, delivered by Mr. C. Bell to the physician's pupils, and lectures on *Midwifery, and the Diseases of Women and Children*, by Dr. Ley.

The cost of attendance on the *Hospital Practice* is as follows:—Physician's pupil, 6 mos. 10l. 10s.; 9 mos. 12l. 12s.; 12 mos. 15l. 15s. Perpetual, 22l. 1s.—Surgeon's pupil: 3 mos. 10l. 10s.; 6 mos. 15l. 15s.; 12 mos. 21l. Perpetual, 52l. 10s.—Dresser for 6 mos. 21l.; for 12 mos. 31l. 10s.—Entrance fee to the apothecary, 1l. 1s.—To the secretary, 5s. From the dresser the house-surgeon is elected agreeably to his date of entrance. A pupil may be allowed 3 mos. dressing, by paying 10l. 10s. extra. The physicians and surgeons visit at 12 on Mon. Wed. and Sat. The taking-in day is Tues. at 12. The out-patients are seen on Thurs.

Dr. Ley's lectures commence on Monday, Oct. 11th. His terms are, for a single course, 3l. 3s. Perpetual, 5l. 5s., which latter will give the liberty of attending Dr. Ley's practice at the hospital. The student, when qualified, will have opportunities of attending labours.

## WESTMINSTER HOSPITAL.

CLINICAL LECTURES are occasionally given by the physicians and surgeons, and are the only lectures delivered in this hospital.

The cost of attendance on the *Hospital Practice* is as follows:—Physician's pupils (admitted to attend the practice of the physicians) for 6 mos. to pay 10l. 10s.; for one year, 15l.; perpetual, 21l.—Surgeon's pupils (admitted to attend the practice of the surgeons) for 6 mos. 12l. 12s.; perpetual, 21l. Pupils are allowed in turn to become dressers without an additional fee, on expressing a desire to that effect to the house-surgeon.

## THEATRE OF ANATOMY AND MEDICINE,

*Webb Street, Maze Pond, Borough.*

Classes and Lecturers.	Days and Hours of Lectures.	Fees for the Course.
Anatomy and Physiology, Demonstrations, &c.; Messrs. Grainger and Pilcher, with Mr. C. Millard.	Daily, at 2 p.m.; Examinations weekly.	Lectures and Dissections; one C. 6 <i>l.</i> 5 <i>s.</i> ; two C. 8 <i>l.</i> 8 <i>s.</i> ; P. 10 <i>l.</i> 10 <i>s.</i>
Medicine; Dr. Boott.	Mon. Wed. and Fri. at 4 p.m.	One C. 4 <i>l.</i> 4 <i>s.</i> ; two C. 6 <i>l.</i> 6 <i>s.</i> ; P. 8 <i>l.</i> 8 <i>s.</i>
Materia Medica and Botany; Dr. Boott.	Tues. Thur. and Sat. at $\frac{1}{2}$ 10 a.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 4 <i>l.</i> 4 <i>s.</i> ; P. 5 <i>l.</i> 5 <i>s.</i>
Chemistry; Mr. Cooper.	Mon. Wed. and Fri. at $\frac{1}{2}$ 10 a.m. Examinations weekly.	One C. 4 <i>l.</i> 4 <i>s.</i> ; 2nd C. and each after, 2 <i>l.</i> 2 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i>
Midwifery, and Diseases of Women and Children; Dr. R. Lee.	Tues. Thur. and Sat. at 4 p.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 5 <i>l.</i> 5 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i>

*Anatomy, &c.* Mr. Grainger delivers the introductory lecture at  $\frac{1}{2}$  11 a.m., Friday, October 1st.

*Medicine.* The first lecture, Friday, Oct. 1st, at 4 p.m. The same course will be delivered at 24, Gower Street, Bedford Square, at 8 a.m. of the same days as in Webb Street.

*Materia Medica and Botany.* The first lectures on materia medica, Tuesday, Oct. 5, at  $\frac{1}{2}$  10 a.m. On botany, Saturday, Oct. 12, at  $\frac{1}{2}$  10, and the courses repeated at 8 a.m. in Gower Street. A large cabinet is fitted up with good and bad specimens of every medicine now in use, and with botanical drawings; all of which will be open to the daily inspection of those students who attend this course of materia medica. In the summer season, Dr. Boott will accompany students on weekly botanical excursions in the neighbourhood of London.

*Midwifery, &c.* Labours free of expense to the pupils. [Mr. Highley is authorized to enter pupils to all the above lectures.]

## MEDICAL SCHOOL,

53, Aldersgate Street.

Classes and Lecturers.	Days and Hours of Lectures.	Fees for the Course.
Anatomy and Physiology; Mr. Jones Quain.	Daily, at 2 $\frac{1}{2}$ a.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 5 <i>l.</i> 5 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i>
Anatomy with Dissections; Mr. J. Quain and Mr. Evans.	Daily.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 4 <i>l.</i> 4 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i> Perpetual to all the above, 10 <i>l.</i> 10 <i>s.</i>
Surgery; Mr. Tyrrell.	Tues. Thurs. and Fri. at 7 p.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; P. 5 <i>l.</i> 5 <i>s.</i>
Medicine; Dr. Clutterbuck.	Mon. Wed. and Fri. at 10 a.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 5 <i>l.</i> 5 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i>
Materia Medica; Dr. C. J. Roberts.	Tues. Thur. and Sat. at 10 a.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; 2nd C. 2 <i>l.</i> 2 <i>s.</i> ; P. 4 <i>l.</i> 4 <i>s.</i>
Chemistry; Mr. Cooper.	Tues. Thur. and Sat. at 11 a.m.	One C. 4 <i>l.</i> 4 <i>s.</i> ; 2nd C. 2 <i>l.</i> 2 <i>s.</i> ; P. 6 <i>l.</i> 6 <i>s.</i>
Midwifery, and Diseases of Women and Children; Mr. Waller.	Tues. Wed. and Fri. at $\frac{1}{2}$ 6 p.m.	One C. 3 <i>l.</i> 3 <i>s.</i> ; two C. 5 <i>l.</i> 5 <i>s.</i> ; P. 7 <i>l.</i> 7 <i>s.</i>

*Anatomy and Dissections.* Entry as perpetual pupil to both, 10*l.* 10*s.*

*Materia Medica, Chemistry, and Midwifery.* Perpetual entry to these three, 14*l.* 14*s.* A cabinet of materia medica will be at all times open for the inspection of the pupils. Pupils, when duly qualified, will have ample opportunities of attending labours free of expense. Obstetrical examinations and conversations will be held, during the season, at Mr. Waller's residence. Prizes as usual in the spring.

Entry to the lectures, certificates of which are required at the Royal College of Surgeons, and at Apothecaries Hall, 321. 11s. Perpetual to all the lectures, 34l. 13s. The above lectures are so arranged, as not to interfere with one another, nor with the attendance on the practice at the hospitals. The lectures commence Friday, Oct. 1st.

### THEATRE OF ANATOMY, *Little Windmill Street.*

Classes and Lecturers.	Days and Hours of Lectures.	Fees for the Courses.
Anatomy, Physiology, &c., with Demonstrations and Dissections; Mr. E. W. Tuson.	Daily at 2½. Commence Oct. 1st.	One C. 5l. 5s.; P. 15l. 15s. Old pupils, P. 10l. 10s.
Surgery; Mr. Guthrie. Medicine; Dr. Sigmond.	Not announced. Mon. Wed. and Fri. at 4 a.m. Commence Oct. 4. Tues. Thur. and Sat. at 9 a.m. Commence Oct. 5.	One C. 3l. 3s.; P. 5l. 5s. One C. 3l. 3s.; P. to these and Dr. Steward's, 8l. 8s. One C. 3l. 3s.; P. to these and Dr. Sigmond's, 9l. 8s.
Materia Med., Chemistry, and Botany; Dr. Steward.	Tues. Thur. and Sat. at 7 p.m. Commence Oct. 2.	One C. 3l. 3s.; P. 5l. 5s.
Midwifery, &c.; Mr. Jewel.		

*Anatomy, &c.* Mr. Tuson delivers three courses during the year, each commencing the first day in Oct. Feb. and June. A private course of anatomical instructions and examinations to gentlemen who wish speedily to qualify themselves for the College or Hall.

*Surgery.* Clinical lectures on surgery will be delivered by Mr. Guthrie at the Westminster Hospital, and on the diseases of the eye at the Royal Westminster Ophthalmic Hospital.

*Midwifery.* Cases provided for pupils without expense, with clinical instruction. Apprentices of practitioners, resident in town, will be furnished with cases at times the best suited to their convenience. Members of the Royal College of Surgeons, and medical officers in the public services, will be presented with gratuitous tickets of admission to the lectures upon application to Mr. Jewel. Gentlemen in actual practice, not members of the College, will be free to the lectures upon payment for one course.

### LONDON FEVER HOSPITAL

CONTAINS sixty beds, has two attending physicians, a resident medical officer, and, taken altogether, is one of the best-conducted hospitals in London. The visiting physicians are Dr. Tweedie and Dr. Southwood Smith, who attend daily, and will deliver clinical lectures, if a sufficient number of pupils enter. The cases are regularly taken, daily reports are made, and the books are left in the wards for inspection. The entry to perpetual attendance is ten pounds ten shillings.

### THEATRE OF MEDICINE AND CHEMISTRY,

*No. 1, Dean-street, Borough.*

*Medicine*, by Dr. Whiting; on Mondays, Wednesdays, and Fridays, at 5½ p.m. The Introductory Lecture will be given Oct. 1st, at 5½ p.m. Terms: one course, three guineas; two courses, five guineas; perpetual, six guineas.

*Materia Medica and Botany*, by Dr. Whiting; on Tuesdays, Thursdays, and Saturdays, at 4 to 10 p.m. The introductory Lecture will be delivered on Saturday evening, at 5½ p.m. Terms: one course, three guineas; perpetual, at one payment, four guineas; one course of theory and practice

of Medicine, and one Materia Medica, five guineas; two courses of each, eight guineas; perpetual to both, ten guineas. The lectures on Materia Medica will be illustrated by chemical demonstrations, specimens of drugs, dried plants, and botanical drawings.

*Chemistry*, by Mr. Everitt; on Mondays, Wednesdays, and Fridays, at 4 to 10 a.m. The Introductory Lecture will be delivered Oct. 1st, at 4 to 10 a.m. Terms: one course, three guineas; two courses, five guineas; perpetual, six guineas (*Chemical Manipulation*).—Instruction given in practical chemistry, to gentlemen wishing to study this science more especially, in the laboratory connected with the Theatre; by Mr. Everitt.

*Midwifery, and Diseases of Women and Children*, by Dr. Russell; on Mondays, Wednesdays, and Fridays, at  $\frac{1}{2}$  to 4 A.M. Terms: one course, three guineas; two courses, five guineas; perpetual, six guineas. Gentlemen entering to these lectures may attend the cases of the Lying-in Charity, established in the Borough.

NEW MEDICAL SCHOOL,

34, *Brewer Street, Windmill Street, Golden Square.*

Anatomy, physiology, pathology, demonstrations, and dissections, by Mr. Sleigh and Mr. Costello, one course, 5*l.* 3*s.*; perpetual, 12*l.* 12*s.* To those who have entered elsewhere, perpetual, 6*l.* 6*s.* The principles and practice of medicine, by Dr. Ryan, one course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.* The principles and operations of surgery, by Mr. Sleigh, one course, 2*l.* 2*s.*; perpetual, 4*l.* 4*s.* Chemistry, Materia Medica, and Botany, by Dr. Epps, one course, 4*l.* 4*s.*; perpetual, 6*l.* 6*s.* Midwifery, and the diseases of women and children, by Dr. Ryan, one course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.* Natural Philosophy, by Mr. Browne, one course, 2*l.* 2*s.*; perpetual, 4*l.* 4*s.* Perpetual to lectures on practice of physic and midwifery, 8*l.* 8*s.* A system of catechetical lectures on anatomy, physiology, pathology, and surgery, by Mr. Sleigh. The pupils of this class, free; to others for the season, 5*l.* 5*s.* The school will open with Mr. Sleigh's introductory lecture, on Friday, Oct. the 1st, at 9 p.m.

SURREY DISPENSARY,

*Union Street, Borough.*

*Medical Practice.* Pupils entering to this institution are entitled to attend every day in the week (Sundays excepted) Clinical observations upon the cases and clinical lectures will be delivered by the physicians. Weekly examinations by the apothecary in materia medica, pharmaceutical chemistry, and the practice of physic. Botanical drawings, and a collection of materia medica, are kept for the use of the pupils. Physicians; Dr. Forbes, Dr. Roe, Dr. Whiting.—Terms of attendance, for six months, 5*l.* 5*s.*; from six to twelve months, 7*l.* 7*s.*; perpetual, 12*l.* 12*s.*

CENTRAL INFIRMARY AND DISPENSARY,

*Greville Street, Hatton Garden.*

Gentlemen are admitted to attend the medical and surgical practice of the institution. Terms of medical attendance: perpetual, 8 guineas; twelve months, 5 guineas.

Dr. Ramadge commences his lectures on medicine, materia medica, medical botany,

and chemistry, in October, February, and May, at a quarter before eight A.M. Terms:—Lectures on the theory and practice of physic, and examinations; for one course, 3 guineas; perpetual, 5 guineas. Lectures on chemistry, materia medica, and medical botany; for one course, 3 guineas; perpetual, 5 guineas; perpetual to all the lectures, 8 guineas. Gentlemen entering as perpetual pupils to the lectures and medical practice, are entitled to opportunities of examining dead bodies, and of attending (gratuitously) the infirmary for asthma, consumption, &c. Evening examinations and clinical instructions will be given on alternate evenings, to which all medical students may obtain gratuitous admission.

GENERAL DISPENSARY,

36, *Aldersgate Street.*

Attendance on the medical practice of this institution is permitted. During the winter season, gratuitous clinical and other lectures are delivered weekly. A cabinet of materia medica is kept for the use of pupils. Consulting-physician, Dr. George Birkbeck. Physicians; Dr. Clutterbuck, Tues. and Fri., at 1 p.m.; Dr. Lambe, Wed. and Sat., at 1 p.m.; Dr. C. I. Roberts, Mon. and Thurs., at 1 p.m. Terms, for an unlimited period, seven guineas.

*Surgery*; Mr. King, four years surgeon interne at the *Hotel Dieu*, and late of the Aldersgate Street School, intends delivering complete courses of lectures on surgery and medical jurisprudence during the ensuing session. The arrangements are not yet finally completed, but we believe Mr. King has it also in contemplation to form a new school, the leading principle of which is to be, "that the permanent interests of the pupils should form the basis of all its regulations."

*Anatomy and Surgery.* Mr. Carpue, 72, Dean Street, Soho, will commence his lectures on Friday, Oct. 1st, and continue them daily at 9 A.M.

*Anatomy, Physiology, and Surgery.* Mr. Dermott, Westminster Dispensary, 9, Gerard Street, Soho, will give Lectures and Demonstrations. Lectures, daily, half-past three P.M. Demonstrations, half-past ten A.M. Dissections continued through the day. The introductory lecture, half-past three P.M., October 1. Perpetual to the whole, 10*l.* 10*s.* Old pupils, 5*l.* 5*s.* Gentlemen in practice, gratuitous. Private catechetical instruction till qualified to pass, 5*l.* 5*s.*

**Surgery.** — Mr. Howship, 21, Saville-row, will commence a course of lectures on the principles and practice of Surgery, on the first Monday in Oct. at eight p.m., and continue them every evening, (Sundays excepted) at the same hour. Two courses are given during the season, which begins in Oct. and terminates in June. The weekly examination of the students is held every Saturday evening, from nine to ten. Terms: each course, three guineas; perpetual, five guineas. Medical officers of the army or navy, on presenting a letter of introduction from the heads of their respective departments, will be considered entitled to a card.

**Anatomy, Physiology, &c.** Mr. Greville Jones, 8, Hatton Garden, will deliver a course of two divisions on the above branches, and on their application to pathology and surgery; with daily examinations and dissections. Terms, one course of lectures, 4*l.* 4*s.* One course of demonstrations, 3*l.* 3*s.* Perpetual to the whole, 10*l.* 10*s.* Private instruction is also afforded. Commence, Tuesday, October 5, at half-past two p.m.

**Anatomy, Physiology, Pathology, and Surgery.** Mr. H. Mayo gives two courses of lectures annually; one of which commences on the 1st of October, and terminates towards the middle of January; the second commences on the 20th of January, and terminates early in May. A lecture is given daily (Wednesdays excepted), beginning at half-past two o'clock. A room is opened for dissections from the 10th of October to the 20th of April; during this period an anatomical demonstration will be given daily by Mr. Tatum. Examinations are held twice a week. Terms of anatomical lectures: 1st course, 5*l.* 5*s.*; 2nd course, 4*l.* 4*s.*; 3rd course, 3*l.* 3*s.*; perpetual, 10*l.* 10*s.* Demonstrations and dissections, each course, 3*l.* 3*s.*; perpetual, 10*l.* 10*s.*

**Anatomy and Surgery.** Mr. Smith, 47, Gerard Street, Soho Square, commences his lectures on anatomy and physiology, with demonstrations and dissections, the first week in October. Anatomy and physiology, a lecture daily. Single course, 3*l.* 3*s.*; two courses, entered together, 5*l.* 5*s.* Demonstrations with dissections, &c., by and under the daily superintendence of Mr. Smith: single course, 3*l.* 3*s.*; two courses entered together, 4*l.* 4*s.* For entry to anatomy, demonstrations, surgery, and examinations, single course, 5*l.* 5*s.*; two courses entered together, 8*l.* 8*s.* Principles, practice, and operation of surgery, a lecture three times a week; single course, 2*l.* 2*s.* Perpetual to

the whole of the lectures, demonstrations, &c., 10*l.* 10*s.*

**Surgery.** Mr. Evans Riadore will commence his course of lectures on the principles and practice of surgery, on the 6th of October, at 8 p.m., at his residence, 17, Tavistock Square, and to be continued daily. Two courses will be delivered during the season, commencing as above and ending in May. Each perpetual pupil will have an opportunity of performing nearly all the operations in surgery on the dead subject, at Mr. Evans Riadore's expense, and under his instructions, and every pupil may perform the minor operations, including the application of dressing and bandages, the stethoscope, stomach pump, &c. An examination will be held every Saturday evening after lecture. Terms, two courses, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

**Anatomical Demonstrations and Dissections.** Mr. Lowe Wheeler, 18, Giltspur Street, will deliver two courses in the season, at 11 a.m. daily, commencing on Saturday, Oct. 2. Terms, one course, 3*l.* 3*s.* Perpetual, 8*l.* 8*s.*

**Anatomy, Physiology, and Diseases of Domestic Animals.** Mr. Youatt, 3, Naasau Street, Middlesex Hospital, will begin two courses of sixty lectures each on the above branches, on Tuesday, Oct. 12, at 8 p.m., and continue them on each Tuesday, Thursday, and Saturday, at the same hour. These lectures will illustrate to the medical student the adaptation of structure in domestic animals, to the various purposes for which they were destined; the modification of function which a variety of organisation occasions; and the character and treatment of disease resulting from difference of structure and function. To the veterinary pupil and amateur the lectures present an equal source of interest. Terms, each course, 3*l.* 3*s.*, or both courses, 5*l.* 5*s.*

**Physiology, Pathology, and Morbid Anatomy.** Mr. Wade will deliver a course of lectures at the Westminster General Dispensary, 9, Gerrard Street, Soho, at 8 p.m. every Tuesday during the season, commencing Oct. 5th, on the above subjects, in illustration of their practical application to medicine and surgery. Terms: one course, 1*l.* 1*s.*; perpetual, 2*l.* 2*s.*

**Medicine, Materia Medica, Botany, and Medical Classics.** Dr. Collier, 32, Spring Gardens, instructs pupils in the above branches. The terms for the whole course, which is intended to be commensurate with what is required by the new regime of the



Apothecaries' Hall, are 211. Medical officers of the navy and army, half the fee, with private examinations, &c. prior to their official examinations.

**Medicine, Midwifery, and Medical Jurisprudence.** Dr. Ryan will commence his lectures on these branches in October, February, and May. Principles and practice of medicine, one course, 31. 3s.; perpetual, 51. 5s. Midwifery, one course, 31. 3s.; perpetual, 51. 5s. Medical Jurisprudence, one course, 21. 2s.; perpetual, 31. 3s. Perpetual to all the lectures, 81. 8s.

**Medicine, Materia Medica, Botany, &c.** Dr. Tweedie will commence his lectures on the Theory and Practice of Medicine, at his Class Room, No. 90, Bartholomew-close, on Saturday, the 2d Oct. at ten A. M. These lectures will be continued on Mondays, Wednesdays, and Fridays, till the conclusion of the course. Dr. Tweedie's lectures on Materia Medica, including Therapeutics and Medical Botany, commence on Tuesday, the 5th Oct. at ten A. M. and will be continued on Tuesdays, Thursdays, and Saturdays, at the same hour. Terms: Medicine, for one course three guineas, for two courses five guineas; Materia Medica and Therapeutics, for one course three guineas, for two courses four guineas; perpetual to both courses, seven guineas.

**Medicine, Chemistry, and Materia Medica.** Dr. Ager, 85, Great Portland Street, commences his lectures on the above branches, on Monday, Oct. 4, at 8½ A. M. Examinations are held. Terms—Theory and practice of physic, 1st course, 41. 4s.; 2nd course, 31. 3s.; perpetual, 81. 8s.—Chemistry and Materia Medica, the same. Single course of all the lectures, 71. 7s.; perpetual, 101. 10s. The lectures on the materia medica will be continued every Mon. Wed. and Fri.; those on chemistry every Tues. Thur. and Sat., at the same hour. The lectures on the practice of physic will begin after the first course on the materia medica, two courses of each will be given every year.

**Medicine.** Dr. G. Gregory will commence a course of lectures on the theory and practice of physic, on Monday, October 4, at 9 A. M., at the St. George's and St. James's Dispensary, 60, King Street, Golden Square, to be continued on Mondays, Wednesdays, and Fridays, from nine to ten o'clock; three courses are given during the year. The first commences in October; the second about the 20th of January; and the third in May, terminating early in August. The

lectures on Variola and its modifications will be illustrated by a clinical commentary on cases in the Small Pox Hospital.

**Materia Medica, Medical Botany, &c.** Dr. Webster, in connexion with the above, will deliver a course of lectures on materia medica, medical botany, and pharmacy, on Mondays, Wednesdays, and Fridays, from eight to nine o'clock; three courses are given in each year. A cabinet is always open for the inspection of pupils. Terms:—For the practice of physic; one course, 31. 3s.; two courses, 51. 5s.; perpetual, 71. 7s. For Materia Medica; one course, 21. 2s.; two courses, 41. 4s.; perpetual, 51. 5s.; for two courses of the practice, with two of materia medica, 81. 8s.; perpetual to both courses, 101. 10s. Pupils are admitted to attend the medical practice of the St. George's and St. James's Dispensary, and of the Small Pox and Vaccination Hospital at St. Pancras.

**Chemistry, Materia Medica, and Medical Botany.** Mr. Pereira, General Dispensary, 36, Aldersgate Street, will commence a course of lectures on chemistry, on Saturday, October 2, at ten A. M., to be continued every Tuesday, Thursday, and Saturday, from ten to eleven A. M. Terms, one course, 51. 5s.; perpetual, 51. 5s. And a course of lectures on materia medica, &c., on Wednesday, October 6, at half-past four P. M. Terms, one course, 11. 1s.; perpetual 41. 4s. The course well illustrated, and examinations held. Pupils entering to both of the above courses, for one course of each, 41. 4s.; two of each, 51. 5s.; perpetual to the whole, 61. 6s.

**Chemistry, Materia Medica, Botany, &c.** Mr. J. L. Wheeler, 18, Giltspur Street, will commence a course of lectures on the above subjects on Friday, Oct. 1st. Terms: Chemistry, one course, 31. 3s.; perpetual, 61. 6s. Materia medica, one course, 21. 2s.; perpetual, 41. 4s.; perpetual to both, 71. 7s.

**Chemistry.**—Mr. Brande and Mr. Faraday will deliver a course of lectures on Chemistry, in the laboratory of the Royal Institution, to commence Oct. 5th, at 9 A. M., and to be continued every Tuesday, Thursday, and Saturday. Two courses are given during the season, which terminates in June. Terms: The admission fee to each course is 41. 4s.; or, by paying 81. 8s., gentlemen are entitled to attend for an unlimited time. Gentlemen, who are in actual attendance at the medical and anatomical schools in London, are admitted to attend two courses of the above lectures, upon the payment of six guineas. Life and annual subscribers to the Royal Institution are admitted to the

above lectures, on payment of two guineas for each course; or, by paying 6*l.* 6*s.*, are entitled to attend for an unlimited time.

**Medical Botany.** Mr. Houlton, No. 11, Grove-place, Alpha-road, will give two courses of lectures on Botany, as applied to Medicine, during the ensuing session; commencing on the first Wednesday in Oct. and May, at eight A. M., and to be continued at the same hour every Wednesday and Saturday morning. Mr. Houlton has in cultivation, at his residence, upwards of one hundred of the most important medicinal plants. **Terms:** one course, one guinea; perpetual, two guineas.

**Midwifery, and Diseases of Women and Children.** Mr. Shipman, 2, Guilford Street, Russel Square, will commence his lectures on the above subjects, on Tuesday the 5th of October, at eight o'clock in the evening, and will continue them every Tuesday and Thursday at the same hour. Pupils, when duly qualified, will have an ample supply of cases. **Terms,** one course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

**Midwifery, and Diseases of Women and Children.** Dr. Power, 6, Leicester Place, Leicester Square, commences his lectures on the above branches, on Tuesday, Oct. 5, at 4 P. M., and continues every Tuesday, and Saturday, at 4 P. M. Pupils, when qualified, will have cases of labour to attend gratuitously. Examinations weekly. **Terms,** one course, 2*l.* 2*s.*; two courses, 4*l.* 4*s.*; perpetual, 5*l.* 5*s.*

**Midwifery, and Diseases of Women and Children.** Dr. Thomas Blundell will commence his autumnal course on the above subjects, on Friday, October 1st, at 7 P. M., at 90, Bartholomew Close, and continue the same on every alternate evening at that hour. Pupils when qualified supplied with cases gratuitously. **Terms:** For one course, 3*l.* 3*s.*; Perpetual, 5*l.* 5*s.* Army and Navy surgeons are free to these lectures.

**Anatomy, Physiology, and Pathology of the Ear.** Mr. John Harrison Curtis will commence a course of lectures on the above subject on Friday, 1st October, at 7 P. M., at the Royal Dispensary for Diseases of the Ear, 10, Dean-street, Soho-square; to be concluded in May. A Clinical lecture will be given occasionally, on the most important cases that occur at the Royal Dispensary. The Royal Dispensary is open to Pupils. **Terms:** attendance, three months, 5*l.* 5*s.*;

six months, 8*l.* 8*s.*; perpetual, 10*l.* 10*s.*; lectures, single course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

**Forensic Medicine.** Dr. O'Shaughnessy will commence a course of lectures on Forensic Medicine early in October, the particulars of which will shortly be announced.

**Medical Jurisprudence.** Mr. Mingay Syder, Borough, will give instruction in the above branch, on Thursdays and Saturdays, at eight P. M.

**Tuition for the College, Hall, and Public Boards.**—Dr. Durie, 26, Thavies Inn, Holborn, gives private instruction to gentlemen preparing for examination at the above institutions on all the requisite branches of medical science and medical Latin, with the use of an arranged cabinet of drugs. **Terms:** Apothecaries' Hall or College (private pupils) per month, 2*l.* 2*s.*; unlimited time, 5*l.* 5*s.* A class meeting daily, and limited to six with Latin. Apothecaries' Hall or College (each pupil), per month, 3*l.* 3*s.*, *pro re nata*. Medical Latin *per se*:—in a class per quarter (twice a week), or per month (daily), each pupil, 2*l.* 2*s.*; private pupils ditto, 4*l.* 4*s.*

**Private Tuition for the College, Hall, and Public Boards,** is given by Messrs. Harding and Evans, 14, Beak Street, Regent Street. **Terms** for preparing for examination at each institution, 5*l.* 5*s.*

**Tuition for the College and Hall.** Mr. Hawker, 4, Weston Street, Maze Pond, Borough, will continue to form classes during the session, preparatory to the College and Hall examinations.

**Medical Classics.** Mr. J. H. Underwood, 41, Leicester Square, will hold Latin classes for medical students in the Borough, on Mondays, Wednesdays, and Fridays, at half-past six P. M., commencing October 1; and a class in Leicester Square on Tuesdays, Thursdays, and Saturdays, at seven P. M. **Terms** for the course, 3*l.*

**Medical Classics.** Mr. Dunne, 13, Manchester Buildings, Parliament Street, Westminster, has an establishment for teaching medical classics on a new plan, the terms of which are—for one course, 3*l.* 3*s.*; two courses, 5*l.* 5*s.*; three courses, 7*l.* 7*s.*

## THE LANCET.

*London, Saturday, September 25, 1830.*

THE medical session for 1830-31 is just about to commence, and the faces of many new pupils are already to be seen in the neighbourhood of the University and the larger Hospitals. The prospectuses of the various schools have been issued, and so numerous are they that the counters of the medical booksellers groan beneath the ponderous weight. Into the merits or demerits of the particular establishments we shall not enter, but the pupil may find a few admonitory remarks on this subject that he might read with advantage in No. 318 of this Journal. The student should bear in mind, that it is far more easy to utter promises than to fulfil the obligations which these promises impose. The deceptions that have been practised in this respect have led to the ruin of many deserving young men, and embittered the lives of hundreds of parents. Young gentlemen on their first arrival in London cannot exercise too much caution in selecting associates, nor can they too resolutely determine not to be influenced in their selection of a school by the advice of persons with whom they may be altogether unacquainted; for it is a well-known fact, that certain establishments place their "decoys," towards the latter end of September, and the beginning of October, in all parts of the metropolis, in order that the unprincipled schemers may entrap and plunder the unsuspecting student on his first arrival in London. Too much caution, therefore, cannot be practised by the student. Before he engages to attend any one school, he should well mature the whole of his arrangements, he should particularly notice the time at which the various lectures are to be delivered, the distance of the class-rooms from each other, the hours that would be required for Hospi-

tal attendance, and for other pursuits. If he be not attentive to these circumstances, he may find, when it is too late, that he has paid for "courses" which it will be impossible for him to hear, as he may have entered to lectures which are delivered on similar days and hours, or he may have engaged to attend others at the very moment when his presence will be required at the Hospital.

The "regulations" of the College of Surgeons and the Company of Apothecaries should be carefully consulted, in order that the entries to the lectures may be in strict accordance with the rules there laid down. An error on this point might cause much inconvenience, and a heavy, vexatious expense. The Hospitals of this metropolis offer ample opportunities for acquiring a practical knowledge of medicine, and the student will be richly rewarded in after life if he be industrious and zealous in acquiring information at the bedsides of the sick. He should not, however, disturb the wretched sufferers by unnecessary questions or manipulations; indeed, it were well if he would refrain from interference in the absence of the surgeon or physician; but when those officers are present, he should on all doubtful points seek to obtain information. This is not less the pupil's duty than it is the surgeon's duty to grant it. The governors of the Hospitals, we believe, are desirous, as far as they have knowledge, of assisting the pupils in the progress of their studies; but those who have paid for instruction should bear in mind that a moral obligation is imposed upon them both by their relatives and by society, to insist upon receiving that instruction for which so high a charge is made. If the surgeons and physicians fail to fulfil their contract, the student should appeal to the public through the press, not however until a respectful appeal, made in the proper quarter, has failed to accomplish the wished-for object. Those pupils who enter to the practice of

the hospitals, ought to require that the names of the diseases with which the patients are afflicted should be attached to the beds, that due notice of all operations, except those performed upon emergency, should be posted in the surgery of the hospital or the lobby of the theatre, and that a case-book, containing a succinct account of each disease, together with the medicines prescribed in the treatment, should be kept in every ward of the hospital. Further, the pupils should call on the surgeon or physician to explain orally, immediately after leaving the ward, the nature and peculiarities of the most dangerous of the diseases, the causes of the most prominent symptoms, and the principles upon which his treatment is founded. If the pupils would but conduct themselves respectfully, firmly, and intelligently, the physicians and surgeons must soon very faithfully discharge the obligations imposed by their prospectuses, and immense indeed would be the advantage that must accrue to the public from so beneficial an alteration in the present system.

#### ST. JOHN LONG.

ARRANGEMENTS were made for presenting a bill of indictment for manslaughter against Mr. ST. JOHN LONG, to the Grand Jury at the Sessions House, Clerkenwell, on Friday morning last. As Mrs. RODDIS, one of the chief witnesses for the prosecution, was unable to attend in consequence of severe indisposition, we considered it to be our duty to move the court for a postponement of the case to the next session, which request, under the circumstances, was of course readily granted. It is not a little singular that the witnesses for the defence were in attendance in a snug little room on Clerkenwell Green. Marchionesses, Honourable Misses, Generals, and, in fact, dozens of the "rubbers" and "inhalers" were in attendance. One could almost

imagine that St. JOHN LONG was the eldest son of a Peer, for the law of primogeniture has certainly been most favourable to his interests.

#### ELECTION OF CORONER.

WE abstain from publishing any report of the late contest for the office of Coroner, or from making any further remarks on the subject, than are to be found at the conclusion of our preface, because the number of qualified votes is not yet ascertained, and it is doubtful whether the issue will not be made the subject of discussion in the COURT OF KING'S BENCH.

*Medico-Chirurgical Transactions.* Vol. XV, Part II. Longman. 1830. 8vo. pp. 451.

OF the three articles contained in this part, the first only, "On the anatomical characters of some adventitious structures," by Dr. Hodgkin, will require any detailed notice. After observing that he has for some years "enjoyed the opportunity of examining a great number of these structures, and that his attention has been particularly directed to the investigation of certain anatomical characters which arrested his attention, and appeared to indicate general laws of formation pervading the whole class," Dr. Hodgkin proceeds to speak of the accidental serous membranes which occur in the form of cysts. These cysts, exclusive of true hydatids, or acephalocysts, (of which, however, he gives no definition,) he divides into two kinds, simple and compound, or those which have, and those which have not, the power of reproducing other similar cysts within their cavity. On the former of these, of which the vesicles observed in the choroid plexus are perhaps the best specimen, Dr. Hodgkin "has but little to offer;" on the latter he has spoken much more fully:—

"Cysts of this kind, like those of the preceding class, are found in different parts of the body, but they are by far the most frequently met with, acquire the largest size, and present the greatest variety of appearances, in the neighbourhood of the uterus, but more especially in the ovaries and

the folds of the broad ligaments."—pp. 275, 276.

The parietes of these cysts are often "rather fleshy, or coriaceous, than membranous, and their internal surface is always more or less thickly covered with tumours or elevations, varying in size and shape, from flattened and scarcely-projecting vesicles, to complete cysts, filling up the whole or a large portion of the primary cavity. These secondary cysts are covered by the reflected lining membrane of the primary one, and are often filled, not merely by a serous or mucous fluid, but partly by tertiary cysts, arising in a similar manner from their internal surface, and covered also by a reflection of their lining membrane. These tertiary cysts sometimes cause, by their further increase in size, the rupture of the secondary ones, which then "bear a considerable resemblance to mucous follicles on a large scale, and appear to be the principal source of the very copious and rapidly produced mucous secretion, which is a characteristic feature in many cases of ovarian dropsy." After the cysts have been thus ruptured, and still more after the occurrence of inflammation in them, it is very difficult, or even impossible, to trace the original structure of the part. The secondary cysts are either pyriform, or somewhat orbicular, or of irregular shape, with a broad and flattened base. In the former case—

"It sometimes happens, that the number of cysts forming the cluster is so great, in proportion to the space which they occupy, that, like trees too thickly planted, they interfere with each other's growth. Their development is more or less limited to an increase of dimension in length. Yet as their free extremities are allowed to diverge, we sometimes find the slender peduncle gradually dilating into a pyriform cyst. At other times the dilatation does not take place till near the extremity of the peduncle, and then produces a cyst more nearly resembling a grape or currant. At other times no dilatation takes place, probably from the cavities having been wholly obliterated. These elongated productions sometimes become highly vascular, and, in the defect of an internal secretion, contribute largely to that which occupies the sac into which they project. Sometimes, on the contrary, they are very feebly organised, and appear ultimately to lose their vitality, in consequence of the kind of strangulation which they receive at the narrow neck by which they are attached to the containing

cyst. It would appear, that the pedunculated cysts and filaments which have thus lost their vitality, are a pretty frequent source of irritation to the serous membrane reflected over them, which constitutes the containing cyst; the product of the inflammation thus excited is of the inorganizable kind, and often forms a thick and grumous substance, which sometimes may be washed out from the bunches of filaments, but at other times these come away with it, in the form of shreds. The broad and flattened cysts appear to produce a circumscribed and more or less considerable thickening of the parietes, rather than a prominent tumour covered by a reflected membrane; they constitute, however, perfectly-shut cavities, acquire at times a considerable size, contain, in some instances, a serous, and in others a mucous secretion, and produce in their parietes inferior orders of cysts, having, like themselves, broad bases and flattened forms. From the extent of their bases, the secondary cysts in this variety occupy proportionably a much larger space on the internal surface of the containing cyst, and by their development, although they increase its size, they seem more completely to encroach on its particular cavity. In cutting into a tumour composed of this form of cysts, we may find, it is true, several cavities of considerable size, but we shall probably not find the greater part of the fluid collected into one particular cavity. Hence, in this variety of ovarian dropsy, fluctuation is often obscure, and the relief afforded by paracentesis only partial and trifling."—pp. 282—284.

Although the three forms described are generally distinct, yet they may all occur in one primary cavity.

The enormous size to which these cysts often attain when seated in or about the ovaries, Dr. Hodgkin attributes to—

"The obvious fact, that the system on which, in the case of ovarian dropsy, these cysts are implanted, is naturally disposed to obey a stimulus which requires an increased supply of nutritive matter, and which gives rise to a proportionably rapid growth; to the abundant supply of blood which the parts habitually receive; and thirdly, to the position of these parts situated in the abdomen, and their consequent exemption from all pressure or restraint calculated to limit their development. This last point appears to merit an additional attention from the suggestions which it excites in relation to the operation of paracentesis for the relief of this form of dropsy. As long as the distress and inconvenience of the patient will allow us to defer the operation of paracentesis, it is doubtless desir-

able to do so, since even the pressure which the full sac itself is able to exert on its contents, must have a tendency both to diminish the rapidity of secretion, and retard the growth of the inferior order of cysts. It is well known, that the oftener the operation has been performed, the shorter is the interval which elapses before a repetition is required; and in the course of a very few weeks a quantity is produced as large, if not larger, than that which had been many months in accumulating prior to the first operation."—pp. 287, 288.

Passing over those tumours to which the name of "encysted" has in general been especially applied, and the contents of which are often as different from the natural textures of the body, as what he has especially termed "heterologue formations," and certainly more so than those of the serous cysts, Dr. Hodgkin proceeds to the consideration of scirrhus, fungus hæmatodes, and melanosis. All these adventitious structures he considers as contained within particular sacs analogous to the serous cavities just described, and regards the radiating or cellular septa, so frequently observed in them, as the parietes of the secondary cysts.

"If," says he, "we carefully dissect down to the surface of one of these tumours, we shall usually find that it has a capsule or covering, which has, I believe generally been supposed to consist of the altered and condensed cellular membrane of the parts which have given way before the growth of the tumour. This idea is probably correct with respect to the unequally thick external part of the capsule; but if we dissect carefully, and examine those tumours in which the process of decay has either not commenced, or has made very little progress, we shall find that surface which is next to the mass of the tumour, more or less smooth and even, and on raising it we find that it is reflected over one or more somewhat pyriform bodies, attached by a base, which is generally narrow and peduncular, to some part of the circumference of the inclosing capsule. Unless the tumour is very small, it is much more common to find several rather than a single body of this kind, and as there is often little, if any, fluid intervening between them and the inclosing capsule, their form is somewhat modified by their mutual pressure. Sometimes, though more or less closely applied to each other, these pedunculated bodies are perfectly detached at their sides, and may, consequently, be readily traced to the point which forms the common origin of their peduncles. At other times, these bodies are so adherent

amongst themselves, and the membrane covering them is so tender and delicate, that without very great care the arrangement of their structure may be overlooked, in consequence of the pedunculated bodies being broken or torn through in a different direction from that to which their mode of formation would naturally dispose them."—pp. 295, 296.

These appearances cannot be shown by a simple section, (the usual mode of examining such tumours,) according to the direction of which, the cut edges of the cysts will appear as cells more or less irregular, or as radiating lines. The same causes, however, which have been mentioned as obscuring the structure of the serous cysts, will of course operate, and even more strongly, in confusing that of the solid tumours in question; the external or enclosing sac also is frequently ruptured, and the contained substance then shooting forth and growing with much greater rapidity, becomes of a softer consistence, and much more irregular texture.

The same strangulation of the pedicles of the secondary vesicles which we have mentioned as occurring in the serous sacs, according to Dr. Hodgkin's opinion, also takes place in these tumours, and is the cause of that central softening or decay which has been by some writers considered as peculiar to them, or at least to one form of them,—fungus hæmatodes.

The tumours in question, Dr. Hodgkin considers as essentially new formations; he admits, however, that the surrounding structures, more especially the cellular membrane, by a kind of sympathetic action often degenerate, or are converted into "a substance in some respects resembling that of the original tumour," though wanting that structural arrangement by which the latter is characterised. With regard to the term "malignant," he confesses himself equally unable with other writers on the subject, to give an exact definition of the tumours or morbid growths to which it is applicable, and therefore merely enumerates the principal characters of those which are most commonly thus designated; admitting at the same time that these characters are by no means certain or constant, and that any one or more of them is often wanting, and may accompany other non-malignant diseases:—

"Hence," says he, "arises the difficulty, not merely of composing a concise verbal definition of the term malignant, as applied to the tumours in question, but also in many cases of drawing the line in actual practice. For my own part, I should, in examining a tumour in the living subject, be in general disposed to suspect what has been called malignancy, whenever I could detect indications of the structure which I described accompanied with alteration of the surrounding structures, and in its origin referable to some external violence, or to a pre-existing indolent tumour. These suspicions would be proportionably stronger if the tumour in question occurred in a part known to be rarely, if ever, affected with that non-malignant and well-defined form of tumour which, in common with those of a malignant character, distinctly possess the structure alluded to; my suspicions would be progressively converted into absolute certainty in proportion as the other symptoms, previously detailed, unite themselves to those which I have assumed as presenting themselves in the suspected tumour. But suppose the tumour to have been removed from the body, and that a question as to its malignancy has been started. In the first place, I should consider some traces, however slight, of the structure which I have described existing in some part of the morbid growth, as a *sine qua non* to the character of malignity; hence the importance of having the whole, or a very considerable part, of the tumour submitted to our examination, and, if possible, that part which constituted the original formation should be contained in the portion selected for examination. This point being ascertained, we may, I believe, pronounce on the malignity of the new formation with a confidence proportioned to the degree to which the new growth deviates from the natural structures of the body, but more especially from the serous membranes. The spontaneous death of some internal part of the tumour, in consequence of the strangulation of some of the pedunculated bodies which compose it, is not alone a proof of malignity, but I have little doubt, that the influence which this change exerts, strongly contributes to induce a malignant character in the tumour. The degree of integrity or degeneration of the surrounding natural structures will also materially contribute to decide the question."—pp. 319, 320.

In speaking of atheroma in particular, Dr. Hodgkin observes:—

"The prolongations of indurated cellular membrane, proceeding from the tumour into the surrounding adipose substance, appear to have been considered as prolongations of the radiating lines observ-

able within the essential part of the tumour, and to have been regarded as a part of the scirrhus structure itself; in fact, as fibres of the disease on which its re-appearance, after an operation, mainly depends. For my own part, I very much doubt whether this altered cellular membrane itself really possesses any thing of the malignant nature, although I can easily conceive, that the tumour by which the disease makes its renewed appearance, may have taken its origin in the course of one of these indurated prolongations left in the surrounding structures. I believe this circumstance is to be explained in the following manner:—In dissecting away the fat from the principal part of a scirrhus tumour, I have had occasion to notice these prolongations of cellular membrane, and in doing so I have observed very small and delicate pedunculated cysts, some of which scarcely exceeded the size of a pin's head, dispersed upon the aforementioned cellular membrane. It is to the development of one or more of such cysts, rather than to the altered cellular membrane itself, that the new tumour is to be attributed."—p. 326, 327.

We are not aware that these cysts have been noticed by any other writer. Their existence is, however, interesting rather in a pathological point of view, than as affording any practical inference; for supposing them to be in every case the cause of the relapse, still they can only be removed by the excision of the diseased bands of cellular tissue to which they are attached, so that the method of treatment remains precisely the same.

Under the head of fungus hæmatodes, or "fungoid disease," as the author prefers to call it, in order to avoid ambiguity, and to include its other denominations, we find nothing particularly worthy of notice except the following statement relative to the formation of the tumours:—

"In this disease, the secondary cysts, which are often of large size, generally become filled with a material which at first bears a considerable resemblance to tender or feebly coagulated fibrine or plastic lymph. Into this substance new vessels speedily shoot; but being neither susceptible of perfect organisation, nor calculated to remain inert and dormant, it speedily, but gradually, loses its vitality, and, like other transparent parts in which such a change is effected, gradually becomes opaque, and bears, in consistence and appearance, a close resemblance to the substance of the brain of a child: hence the terms, cerebriiform bati-

cer, encephaloid tumour, and medullary sarcoma."—pp. 335, 336.

As far as we know, no other anatomist has described the appearance here mentioned, and it is to be regretted that Dr. Hodgkin has noticed it in so slight a manner.

With the account of fungoid disease, the paper is concluded, that of melanosis being deferred to some future occasion. We cannot close our observations on this instructive and valuable paper, as it certainly is, without expressing our regret at the want of arrangement, and the careless and obscure style, which distinguish it. Some parts of the communication are almost unintelligible.

The substance of the second paper, which is headed "Observations on the statement made by Dr. Douglas of Cheselden's Improved Lateral Operation of Lithotomy, &c., by J. Yellowly, M.D.," F.R.S., may, we think, be comprised in a few words. The operation in question was essentially the same as the modern lateral one, consisting in cutting down to the groove of the staff and opening the bladder, by making an incision along it through the membranous part of the urethra, and the prostate gland. Dr. Douglas, however, by some strange misunderstanding, thus describes it:

"His knife first enters the groove of the prostrated or straight part of his catheter, *through the sides of the bladder immediately above the prostate*, and afterwards the point of it continuing to run in the same groove in a direction downwards and forwards, or towards himself, he divides that part of the sphincter of the bladder that lies upon that gland, and then he cuts the outside of one half of it obliquely, according to the direction and whole length of the urethra that runs within it, and finishes his internal incision, by dividing the muscular portion of the urethra on the convex part of his staff."—p. 346.

Notwithstanding the *prima-facie* improbability of this account, and the inconveniences and disadvantages of such an operation, which, as Dr. Yellowly observes, "make it difficult to believe that it was ever actually performed," it was really copied by several authors, and among others by John Bell, who, in his principles of surgery, gives it as the description of Cheselden's final and improved method of operating—an error the more remarkable, as it is not even mentioned

by Cheselden himself in any of the editions of his works. The object of Dr. Yellowly therefore, was to point out, and correct, this error, which he has satisfactorily done; in truth he has adduced a superabundance of proofs and arguments, and has thus prolonged to thirty pages a paper which might, we think, have been very well comprised in ten.

An analysis of the third paper entitled, "Pathological Researches on Inflammation of the Veins of the Uterus, with additional Observations on Phlegmasia Dolens, by R. Lee, M.D.," was given in THE LANCET (No. 323), shortly after it was read at the society; we have therefore, on the present occasion, only to extract the following case of "Phlegmasia Dolens in a Male," observed by Mr. C. Hutchinson, and added, together with another of less interest, in the form of an appendix.

"Mr. B. lately returned from the Isle of France, where he had resided upwards of twenty years, received a blow upon his right shin, immediately over a branch of the saphena vein, by a small piece of timber accidentally falling upon it. The scar is very slight, though the injury and its results appear to have been severe, and the patient states that the accident was followed by considerable swelling and inflammation all over the limb, and that the abraded surface was very long in healing. Mr. B. says he first felt pain in the direction of the upper third of the saphena before it actually dips to unite with the femoral vein. The whole leg and thigh soon became enlarged and inflamed, the former partly edematous; and although the patient states the disease to be slowly on the decline, yet the enlargement of the thigh and leg still continues, and he has pain from the groin to the heel and sole of the foot, principally in the direction of the branches of the saphena, with a slight blush of redness over the fore part of the leg, where the original injury was received; but while the member is kept in the horizontal position he is nearly free from pain.

"I have traced the upper portion of the saphena vein, and find it to be a complete ligamentous cord for eight or ten inches, but the femoral vein seems to me to have hitherto escaped the diseased action. The patient has no pain or uneasiness within the pelvis, and his general health is good."

—LAVINIA M. D. D.



## UNIVERSITY OF LONDON.

## ENTRANCE FEES TO THE MEDICAL CLASSES.

*To the Editor of THE LANCET.*

University of London,  
Sept. 22, 1830.

SIR,—In a weekly medical Journal of the 11th inst., a statement appeared on the credit of an anonymous correspondent, professing to show that the expense of medical education in the University of London was one-half greater than in the other London schools.

This statement is erroneous in almost every particular; and it is most injurious to this institution, because the cost is a circumstance which influences the student very powerfully in the selection of his school. A letter authenticated by the signature of one of the medical professors was therefore sent to the editor of the journal in question, correcting the mis-statements in his journal; instead of inserting that letter, the

editor has contented himself with giving notice that he has referred it to his anonymous correspondent, and will recur to the subject in a future number. In the mean time the error is propagated uncontradicted.

The following statement shows the expenses of the University, and of one of the most considerable of the London hospital schools, from which the others do not materially differ.

That it may be of some value, it contains not only the *fees* but the *hours of instruction* given for those fees: for nothing is so vague as the term *course*; it may mean one month or twelve months of instruction; it may consist of a lecture once a week, or of one every day. The fee I have selected for comparison is that for a perpetual pupil; a thing as well known here as in the other schools. I assume that at the other London schools the lectures continue from the 1st of October to the end of April, as they do at the University, without any other interruption than a day or two at Christmas and Easter.

	London University.		Hospital School.	
	Hours per Week.	Perpetual Pupil.	Hours per Week.	Perpetual Pupil.
Anatomy *	11	£ 10 0 0	6	£ 10 10 0
Physiology	2	4 10 0	2	3 3 0
Dissection†	—	9 0 0	—	10 10 0
Surgery	2	4 0 0	3	5 5 0
Practice of Physic	5	9 0 0	3	8 8 0
Chemistry	5	10 0 0	3	8 8 0
Midwifery	5	7 0 0	6	10 10 0
Materia Medica	5	9 0 0	2	4 4 0
Botany	5	4 0 0	—	0 0 0
Matriculation Fee	—	2 0 0	—	0 0 0
	40	68 10 0	25	60 18 0

\* The course of anatomy at the University is given jointly by Professors Pattison and Bennett, at separate hours daily, and the pupils have a right to attend both professors for one fee.

† The demonstrator at both institutions gives instruction at intervals for several hours each day.

It is true that this does not include the extra fees paid by students not nominated by proprietors; these fees cannot exceed 4l. 10s.; and as there are 1700 persons entitled to that privilege, it is easy to procure a nomination.

Thus, it appears that in place of the instruction being 62l. 1s. at the London University, and 46l. 4s. at the other London schools, the difference is only 7l. 12s.; but the pupil receives one-half more time from his teachers at the University than he does

at most of the other schools; so that by dividing the sum by the time, the expense of the University is 1l. 15s., while that of the other schools is 2l. 8s.

That you may ascertain the accuracy of the above statement of the University fees, I inclose a copy of the notice of the lectures, just published. I am, Sir,

Your obedient servant,

A PROFESSOR IN THE MEDICAL SCHOOL  
OF THE UNIVERSITY OF LONDON.

## UNIVERSITY DIPLOMA. — APOTHECARIES' HALL.

*To the Editor of THE LANCET.*

SIR,—As the commencement of another medical campaign approaches, every member of the medical profession who possesses the proper feelings of ardour in its pursuit, and interest in its welfare, must look to the numerous sources established for the diffusion of knowledge with the utmost anxiety, to ascertain the degree of improvement in the method, or extension in the matter, of the various subjects proposed by the professors in their different announcements.

The University of London has not been behind-hand in publishing its detail of the intelligence to be acquired within its walls; but notwithstanding the reduction the directors have made in the fees of admission for pupils, which clearly indicates the conviction they feel of having on former occasions overrated the value of their establishment as a seat of medical learning, they have introduced into their paper an arrogant appeal, of such a self-important and charlatanical nature, that while it must tend to place the judgment of the management in a very questionable position, proves their want of correct information on the subject on which they have chosen to hazard opinions, and offer suggestions.

In this age of refinement and extension of literature, in which distinctions of learning are sought for with avidity, there will be found a large proportion of individuals anxious to possess the M. Med. et Chir. U. L. so temptingly displayed in the prospectus of the University; but the intrinsic value of these empty, unauthorized, and presuming titles must still be left to the appreciation of those immediately concerned. I trust and believe, the profession possesses too much intellect to allow the younger aspirants to become the dupes of the machinations of their vaunted sagacity.

I presume it is fair to infer, that the quotations from "the report of the *Faculty of Medicine*" would not on this occasion have been promulgated in the University advertisement, had not the managers entertained the views therein contained; therefore they must hold themselves amenable to observations arising from the publication of opinions clothed in the authority of their institution. After expressing the opinion, that "until the University can give the physician's degree, *not many* of those destined for that branch of the profession can be expected to take any considerable part of their education in its medical school," it is stated—

"Under the appellation of general prac-

tioners are included *two distinct classes* of medical men. One of them consists of practitioners who hold a highly-respectable rank in the profession, who have devoted much *time, labour, and money*, to their professional education; men possessed of *some* attainments in the collateral sciences, and who, practising their profession in a liberal and scientific spirit, have the highest claim to the confidence of the public. *Another* class, bearing the same appellation, consists of those who have acquired the right to practice by possessing *only the minimum* of knowledge by which the license can be obtained, earned by the *smallest possible expenditure of time and labour*, and who have consequently very imperfect professional attainments."

The attempt to divide the body of general practitioners into two classes, is absurd; and not less so is the forced distinction on which this division depends; there must in all professions be members who will attain elevated stations by the display of superior acquirements, address, or connexions; but when an equal degree of study is required of all candidates for a certain testimonial of competency, it is too much to hear a party, for the purpose of puffing itself and the establishment to which it belongs, cutting and dividing, and venturing opinions on the maximum or minimum of knowledge acquired by the possessors of a diploma, to obtain which, the legislature has required through its delegates a fixed amount of qualifications: it is true, in medicine, as in every other science, that while some shine as bright ornaments, others are deficient in clearness of intellect, or have been careless of the valuable opportunities offered them of improvement; and having obtained a mediocre position, are content to pass their lives without an effort to push on to the post of honour: but why are the general practitioners alone selected for division and subdivision on this account? when the same state of things is notoriously observable in the higher grades of physician and consulting surgeon.

Although "the public possesses so little knowledge of the details of a medical and surgical education," has the council of the University any honourable or candid object in view, in insinuating that the general practitioner is unworthy the confidence reposed in him, and that if his system of education were exposed, that confidence would be at an end? Certainly not; the only details with which the public are not acquainted, are of a nature little calculated to afford them any particular degree of pleasure; and therefore they are not commonly made the topics of general conversation, nor would they desire them to be so; but as there are few families who have not a medical man as

one of its members, it is quite clear they possess the means of arriving at a sufficient degree of judgment and penetration, to protect them from the evils against which they are so beneficently cautioned; and so far from the "duties of the profession" being commonly confided, without inquiry, to any one calling himself a general practitioner, I know no subject more deliberately canvassed, than any change of a medical attendant, or the selection of a physician or surgeon, when a consultation is deemed desirable.

I was at one time disposed to read with great regret the many severe observations that were passed on the system of the London University by the majority of the medical press, and to attribute to prejudice and interested motives, the little disposition which was manifested to take a favourable view of the measures of that establishment; but now I am compelled to retract, for the council, without the least control over the legislature of medicine, being, in fact, the mere organ of a set of literary speculators, who dispose of information for certain sums of money, has thought proper to publish impertinent and uncalled-for observations on the class of individuals by whom they confess their school is chiefly supported, to question in a positive manner their attainments, and offer the University as a corrective of all their defects: and what has this University done towards the improvement of the general study of medicine? I answer, nothing, worse than nothing; for that valuable time which might have been profitably employed, has been passed in turmoil and dissensions, calculated to destroy all confidence, and render most questionable the stability of the establishment, in the opinion of its best supporters and warmest advocates.

I cannot close this subject without directing the attention of the profession to the rules and regulations of the Society of Apothecaries; the unceasing endeavours of the Court of Examiners to effect a progressive increase of knowledge in the candidates for its diploma, deserves the warmest applause and support; the legislature has confided to the judgment of its members, a degree of power which they have exercised with considerable foresight and effect; the regulations which they have framed from time to time, must have resulted from deliberations conducted with care, independence, and intelligence; their demand on the pupil for information, has not even increased in so sudden a manner as to have the effect of overwhelming his mind by too great an exercise of his intellectual faculties; but he has been gradually drawn on, from one acquirement to another, until it may fairly

be expected that the future apothecary will bid defiance to the taunts and sarcasms which have of late been unceasingly and lavishly hurled at him, for his supposed deficiency in classical and professional attainments. The members of the Court of Examiners have been laudably and perseveringly endeavouring to place that portion of the profession over which they have been permitted to exercise authority upon a firm basis of respectability; and judging from the manifest improvement that has already resulted from their exertions, there can be no doubt, that as their plans become more fully developed, and their system of education assumes a still more academic character, that an unspeakable benefit will be conferred on the practitioner and the public: it becomes us, therefore, to give them our confidence and warm approval, as their endeavours are doubly enhanced by the impossibility of connecting their proceedings with motives of an unworthy, ungentlemanly, or mercenary description; the whole train of their thoughts has been directed to the improvement of the profession generally, and although some may have felt disposed to quarrel with them, still the majority of thinking and intelligent individuals will allow them full justice for their stability of purpose, and they will rise in the estimation of competent judges, as a tribunal working as large a portion of general usefulness in their department, as the limits of their charter allows them the power of effecting.

I am, Sir, your obedient servant  
And constant reader,

APIS.

Sept. 21st, 1830

DR. ALEX. THOMSON AND PROFESSOR  
PATTISON.

*To the Editor of THE LANCET.*

SIR,—I hope you will do me the favour to state to Professor Pattison, who pretends to a contemptuous ignorance of "a Mr. Thomson," that *Mr. Thomson* is the son of Dr. A. T. Thomson, the professor of Mat. Medica of the London University, a person who disdains to enter into any public controversy with one who can so far forget himself as to pretend ignorance of the man to whom he has sent the enclosed letter, and whom he has himself been in the habit of employing as his assistant in the few operations he has happened to perform at the London University Dispensary. This Mr. Thomson is a Bachelor of Medicine of Cambridge, and is practising in London.

under the sanction of the College of Physicians.

I am, Sir,

Your obedient servant,

ALEX. THOMSON, M. B.

Letter of Mr. G. S. Pattison, late Professor of Anatomy in the University of London, to Alexander Thomson, M. B.

"8, Old Burlington Street,

"Aug. 13th, 1828.

"My Dear Sir,—In compliance with your request that I would furnish you with my opinion as to your qualifications for filling the office of Curator to the University of London, I now address you.

"It is impossible for me from my own observation to testify as to your skill in the preservation of anatomical preparations, having never had an opportunity of examining any of the preparations which you have put up. You have, however, I believe, presented to the council specimens of botanical, and other subjects of natural history, prepared by yourself, from which they will be able to judge for themselves of your skill and neatness in preparing such objects.

"Although I am not qualified to certify specifically as to your qualification for the preservation of anatomical preparations, I can speak without hesitation of your talents, your industry, and your zeal, in the acquisition of knowledge. The course of your studies has been most extended; and the manner in which you have devoted yourself to the study of natural history, and the progress you have made in the different branches of it, should certainly qualify you in a very eminent degree for the discharge of the more important duties of the situation which you solicit.

"I remain, my dear Sir,

"Yours most truly,

"GRANVILLE SHARP PATTISON."

## NON-MEDICAL CORONERS.

To the Editor of THE LANCET.

SIR,—Duly appreciating the advantage which the public would obtain by your success in your present contest for coroner, I offer you the following examples of the insufficiency of non-medical persons to fill an office so pregnant with good or evil to the public, according as it is well or ill discharged.

A few months ago, a poor man named Winney, a convict, was found dead with his throat cut, in the Gun Wharf at Portsmouth, where he had been working. The Coroner afloat, presuming erroneously on his right over convicts as clients, because forsooth they sleep on the high seas, overstepped his jurisdiction, and held his inquest on the body. The medical witnesses directed the jury by their evidence to find a verdict of suicide, which was recorded accordingly by the Coroner. Some of the convicts, more shrewd (say professionally so), than either the men of science or those who ought to have skilfully judged of the propriety and justness of that evidence, judiciously reasoned thus: Winney's time of duration is nearly expired, and he lends us money upon terms, surely he could not have had any motive to have committed suicide. These rumours reached the ears of the intelligent Mayor, Edward Carter, Esq., who directed the Borough Coroner to hold another inquest, and take the evidence of a skilful surgeon touching the death of this poor man. The surgeon on an examination found a fracture of the skull which no man could have given himself; found the throat so much lacerated, that the vertebrae of the neck were partially severed, and, what was of much consequence, observed, that the small effusion of blood proved that life was almost destroyed by the blow on the head, before the throat was cut; while the unschooled hands, showed in corroboration that the unhappy man could not have been his own executioner. A revised verdict was found of wilful murder against a person of personage unknown. Two men were subsequently executed on the most undeniable proofs for this offence, who had nearly been let loose on society to commit further murders, by the admission of incompetent testimony.

In another case within a few months another attorney coroner holds an inquest on a case of infanticide (so alleged), and a verdict that the child was born alive was recorded, and wilful murder against some unknown person. Well, this would not have been so very extraordinary had not all this scientific examination and discovery have been effected, without calling in the aid of any medical man whatever; who, we affirm, could alone have been competent to have judged of this extremely nice and intricate point. We will not say *Ab uno disce*. But we will give another specimen.

The same coroner held his jury inquisition on the body of some person, whom in his infallibility of science he directed the jury to find a verdict of "died of apoplexy." True, most erudite Theban, but was this apoplexy of the "visitation of God," or induced by poison administered? Who could inform him and the jury of this point but a

medical man, who was not called in on the occasion?

I am Sir,

Your constant friend,

PHILANDER.

Portsea, Sept. 17, 1830.

REFLECTIONS ON THE FOES OF TRUTH, AND  
THE ENEMIES OF MEDICAL CORONERS.

"They may exult over the repression of petty talents; these are but the receding waves repulsed and broken for a moment on the shore, while the great tide is still rolling on and gaining ground with every breaker."

"The people by-and-by will be the stronger."  
Byron.

To the Editor of THE LANCET.

SIR,—With the views and opinions of your correspondent G. D.\* I do entirely concur; and were repetition necessary, I could add the result of my experience in confirmation of his own. Like him also, I take my motto from the man whose sublime genius has adorned the cause of liberty with the most splendid gems of poetry; not because he has done this only, but that to the grandeur of the poet he has added the presence of the seer. For why may we not apply to passing events these passages, which, to the language of freedom adds the inspiration of the prophet? That we may not do so, I see no reason, because, the weak but well-meaning friends of your late opponent endeavoured to deride public opinion by sneeringly calling it the majesty of the people: it is the majesty of the people, and is of a much more enduring dynasty than any other. Had the judgment of those friends equalled the desire of success, they would not have committed their understandings by so sorry a jest at the expense of good taste and truth; nor would they have ridiculously confounded cause and effect, by supposing that the advocates of the people were the sole causes of the people contending for their rights; they would have known that your addresses were not the excitement to the measures which, in their childish terror, they deprecated as hostile to good order, and desecrated by describing as dangerous to the state! They would have known that you were the organ of the people, echoing their sentiments,—not appealing to their passions: they would have known, "that in their opinions, the people are seldom wrong; and that, in their sentiments, they are never mistaken." They would have known that both the

opinions and sentiments of the people were in favour of intelligence and independence; and opposed to mental imbecility, moral cowardice, and the absence of those qualities which grace the scholar, the citizen, and the man. It may add to the mortification of those who traduced you, and slandered the people, that although the "march of mind" may be retarded by the disposition of vulgar minds to vilify what they cannot comprehend, it cannot retrograde, and always starts whence it was detained.

The letter of another correspondent, "a Licentiate of the London College of Physicians,"\* although it requires no comment, contains a statement which demands a contradiction. It is not true that Physicians have the power to inflict a fine for refusing to meet them: they are said to have an obsolete law, which expresses that a penalty is leviable for refusing to compound their prescriptions. I believe, however, that there is not an individual of the much-abused class of general practitioners so base and "pigeon-livered" as to comply with the law from apprehension of the penalty. Let the general practitioners enfranchise themselves from an irksome and degrading thralldom, by unanimous co-operation, and while they leave untouched the claims of the exclusives, let them fearlessly assert their own.

I remain, Sir,

Your faithful servant,

WILLIAM AUGUSTUS WALFORD,  
Speldhurst Street, Burton Crescent.

P. S. The part taken in the late contest by Sir W. Blizard and Mr. Headington is the subject of indignant remark, nearly throughout the profession. The degradation of those men was already complete, and needed not this last act to render it irretrievable. For Sir William it may be urged in extenuation, that to a naturally weak intellect is added, the infirmity incident to extreme old age: but what shall we say for Mr. Headington? Although the first portion of the same excuse may be pleaded for him, yet the remaining moiety of the apology will not avail him; for notwithstanding Time has thinned his flowing hair, and he has arrived at that period of life when men are rarely converts to more liberal opinions than they held before,—an age at which a sordid bigot never becomes a proselyte to toleration and improvement—an age at which the heart never glows with generous sentiments unseen before; although he is a miserable example of manhood without spirit, he is not yet so humiliating an instance of age without experience as his dotting colleague Sir W. Blizard.

\* Vide LANCET, page 924, Vol. II. 1829-30, on the grades of the medical profession.

\* Vide page 925, Vol. II. 1829-30, of LANCET.

Therefore in accounting for Mr. H.'s hostility, remember that he has for nearly a quarter of a century filled an office, which he must have vacated twenty years ago had his Whitechapel campaigns been under the surveillance of a medical coroner. Their confederate opposition on the present occasion is quite consistent with the acts of their whole lives, which have been spent in a little crusade against liberalism, which they have always described as "innovation." Who, therefore, can wonder that these worthy men should have acted as they did, when the return of a medical coroner would have placed this interesting couple in a light which would not only surprise their pseudo admirers, but also astonish the innocent creatures themselves! It is worthy of remark, that their combined efforts in favour of imbecility and corruption were the only affectionate intercourse they have ever been known to hold; for though joint foes to the "good cause," they have always taken different roads in their progression backwards: indeed they remind us of Rauceosanti and the Tenor—

"These two hated each other with a hate  
Found only on the stage;  
Sad strife arose, for they were so cross-grained,  
Instead of bearing up without debate,  
That each pulled different ways with many  
an oath,  
'Arcades ambo,' *id est*, blackguards both."

I shall anticipate any objection to the uncourtly character of the concluding line, in the words of Junius: "If any coarse expressions have escaped me, I am ready to agree that they were unfit for me to make use of, but I see no reason to admit that they have been improperly applied."

W. A. W.

#### RE-APPEARANCE OF THE YELLOW FEVER AT GIBRALTAR.

[From a Correspondent.]

I HAVE been favoured with a letter from Gibraltar, dated the 12th of August, of which the following is an extract:—

"The month of July has been unusually warm, and the heat at present continues very oppressive, the thermometer ranging as high as ninety degrees (Fahrenheit) in the shade. Some well-marked *sporadic* examples of the *autumnal bilious remittent yellow fever* have appeared, and given rise to apprehensions little short of those that existed previous to our fever of 1823 assuming its epidemic character. It is very remarkable that the Company of Sappers and Miners in the barracks on Hargrave's Parade, the locality where the first cases of the disease

discovered themselves is that year, &c., as yet, the chief sufferers; and have, during the last week, sent *eight cases* to hospital, four of which exhibit *yellow skin*, and other combinations of symptoms which mark this *Protean* form of fever; in consequence of which, his Excellency, the governor (General Sir George Don), has ordered this corps to evacuate their barracks, and to occupy the sheds on the neutral ground; but whether these cases are to be considered the presage of future evil, I know not; neither shall I pretend, at so early a period of the season, to offer an opinion, although, borne out by three or four other cases which have been admitted into the Civil Hospital, it would not, perhaps, be thought presumptuous in me to hazard one. However, something appears to be decidedly wrong at head-quarters; for Sir George has said, "that he cares not a *darn* for the opinions of any military medical man in the garrison! That they know nothing at all about the disease!" Whether we are to argue from this, that our principal medical officer (Dr. Farrell), "who," to use the words of Ben Jonson, "no sordid hope of gain, or frosty apprehension of danger, could turn a parasite to time, place, or opinion," has said anything hostile to the "importation" and "contagion" creed of our worthy General, I cannot say; but it is currently reported, and I believe it to be true, that the *redoubtable accoucheur* of the garrison has been summoned to head-quarters, to report especially on the above-mentioned cases! What opinion this *sage* has thought proper to offer to his Excellency continues a mystery, and is studiously withheld from all such plebeians as myself.

"A young medical officer in the garrison, who has been, not very remotely, converted by that most powerful of all agencies—the *talismanic wand of promotion*, asserts, in opposition to formerly-declared opinions, that none of these cases are yellow fever; but under what genus of disease he would wish to class them, he has not yet thought proper to make known. This gentleman is, indeed, one of those logical reasoners, the medical aim of whose conclusions it is not at all times easy to comprehend; yet, it argues, I think, with some show of reason, that his object is further to attract the sunbeams of the *bulambus luminaries* to a more concentrated focus on his *cubexa*, by which, probably, he supposes its cerebral structure might be warmed into a more brilliant and energetic display of ideas, in defending the visionary dogmas of these African worthies."

We refrain, for the present, from making any lengthened comments on the above extract, which, however, the importance of the subject would almost compel us to do, but will content ourselves quietly to await

the course of events; and should our next intelligence from Gibraltar discover the cases remarked on by our correspondent to have assumed an epidemic character, we most sincerely trust that the enlightened secretary for the colonies, General Sir George Murray, will immediately cause to be dispatched to that fortress, a few well-educated medical men of tried integrity, and possessing sufficient rank to prevent the repetition of such hole-and-corner work as took place at the close of the epidemic of 1828. We need not remark, because it is sufficiently known, that the gallant secretary above alluded to, caused to be instituted a board of inquiry into the origin of that epidemic; but owing to the interested motives of some of the members of that board, together with the prepossessions of others, the intentions of the gallant secretary had well nigh been frustrated; and frustrated they certainly would have been (for truth was most clearly not the object sought by the majority of the members of the board), had not the unbending integrity of Colonel Chapman and Judge Stowell, two of the members, protected the opinions of the obviously conscientious, from the insolent and ignorant, cross-examinations of two men, who, most unceremoniously, were foisted into the commission, as we have good reason to know, without the honourable secretary ever being consulted on the occasion. For our own part, we have no wish to see any further examination instituted into the origin of this fever; for we have long since considered all such fevers to be just as much the product of the soil as the potatoe; but it is just and proper, that so long as individuals are found arguing for an exotic origin of the distemper, that inquiry should be allowed to take place; and in such an inquiry it is most especially requisite that no persons who may be avowedly interested in support of this latter opinion should be permitted to interfere, without having, at all events, their designs and movements submitted to the most rigid public scrutiny.

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MR. KING.

*To the Editor of THE LANCET.*

SIR,—If the editor of THE LANCET will appropriate a corner of his journal to the letter beneath, he will favour one who believes himself honest in the expressions of the sentiments it contains.

In No. 364 of THE LANCET, I was surprised and hurt to find that a meeting and consequent resolutions emanating from those of my fellow pupils then in town, too certainly proved that Mr. King had ceased to be attached to the school. To me, and I am sure, to the rest of the absentees, this

occurrence was perfectly unexpected and much deplored. We had never doubted that we should meet our very worthy and respected teacher in the ensuing season—that our acquaintance and connexion would be renewed but to be perpetuated—that the esteem, nay affection, which was so purely, so gratuitously offered, wanted only opportunities for its exercise to prove the force of its sincerity. This was founded on no blind adherence—there was no prostration of thanks; it was the most natural tribute of generous minds, an honest expression of their feeling offered to talent, urbanity, and strict disinterestedness. We all felt that when Mr. King joined us, we had a valuable accession; constant in his attentions, unwearied in his exertions, he smoothed difficulties, and pointed attention to matters till then unheeded. The necessity of perseverance was inculcated, the object to be attained was pointed out, and higher stimulus to exertion encouraged. His really valuable instructions were offered in the most unreserved manner, and in the most impressive form; and there are many of his pupils who will proudly acknowledge their value and importance, whilst they lament the suddenness of their deprivation. Whilst their attachment and esteem were freely, voluntarily offered, it will be matter of congratulation to both, that a reciprocity of feeling was engendered, which has been mutually acknowledged, and will be permanently recorded.

AN OLD PUPIL OF THE  
ALDERSGATE-STREET SCHOOL.

Sept. 8th, 1830.

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TO CORRESPONDENTS.

COMMUNICATIONS have been received from Mr. F. Partin—Mr. Saxon—M. J.—Mr. W. Priest—Recorder—Mr. Grafton—An Old Pupil of the London Hospital—An Apothecary's Apprentice—An Apprentice—A Constant Reader—Mr. James Baker—Mr. Thomas Hewett—Mr. Edward Clarkson—One—A Friend to Truth and Justice—Mr. Alfred Ayrton—J. H. P.—H. M.—Mr. Elmore—A Poor Assistant—Surgeon—Mr. R. B. Smith—Zeta—D. S.—Mr. J. H. Dixon—Dr. Kilbride—Mr. W. H. Potter—Mr. B. Hart—Mr. Vertu—Mr. J. B. Pettet—H. F.—Fairplay—A. A. J. B.—A Junior Pupil of the London Hospital—Mr. Angel—A Constant Subscriber—A Friend—Machaon—A Subscriber, Southampton—Mr. W. Eddowes—Mr. John James—W. W.—Mr. W. B. Jackson—Delta—A Medical Student—Mr. J. M. Walker—Mr. W. Watts—Mr. G. Walker—Auscultator—W. S.—R. A.—L. X. A.—G. H. W.—S. B.—Mr. Thomas Davies—A Friend to Medical Science—Mr. T. Johnson.

ON  
THE TOXICOLOGICAL RELATIONS  
OF THE  
SULPHOCYANIC ACID.

By W. B. O'SHAUGHNESSY, M.D.

IN the following observations, my principal object is to point out the peculiar circumstances under which the extreme sensitiveness of the meconic acid to the persalts of iron, may be rendered a *certain* test of the presence of opium in medico-legal inquiries. That further remarks on this subject are not entirely superfluous, is proved by numerous and convincing reasons. To these, however, I shall not now advert, as they will show themselves sufficiently and more appropriately as we proceed.

In the first place, then, I shall very briefly enumerate the chief chemical peculiarities by which opium and its solutions are distinguished.

I shall next consider the principal imitative actions which, taking place between other substances, interfere with the decisive character of the evidence thus detailed.

Finally, I shall notice the leading processes recommended by toxicologists for its detection, and either point out or explain how far each process is affected by the sources of fallacy which shall be described.

To many, I am aware that a recapitulation of the chemical constitution of opium is entirely unnecessary; but as there is at least an equal number to whom this repetition may be desirable, I shall proceed with it, though with the utmost brevity, and only so far as the chemical relations of the drug are toxicologically concerned. The two most remarkable ingredients of opium, are morphia and meconic acid, which exist together in the state of a neutral saline combination. The separation of the meconic acid from the solutions of opium, is easily effected by the agency of lead, with which it forms an insoluble compound, so that the addition of the acetate of lead to a solution of opium, causes an interchange of elements; the meconate

of morphia is decomposed, the insoluble compound of meconic acid and lead subsides, and the acetate of morphia remains in solution. If this meconate of lead be now subjected to a stream of sulphuretted hydrogen gas, the acid is set free, and may be obtained by filtration and subsequent boiling. This solution is now found to possess peculiar properties, it reddens litmus, and with the persalts of iron assumes an intensely red colour.

To this latter property of the meconic acid, toxicologists have justly directed their principal attention in their search for a method of detecting opium in complex admixtures; as if, however, to baffle the industry of chemists, it has long since been discovered, that the sulphocyanic acid and its salts possess the same action with the persalts of iron as the meconic acid, and that with an equal, if not superior delicacy; and, what is of the first importance, that the sulphocyanate of potass exists in the saliva, the bile, and other animal secretions. An evident source of fallacy thus presented itself,—if not in actual analysis, at least in the logical precision required in medico-legal testimony. Though lawyers have availed themselves of the notice taken of the fact, in works on forensic medicine, yet no attempt has been made to ascertain whether the sulphocyanate of iron might be formed at all during the process for detecting opium, and, if so, how the two salts (the meconate and sulphocyanate of iron) might be distinguished from each other.

To remedy this defect, I have applied the several processes recommended for detecting the meconic acid; first, to solutions containing the sulphocyanate of potass; and, secondly, to the animal secretions which are asserted to contain that substance. The results of these experiments I now communicate under the impression that they may be of some practical utility, both as far as regards the discarding of deceptive processes, and the further elucidation of one which has received the sanction of the most distinguished of all authors on the chemistry of poisons.†

† Vide Christison, p. 516.



Three modifications have been recommended in the application of the iron test to solutions suspected to contain opium. The first is the direct addition of the permuriate of iron to the fluid under examination; the second is the precipitation of the fluid by the acetate of lead, and the decomposition of the precipitate by the sulphuric acid; the third differs from the second essentially, in this decomposition being effected by the sulphuretted hydrogen gas.

To the first of these methods there exists one great and almost palpable objection, namely, that the saliva contains the sulphocyanic acid in combination with potash in such a quantity, that the addition of the permuriate of iron is sufficient to change it to a deep blood-red colour. It is strange, that though this fact has been long known, it has only been noticed in the most superficial manner by the recent writers on the detection of poisons. Thus Dr. Christison, speaking of the meconic acid and its effects on the persalts of iron, dismisses this fallacy in the following words:—"Only one other acid is so affected, namely, the sulphocyanic, a very rare substance." I have also often found evidence of the sulphocyanates in the mucous fluid remaining attached to the villous coat of the stomach, and it was more-over remarkable that this fluid had, in all these cases, an acid re-action on the litmus test. For these reasons I believe it will be admitted, that the direct addition of the permuriate of iron to a suspected fluid, can never afford satisfactory indications of the meconic acid.

The second modification of the process is also liable to some important fallacies. The acetate of lead, added to various organic fluids, while it precipitates the muriates, phosphates, &c., which they contain, also causes an abundant deposition of organic matters, especially albumen and casein. If to a precipitate of this kind strong sulphuric acid be added (in the quantity recommended by the proposer of this method of decomposing the meconate of lead), the fluid will, in a very short time, assume a reddish tint, not at all dissimilar to the meconate and sulphocyanate of iron. This effect is produced by the action of the sulphuric acid on the albumen attached to the metallic precipitate, an action first pointed out by Dr. Hope, the professor of chemistry in the University of Edinburgh, but never before (at least as far as I am aware) applied to the elucidation of difficulties in this department of analysis. Its importance is, however, by no means trivial, as it is concerned, not only in the search for opium, but in several other analogous investigations. On a late celebrated inquest, I was intrusted with a portion of skin for analysis, to which it was supposed some irritating

and deleterious liniment had been applied. On this skin, and the fluid in which it had been preserved, I instituted a series of experiments, so devised as to comprehend by their indications, arsenic, antimony, copper, silver, and the corrosive acids. The fluid reddened litmus slightly, and contained starch in solution, resulting from some particles of a poultice which adhered to the skin. Nitrate of baryta caused in this a white precipitate, which, when treated while moist, with the nitric and sulphuric acids, became of a reddish colour, inclining to violet, precisely of the same tint as minute portions of the iodide of starch assume in complicated mixtures. These phenomena strongly indicated the presence of hydriodic acid; but as the nitro-muriate of platinum was not affected by the fluid, and as, in subsequent experiments, I found the sulphuric acid to produce the same effect on several albuminous precipitates, I considered that a sufficient source of fallacy existed in these experiments, to render inadmissible any testimony founded on their results.

To the third process I have in the last place to advert; it consists in decomposing the supposed meconate of lead, by sulphuretted hydrogen gas. It is recommended by Dr. Christison, and I am happy to be enabled to add my feeble evidence in support of its great superiority over every other hitherto recommended. Its chief excellence however, Dr. Christison has omitted to mention, and which consists, in the first place, in its entire freedom from the fallacy of the reddening of albumen by the sulphuric acid; and, in the second place, in the necessary removal of every trace of sulphocyanic acid, or its compounds, which is perfectly accomplished by the washing of the precipitate as he directs. Nothing can point out more strongly than this, the value of minute practical directions as to the manipulation of toxicological analysis. In this instance, any sulphocyanate of lead which may have been formed, is dissolved away by the water employed in the ablation of the precipitate. Thus if the sulphocyanic and meconic acids be mixed together, and the acetate of lead be added, a precipitate falls down which, when washed carefully, and decomposed by sulphuretted hydrogen, affords the meconic acid. Again, if the fluid remaining after the precipitation be filtered, and tested with the permuriate of iron, it will afford the red sulphocyanate of that metal.

When I first commenced experiments on this subject, my object was to find out a method by which two red solutions of the same tint, one the meconate, and the other the sulphocyanate of iron, might be distinguished from each other. In the pure state this is easily effected by diluting both with distilled water, to a very light and

transparent degree of redness, and then adding a drop of an alkaline solution. The sulphocyanate immediately is bleached to a dead pale white,\* while the meconate becomes turbid, and deepens in its tint. Again, the colour of the sulphocyanate may be restored by the cautious addition of a solution of *chlorine*, while the meconate does not resume its redness under the same treatment. To these experiments, however, I do not attach much practical importance, as, in the first place, they require extreme attention to the quantity of the permuriate of iron employed in striking the original red colour, as a minute excess of the salt of iron completely obscures the distinguishing characters thus described. In the second place, various animal fluids interfere with the actions to a very troublesome degree.

In conclusion, I may observe, that my aim in the preceding observations, has rather been to collect together some isolated and scattered chemical facts, and to apply them to the purposes of this particular branch of analysis, than to advance any novel or peculiar opinions. At any rate, attention to these facts and explanations may contribute in some degree to prevent the confusion which might be occasioned on a cross-examination; by interrogatories respecting the fallacies attributed to the agency of the sulphocyanic acid.

23, Hadlow Street, London.

27th September, 1830.

## ON THE HEART.

By WM. DOBSON, Surgeon.

SINCE the time of Harvey, the action of the heart has been founded on sensibility. Though this organ is supplied with nerves which endow it with the power of involuntary motion, yet it is conceived requisite that some stimulus should be applied to bring it into play; and however paradoxical it may appear, it is nevertheless true, that the heart will continue its action when removed from the body.

The motions of the heart are conceived to result from the agency of the blood in its cavities, acting either by some inherent stimulus in the blood, or by distending the walls of the organ. For a considerable period I have been engaged in examining the nature of the circulation, but other necessary engagements have prevented me giving publicity to my observations; and I

should not, at the present, have intruded into the pages of *THE LANCET*, but for the notice of two theories on the heart's motion, by Drs. Corrigan and Hope; hoping, however, by the promulgation of my observations, to assist in solving that important problem, "*the cause of the heart's stroke on the chest.*"

When opposite opinions are entertained by eminent individuals, we necessarily presume either that the question is so abstruse as to elude demonstration, or that their theories are deduced from false data. The latter conjecture I shall endeavour to prove is the case. It is imagined, then, that the heart requires some stimulus to excite it to motion. Not a more erroneous notion ever prevailed! It originated in the dawn of science, when the physiology of the nervous system was as imperfect as its anatomy was unknown. Such is the influence of the nervi sympathetici on the organ it supplies, that it not only endows them with the power of moving independent of the will, but it enables them to perform continuous alternate contractions and dilatations quite independent of every other material agency. I have alluded to a fact, that the heart will contract after its removal from the body; and I may adduce another equally valid in support of my position. Having introduced my hand into the thorax of a dog, I grasped the two vena cava, so as to preclude the entrance of blood into the heart. What was the effect? Why the action of the heart was still maintained! Though somewhat enfeebled, it continued to dilate and contract alternately and regularly. The circumstance, which seemed remarkably peculiar, was, the *diastole*, both of the auricles and ventricles, was apparently more energetic than the *systole*. In this experiment I witnessed the following phenomena:—

1. That, during the *diastole* of the ventricles, the heart was visibly augmented in size; and that, during the *diastole*, it was when the stroke against the side of the thorax occurred, not only the apex, but the anterior surface of the heart, impinged against the thoracic wall.

2. During the *systole* of the ventricles, the heart diminished in size, and receded into the thorax.

Remembering that, as taught in the schools, this stroke of the heart against the chest resulted from the aorta endeavouring to straighten itself, when blood was thrown in, tilting the apex against the chest. To obviate this effect I grasped the vena cava, and thus removed that attributed cause, but the phenomena occurred as before.

These experiments and observations were made at the least twelve months ago; con-

\* I may remark here, that so great is the influence of alkaline or earthy carbonates over the colour of the sulphocyanate of iron, that the addition of Thames water, in an equal volume, will decolorize a deep red solution of that salt.

sequently, previous to the publication of Dr. Corrigan's interesting essay.

Many other phenomena were also noticed. At some future period I hope to lay before your numerous readers a more detailed statement. Should these few remarks, however, be deemed of value, I shall feel obliged by their early insertion.

14, Arabella Row, Pimlico.

#### OBSERVATIONS

##### ON

#### SYMPTOMS ATTRIBUTED TO

#### CEREBRAL DISEASE.

*By FORBES WINSLOW, Surgeon.*

WERE the attention of medical men, says Sydenham, directed as much to the prevention as to the cure of disease, many of those deviations from the healthy condition now considered as the opprobria of our art would be prevented. Few in the present day question the truth of this observation. It is generally believed by those engaged in medical practice, that by a judicious management of the health of those constitutionally predisposed to particular maladies, the development of many of the diseases considered as incurable *by the profession* might be prevented. The practitioner, by *anticipating* disease, is thus enabled to prevent many of those organic affections, which when, developed, resist the united skill of the physician, surgeon, and apothecary. It is well known that consumption may be *prevented* by removing a patient phthisically predisposed, to a mild climate. The development of insanity may also often be prevented, by paying great attention to the moral and physical treatment of those who are hereditarily predisposed to this distressing disease.

The medical profession are much indebted to the late Dr. Gooch for his able disquisition "on the symptoms in children erroneously attributed to congestion of the brain." Dr. Gooch united with a profound knowledge of every branch of his profession great professional tact, which enabled him to discover with uncommon nicety, the legitimate causes of morbid action. Very few works communicate so much sound practical information as Dr. Gooch's last work on "Diseases of Females."

In the essay above alluded to, Dr. Gooch has endeavoured to prove that many of those diseases commonly attributed to cerebral congestion, arise from a deficiency of nervous power, and require for their removal not depletion but support. Consequently bleeding tends greatly to aggravate the affection and hasten the fatal tendency.

That great sanguineous depletion is not only injurious to young children, but very frequently the cause of an accumulation of water in the head, cannot be for a moment questioned. This *fact* is of great importance to the profession, for it is only from facts that we are enabled to deduce right conclusions.

By a series of experiments made by Drs. Saunders and Seeds of Edinburgh, they have found more or less of serous effusion within the brains of animals who have been bled to death, either from arteries or veins; and Dr. Kelly says, "Were it possible by profuse hemorrhages, to drain the brain of a sensible portion of its red blood, the place of this spoliation would be supplied by extra and intra vascular serum, and that *watery effusion within the head is a constant concomitant, or consequence, of great sanguineous depletion.*"\* I am indebted for the account of the following cases to a medical friend, Mr. Simmons, and as they prove the correctness of Dr. Saunders' experiment, I shall briefly narrate them.

CASE 1.—Susan A. *ætat* 5, of a delicate constitution, laboured under the following symptoms:—Great languor, unwillingness to move her head, to which she was constantly applying her hands, as if in great pain; the vision was indistinct, the pulse quick, but feeble, the bowels irregular. The medical gentlemen, judging from the symptoms that inflammatory action was going on, applied eight leeches to the temples, and ordered her bowels to be emptied by a cathartic composed of calomel and jalap. The following day the child was worse, the leeches having failed to relieve the supposed inflammatory symptoms. On the second day four more leeches were applied to the temples, and a blister to the nape of the neck, notwithstanding which, the child gradually grew worse, and on the sixth day died. Towards the latter part of her illness, she showed every indication of the existence of water in the head. On the post-mortem examination, a large quantity of serum was found in the ventricles. There was no appearance in the brain which would lead a person to believe that inflammation had at all existed previous to the child's death. The vessels of the brain were found unusually empty.†

CASE 2. This case, which was attended by the same medical man, resembled the above, both as regards the symptoms and the results, with the exception of a less quantity of serum being discovered after death in the brain.

\* Pathology of the Brain.

† This accords exactly with what Dr. M. Hall represents himself to have seen in the examination of those who have died under similar circumstances. —On loss of Blood. *Med. Essays.*

CASE 3.—Matilda H., *ætat.* 3, of a strumous habit, was attacked with great restlessness, pain in the head, and a quick but feeble pulse. The skin was of an ordinary temperature; the bowels were not confined. The eyes of this patient had that peculiar squint considered by medical men as a sure indication of the existence of water in the brain. The same medical gentlemen being called in, and fearing lest this case should prove fatal, called in Mr. Simmons, when they agreed in consultation to adopt a different plan of treatment. The patient was allowed a generous diet, and tonic and stimulant medicines were administered. To the surprise of both practitioners, neither of whom had anticipated a favourable result, the little patient on their next visit was considerably improved, and gradually recovered.

Were not the symptoms of the two unsuccessful cases aggravated by bleeding, and are we not warranted, reasoning from analogy, in supposing that the accumulation of the serum found in the ventricles of the brain after death, was the consequence of the great abstraction of blood, and not the cause of the supposed inflammatory symptoms? Dr. Marshall Hall has published some valuable remarks on the effects of loss of blood, which are well worthy the attention of every practitioner. Dr. Hall's observations on this subject coincide with those made by Dr. Gooch; for he says, "I have frequently known the effects of loss of blood, to be mistaken for inflammation of the brain." Do not let it be supposed that I wish to deprecate the use of leeches in affections of the heads of children; on the contrary, I think that when inflammation is known to be going on in any part of the head, abstraction of blood by leeches is the only effectual way of putting a stop to its progress. But there are cases, the symptoms of which greatly resemble those produced by inflammation, but which are caused by a deficiency of blood, by a want of nervous power in the system, and which are only to be successfully combated by supporting the patient.

"I have many times," says Mr. Abercrombie, in his excellent work on *Diseases of the Brain*, "seen children lie a day or two in a kind of stupor, and recover under the use of wine and nourishment. It is often scarcely to be distinguished from the coma which accompanies diseases of the brain."

In the cases above related, the pulse was quick, but feeble; the skin was cold, and the constitution previous to the attack of illness, was greatly debilitated by want of proper nourishment. These circumstances must guide the practitioner in his treatment. When he finds his patient labouring under symptoms of cerebral disease, combined with a feeble pulse, cold skin, and a con-

stitution naturally delicate, he may be sure that the symptoms indicative of an inflammatory affection of the brain, arise from a deficiency of nervous energy, and require for their removal every thing calculated to support and strengthen the constitution. From an inattention to these circumstances, many fatal errors have been committed.

16, Rock Street, Portman Square.

Sept. 1830.

## PROFESSIONAL REMINISCENCES.

### No. II.

MIDWIFERY CASES.—ULCERATED LEGS.—TRUE BENEVOLENCE.—DROPSY.—HERNIA.—CANCER.

I TAKE the advantage of a leisure hour to resume my pen, which is so much the easier task from my having pledged myself to no consecutive tissue of narrative or course of argument. I shall, therefore, without referring to my former paper, consult my memory, and proceed according to its dictates in the same desultory style.

That paper closes with cases of midwifery. To these I shall only at present add one or two more. I was the medical attendant during the birth of a first child, and first placenta out of three in a case of triplets. Each child had its separate placenta. In every case of *twins* that I have seen, both navel strings were inserted into one placenta of a somewhat larger than the average size. The spontaneous detachment of the first placenta after the birth of the first child, and this without being followed by the slightest hæmorrhage on its removal, was not the least singular circumstance attending this case. I was at that time an assistant. The gentleman with whom I lived was one of the most skilful accoucheurs in that part of the country. It was during his temporary absence that I supplied his place. As the case, both previously to delivery and afterwards, was but partially and incidentally under my care, I only have it in my power to mention that the patient did well, and that the children lived some weeks. Both children and after-births were very small.

I have one other little case to mention, which occurred more entirely under my own eye. A patient of mine, after a labour of some duration, accompanied with considerable hæmorrhage, gave birth to an apparently still-born child. The snuff box of a neighbour being at hand, it struck me that (without consulting Denman or Meriman) it would be no unwise thing to take a small pinch out of it, and administer to the

child. As it will not do at such junctures to be very *recherche* in one's choice of remedies, I placed a little on the child's lip, and blew it up its nostrils. I found this summary process answer the end as well, or perhaps better, than any more elaborate stimulant. The child very speedily sneezed, and showed other unequivocal symptoms of vitality, and though for some time very weakly, and destined to go through many struggles for its life, it is living at this time, a nice healthy child of near three years old.

I have given these two cases without note or comment; but I will make now a few remarks upon them. When any opinion we form in science appears to ourselves a doubtful one, it is best to set it down as such, and so leave it to abide the test of experience and observation.

In the last case of twins I attended, (both of the children being now, as their first appearance promised that they would be, alive and healthy,) the after-birth was larger than the three separate after-births in the triplet case put together. Is it, or is it not, the case *ceteris paribus*, and on the average, that fine healthy children have large after-births? Again, it is popularly believed that the occurrence of hæmorrhage in any great degree, particularly during the latter period of gestation, "spoils" the child's "longevity." It does not seem unreasonable to conclude that the *vis vitæ* of a child must be weakened and enfeebled from this cause, though by no means irrecoverably. When hæmorrhage during labour is very great, and has lasted long unchecked, we naturally expect to see a still-born child, and it is seldom that we have the pleasure of being agreeably disappointed. I do not promise to relinquish finally the subject of midwifery, but I shall for the present shift the scene, and commence a fresh train of reminiscences; some of them, perhaps, less strictly professional than the foregoing, but all of them owing their origin to my opportunities as a medical man, and the places which I have filled, and situations in which I have found myself in that capacity.

The first professional nuisance I learned to deprecate occurred to me, in 1817-18, when pupil to the late Jacob Jones, Esq., of Finsbury Square, who was surgeon to a public dispensary, I had to dress certain ulcers in the legs, (of annual, or sometimes perennial nature,) the property of poor people, who, ill fed and ill clad, were in the habit of drinking as much gin as they could get by way of counter-irritant to the general ailment of poverty and destitution. The consequence of this was a cachectic habit of body very unfavourable to the consummation of any curative process. Healthy pus would be secreted—healthy granulations

would form; and every-thing would go on swimmingly for a time, when on a sudden, some morning on removing the bandage and dressing, behold, a black livid-looking patch—the walls of the ulcer giving way and enlarging, and all our work to do over again! In vain we tried ung. picis, ung. hyd. nitrat., sprinkling with pulv. rhei., and a succession of stimulants and refrigerants, and what not, aided by the most careful bandaging; our labours were frequently like those of Sisyphus. Even when at length they were dismissed cured, experience taught us to be sparing of our orations, for there was no telling how soon, like Monsieur Tonson, they would come again. I dare say several fresh generations of ulcerated legs have in due course flourished since my time, to the edification of my successors in office. I may speak on this subject *con amore*, and the more feelingly, as the duty of dresser devolved mostly on myself. Such sores are much more manageable in the country. Diseases in London and in the country differ, and require different treatment. This holds good among the poor especially. There is much sense and knowledge of human nature (I mention this *en passant*) in a piece of advice to dram-drinkers which I met with some time since in a popular pamphlet. Persons who wish to break off a habit which, to say the least of it, is injurious to the constitution, are recommended to substitute a pinch of snuff for a glass of gin every time they want one, as being the more harmless stimulant of the two. There is no doubt that in this way the task of reformation would prove easier. The facilities afforded us by nature for breaking off evil habits and mal-associations, bodily and mental, are ample and numerous. The ability to make use of these constitutes a species of versatility of mind, which it is very desirable to cultivate. But I perceive that my paper is taking a *transcendental* turn.

To descend from these cloudy regions of semi-metaphysics, I remember it was about this time that Mr. Jones assisted with food, money, and, what, considering his immense practice at that time, was a greater boon than either, his professional advice and attendance, a man who had lapsed from a state of affluence into poverty, and who himself, in the advanced stage of decline, was living in an upstairs room, which contained one bed for the joint accommodation of himself, a wife, and four children. It was my part to visit them occasionally, both for and with Mr. Jones. He had been an officer in a dragoon regiment, and had given 900*l.* for his commission. This he, through imprudence or misfortune, was at length obliged to sell, and having no knowledge of any means of earning

money, had gradually sunk lower and lower in the scale of adversity. But let me not depict his condition in too dark colours. As instructive a moral lesson might be read to us, on the vanity of human apprehensions as on the vanity of human wishes. His sufferings were probably more apparent than real; in a great measure insensible to the presence of surrounding calamities, he was for the most part employed in thinking of another world, at first with anxiety, and afterwards with hope. Thus circumstanced with regard to worldly matters, let the world guess who visited this deserted and unfortunate gentleman in sickness and affliction? His brother officers—his gay companions of but a few years previous? No! By them he was probably forgotten. They either knew not of his adverse circumstances, or took no care for them. Who then befriended him in affliction? A few faithful men among the Wesleyan Methodists;—the unpaid, voluntary emissaries of the Benevolent Society visited him, relieved his temporal necessities, partly from the funds of the society, partly from their own private purses. Their kindness towards him was manifested with delicacy, and without ostentation; and through their charitable attentions and religious counsels, he enjoyed those comforts which sickness needs, and died "fearing God," and in a state of calm and peaceful preparation for a better world which monarchs might envy. In fact, I know no society on the face of the earth by which a greater aggregate of un-mixed good is effected. The only claim the objects of this charity have occasion to make, is founded on the humble merit of their being human creatures in distress, and such as bear this character, without seeking aid, are industriously sought out and relieved as far as the funds of the society will admit, often aided, as in this instance, by private and extempore benefactions.

Among the many dispensary patients whom I saw at their abodes in Golden Lane, Grub Street, London Wall, and other streets or their courts and alleys, was a woman who had ovarian dropsy, on whom I saw Mr. Jones perform the operation of tapping, about once every seven weeks, for the space of two years. It was not till some years after the first operation that she at length died. The recovery of a gentleman from dropsy of the abdomen, after having been tapped three times by Mr. Jones, also occurs to my memory. I have somewhere by me the minutes of his case, but cannot now find them. I remember about the same time, a case of narrow escape from the operation for incarcerated femoral hernia, in which, after the scalpels had been placed in order on the table by the late Mr. Taunton of Hatton Garden, who was to have ope-

rated, Mr. Camplin (Mr. Jones's partner, and now his successor) succeeded on a last attempt, in reducing it effectually. I need not say that the taxis, tobacco enemas, and every possible remedy, had been resorted to, before the operation was contemplated. But it is worth remembering that at the very last point of time left for such an experiment, five minutes' continual pressure should have been successful in reducing it, and saving a patient from a painful and hazardous operation. At the same time, I am afraid that I cannot say I rejoiced at this prorogation *sine die* of the said operation so much as I should. I believe I was guilty of entertaining some slight sensations of involuntary disappointment.

I would fain repeat some anecdotes which struck me much in Taunton's lectures, but I begin to think I have written enough for one time. The motto of a reminiscence ought to be

*Glasses mortels—n'appuyez pas.*

Accordingly, to avoid fatiguing my reader or myself, I shall now close No. II., with a recollection of more recent date.

The first case of chimney-sweeper's cancer that has occurred to me in my private practice, has proved a very satisfactory one in its results. About this time last year, a man in the neighbourhood of Wycombe who followed this occupation, showed me a small hard tumour in the axilla which had for some time been painful. The pain extended across the pectoral muscle in the course of the absorbent vessels, and was so great, that he was very willing to submit to any operation. As there appeared no doubt of the nature of the tumour—as there was a chance of its progressing and extending, and under any circumstances of its becoming large, and increasingly perilous to remove, and as (moreover) his father had died of a similar complaint,—I advised him to let me remove it. This I accomplished with little difficulty, and complete success. The wound went on favourably, and he has had no pain in the part, nor has any tumour formed there or elsewhere since. The tumour (which I have kept by me preserved in spirits), when cut open, exhibited very distinctly that incipient cancerous structure which is called scirrhus. As the wound was small, to make assurance doubly sure, I touched the bottom of the wound with lunar caustic, in order to destroy any fibres belonging to the removed tumour that might remain.

Once more I subscribe myself, Sir,

Yours obediently,

S. GOWER,

High Wycombe, Bucks.

Sept. 17th, 1830.

EFFICACY OF THE CHENOPODIUM OLIDUM  
IN CHLOROSIS.*To the Editor of THE LANCET.*

SIR,—In a disorder attended with such serious consequences to the female sex as chlorosis, which often lays the foundation of diseases terminating in death, I consider it the imperative duty of every medical practitioner to make known to the profession at large any remedy which he may have found useful in curing so important a malady. In recommending the extract, chenopodium olidum (goosefoot or sowbane) to the attention of the medical world as a remedy for chlorosis, I do not attach to myself the credit of discovering it, as I see the chenopodium vulvarium mentioned as an emmenagogue in Doctor Fox's Medical Dictionary of 1803. I have prescribed this medicine in several cases with uniform success, in doses of ten grains three times a day. During the administration of the remedy, attention must be paid to the state of the alimentary canal. I have found this treatment produce the catamenia in a very short time. It is likewise of great importance that I should state I have not found this remedy serviceable in amenorrhœa arising from plethora. In dysmenorrhœa I have had no opportunity of trying the chenopodium olidum, but I take the liberty of suggesting to my medical brethren the propriety of doing so. Perhaps uniting it with some of the usual remedies, as camphor and the extractum hyosciami, might render it efficacious in that disease.

I remain, Sir,  
Your obedient servant,

W. TAPLEY, M.R. C.S.

Brompton near Chatham, Sept. 22, 1830.

P.S.—The extract, chenop. olid. is prepared, I think, by Mr. Brand, chemist, Strand.

## A CASE ILLUSTRATIVE OF THE GOOD EFFECTS OF WHAT DR. MACARTNEY DENOMINATES "WATER DRESSINGS."

*By JOHN V. JACKSON, Surgeon.*

CAPTAIN M. LODGE, commander of an American trader, whilst with his ship in Dublin, received in his thigh the contents of a pistol accidentally discharged at him as he was ascending from the cabin to go on deck; a slug, with which it was in part loaded, entered his thigh at about its middle and posterior part; the pistol being discharged from below, the slug took a course obliquely upwards and inwards, and presented itself immediately beneath the fascia, about two inches or two inches and a half

from the place at which it entered; previous to my arrival, an incision about an inch in length had been made by a gentleman present, over the surface of the slug, and an ineffectual attempt had been made to extract it, owing probably to the fascia being insufficiently divided; having enlarged the incision already made, it was carried down until the slug was completely denuded, which was then easily extracted by a pair of common forceps. No vessel requiring a ligature being divided, the wound being well cleansed, a *pledget of lint, dipped in cold water*, was put over them, *over which was placed a piece of oil silk* (as recommended by Dr. Macartney in his valuable lectures); this, with the exception of occasional aperients, constituted the whole of the treatment adopted; and so effectual was it, that at the expiration of ten days he was enabled to resume his duty; and during the period above named, he never endured ten minutes' pain. In clean incised wounds, as well as those received during dissections, this method of treatment has been found most beneficial, the parts to which it is applied immediately losing their morbid sensibility.

From the oil silk preventing evaporation, the parts are kept as it were in a continual vapour-bath; and probably to this cause, and to all atmospherical impressions being taken off, the good results attending this method of treatment may be ascribed.

Yavin, Yorkshire, April 23.

## ELECTION OF CORONER

FOR THE  
COUNTY OF MIDDLESEX.

## SKETCH OF THE PROCEEDINGS.

SEVEN candidates offered themselves for the office of coroner for Middlesex, immediately on the death of Mr. Unwin; the most prominent of these were, Mr. Baker, Mr. Burford, and Mr. Gude, sen. After the lapse of some days Mr. Wakley added himself to the number, and gave to the contest, agreeably to the language of his opponents, a character which it had never before possessed in this county. Four of the seven candidates retired soon after Mr. Wakley announced himself. The remainder continued the very active canvass which they had commenced, and obtained, as they respectively stated, "a sufficient number of promises to give them confident hopes of success," before Mr. Wakley was enabled to make his claims known to the freeholders. The starting of Mr. Gude, sen., it shortly appeared, was an artifice, for

after he had remained just long enough in the field to secure a certain number of votes in his interest, he resigned in favour of his son, leaving numbers of his supporters under the impression that they were supporting the pretensions of the father. As the day of election approached, and the prospect of a firm and decided contention on the part of the medical candidate became more certain, symptoms of withdrawal were evinced by two of the attorney candidates. Mr. Burford was the first to resign, and a claim upon the votes promised to that gentleman, was immediately made by Mr. Baker. A short time after this Mr. Gude, jun., also resigned, but not until Mr. Gude, sen., had made a distinct offer to Mr. Wakley, in the presence of Mr. Wallis, of the votes and personal influence of Messrs. Gude, on payment of a "good round sum." The overture of course was at once rejected, and three days afterwards a letter of resignation in favour of Mr. Baker appeared from Mr. Gude, jun. Thus strengthened by the unprincipled combination of the attorney candidates, the contest was maintained nominally by Mr. Baker,—Mr. Wakley standing at last, as he did at first, entirely alone.

An account of the commencement of the polling on Thursday, the 9th of September, has already appeared in the pages of this Journal, and the following are the numbers which appeared at the close of each day :—

Sept. 9, Mr. Baker .....	605
Mr. Wakley .....	333
Sept. 10, Mr. Baker .....	538
Mr. Wakley.....	399
Sept. 11, Mr. Baker .....	391
Mr. Wakley.....	290
Sept. 13, Mr. Wakley.....	563
Mr. Baker .....	443
Sept. 14, Mr. Wakley .....	360
Mr. Baker .....	234
Sept. 15, Mr. Baker .....	301
Mr. Wakley .....	288
Sept. 16, Mr. Wakley.....	296
Mr. Baker .....	251
Sept. 17, Mr. Baker .....	215
Mr. Wakley.....	203
Sept. 18, Mr. Baker .....	271
Mr. Wakley.....	258
Sept. 20, Mr. Wakley .....	544
Mr. Baker .....	421

Amount of the gross poll ;  
For Mr. Baker.....3670  
For Mr. Wakley ....., 3534

Majority for Mr. Baker ..... 136

The cause of the great disparity of numbers polled by the two candidates on the first three days, was obvious enough to the spectators ; for while no active arrangements were made by Mr. Wakley's committee to bring up voters from the country before Monday the 13th, the most strenuous efforts were made each day by Mr. Baker's friends in every quarter. Thus 1020 almost unsolicited votes were polled by Mr. Wakley, principally from amongst his friends immediately in the vicinity of London, at a time that the arena in front of his opponent's committee-room was hourly crowded with coaches and other vehicles, forced into requisition at the very onset of the contest.

On Tuesday the 14th, after the close of the poll, Mr. Gude, sen., who during the whole of the contest took a most active part on the hustings (conjointly with Mr. Burford), as a partisan of Mr. Baker, came forward and declared, appending to his declaration the solemn affirmation of his oath, that he had never made any offer whatever of his son's votes to Mr. Wakley for a sum of money. On the conclusion of this denial, Mr. Wallis presented himself and fully confirmed the statement of Mr. Wakley, that the offer was made in his (Mr. Wallis's) presence, and at Mr. Gude's own house.

During the whole progress of the election, the enthusiasm in favour of a medical coroner was of the most marked and decided kind ; and an impression has been created in the public mind which can never be obliterated. The crowd assembled before the Sessions House was on no occasion during the addresses of the candidates, less than 10,000 in number ; it repeatedly extended to 20,000, was 30,000 on the fourth day, up to which time not an individual connected with the politics of the country had appeared on the hustings, and on the last day, not fewer than 60,000 persons must have been collected on Clerkenwell Green. It is most gratifying to be enabled to add, that notwithstanding the extent of this unequalled assemblage—unequalled in point of numbers, fervour of feeling, and clear apprehension of the merits of the question under discussion, not a single accident or breach of the peace worthy of being named, is on record. The urgent appeals made by Mr. Wakley, that good temper and order might be preserved, were obeyed to the letter. The strongest plaudits, as may be supposed, were bestowed on



those who gave their suffrages for Mr. Wakley, and loud expressions of regret fell to the lot of those who voted for Mr. Baker, but with this, all indication of warmth of feeling ceased, and hundreds of the freeholders who assisted in placing Mr. Baker in the office of Coroner, left the scene after once having visited it, with unqualified expressions of sorrow that they had not previously considered the importance of the question on which they had been deciding.

It remains to be added that the poll was closed at 4 o'clock on the 10th day, while the sheriffs had the power, if they had chosen to exercise it, of keeping it open until 5, and that a body of freeholders was at that time upon, or was close to, the hustings, waiting to record their votes for Mr. Wakley, in sufficient numbers to have triumphantly carried the election in his favour, had the hour been allowed to them for polling. On hearing the announcement of Mr. Baker's election, Mr. Wakley handed to the sheriffs a paper signed by several freeholders demanding a scrutiny, which paper was afterwards withdrawn, for reasons which Mr. Wakley has explained in the following extract from an address to the freeholders, conveying to them his thanks for the hearty support he received in the struggle. As this extract contains matter of importance in the history of the election, and explains in Mr. Wakley's own words the causes which operated to defeat his object, it will find an appropriate and permanent place in this brief sketch of the proceedings.

"The first disadvantage under which I laboured during the contest, unquestionably arose from the lateness of my appearance in the field. The canvass of the other Candidates commenced at least a week before my name was announced, and the inquest on Miss Cashin occupied my attention for several days after, so that it was not until a very short time previous to the Election that I was enabled to commence my arrangements for the contest. Meanwhile, my numerous opponents had so far profited by this unavoidable delay, that three of them had gained a sufficient number of promises to give them, to use their own words, 'confident hopes of success.'

"But the great public question for which I have so long been contending was at last submitted to you. You were reminded that the duties of a Coroner required a MEDICAL, and not a legal education. Your decision was immediately given in my favour, and so distinctly was the voice of the freeholders heard, that, as the day of election approached, my competitors, in spite of all their advantages, one by one, with a single exception, relinquished the contest, turning over their several "interests," however, from candidate to candidate, by harter and trans-

fer, until at last the influence of all of them was united in one. To this unprincipled combination I could only oppose the good sense, the public spirit, and the independence of the freeholders who had not already promised their votes.

"It was soon confessed by my opponent, that against the declared feeling of the county he stood no chance, unless he resorted to means which entailed upon him a "ruinous expense," and to these means he was ultimately driven, though ineffectually. For, at length, notwithstanding all the advantages of an early canvass—notwithstanding all the coercive influence of landowners, and employers—notwithstanding the coalition of five or six candidates in favour of one,—and notwithstanding the "ruinous expense" incurred by my antagonist, the cause of principle and independence triumphed, and the real "victory" was ultimately ours. How at length this victory was torn from us, and the means by which your decision was forcibly reversed, can hardly be described with patience, or read without indignation.

"From the extraordinary and unequivocal character of many of the occurrences which were developed during the progress of the polling, I felt it to be an imperative duty to demand a scrutiny; but this demand, to my utter astonishment, was not conceded. I was offered, it is true, a scrutiny, to be commenced and completed on the instant, consisting merely of a comparison of the poll-books by the books of the check-clerks, and involving no investigation of the real character of the votes themselves. But such a scrutiny as this I naturally declined. A real *bona-fide* scrutiny of the votes, I was told, the Sheriffs were not by law either compelled or empowered to grant. I was aware of this defect in the law, but my appeal to the Sheriffs was not made on the ground of legal enactment, but on the broad principles of justice and impartiality.

"Thus have we been defeated; but whether I shall submit to a decision so unjust, or appeal to a higher authority, remains for consideration. Remember, however, that you may again, before long, be called upon to decide the same question in another case, and I pledge myself to stand forward as a candidate at the very first vacancy. \*\*\*"

So fervent was the feeling in favour of the medical candidate, that at the close of the election the horses were taken from Mr. Wakley's carriage, and that gentleman was drawn by the populace to his house in Bedford Square, attended by a concourse of at least ten thousand individuals.

## DINNER TO MR. WAKLEY.

(Revised from the Report in the Morning Chronicle of Sept. 29th.)

ON Tuesday the 28th, a public dinner was given to Mr. WAKLEY, at the Crown and Anchor Tavern, "to celebrate his able and manly advocacy of the cause of justice during the late contested election for the office of Coroner." THOMAS KING, Esq., D.M.P., in the Chair. About a hundred and thirty gentlemen sat down to dinner, the whole arrangements of which were highly creditable to the stewards and the proprietor of the tavern. A small band, and several excellent professional singers, were present.

The cloth having been removed, and *Non nobis Domine* chanted,

The CHAIRMAN rose and said:—In attachment to public virtue I think this assembly will yield to none; still less will it yield in attachment to our patriot Sovereign. Gentlemen, I give you "The King." [*Drunk with the usual honours.*]

The CHAIRMAN then said;—The best omens of the prosperity of a reign are to be derived from the events which mark its commencement. The Queen cannot be indifferent to any thing so intimately affecting the administration of justice as the conduct which we are met to celebrate. I am sure you will very cordially receive the toast it is my duty to propose, "The Queen and the Royal Family." [*Drunk with much applause.*]

Mr. HUNT then gave—"The people,—the only source of legitimate power."— [*Drunk with cheers.*]

The CHAIRMAN again rose, and said;—I am too deeply impressed with the importance of the next toast which I have to give, not to wish that it should be presented to your notice more worthily than it is in my power to give it, labouring as I now am under severe indisposition. It consoles me, however, to recollect, that the toast is one which requires no recommendation to you, and little comment from me; yet I cannot, on so remarkable an occasion, refrain from saying a few words. It is often my lot to observe the conduct of public men, and the difficulty there is in obtaining the support of gentlemen of talent where the public interests are concerned. The comforts of domestic society are often too numerous, and the cost often too great, to permit them to enter the arena in which their abilities would be of essential public advantage; and many good men thus withhold from their fellow-creatures the services they might render them. If then, Gentlemen, we find one man in the circle around us, who is

ready to sacrifice every thing he possesses to the public good, with what satisfaction should we hail his appearance amongst us. We have such a man amongst us now, an active, able, virtuous citizen, and I beg leave, with your permission, to propose his health to you as the future Coroner for Middlesex. [*Great applause.*] You are all acquainted with his entry upon public life; the obstacles he has had to encounter, the difficulties with which he has been surrounded. Alone and unsupported, Mr. Wakley has withstood the efforts of the most powerful public body in the state. You have seen how nearly he has been overthrown—you must have feared that he would be entirely overpowered; but, Gentlemen, by pursuing one honest, straight-forward, manly course, he has surmounted every one of the surrounding dangers, and risen superior to all his enemies. His first care on entering the profession was to see that the sick poor were properly managed in our hospitals; and no man in England will be so presumptuous as to deny, that ever since the establishment of THE LANCET, our public medical institutions have gradually been improving. Their officers have become more regular and assiduous in their attendance, and have exerted themselves more strenuously to save the lives of those who have been committed to their care. But THE LANCET has had another and equally important duty to perform,—that of securing the justice to medical pupils, to which all Englishmen are entitled, and that courtesy to them which is due to all gentlemen. Before the publication of THE LANCET, the medical pupil was at the mercy of the hospital surgeons—men who obtained their offices by intrigue, with whom all depends upon influence and favour, and nothing upon intelligence, knowledge, or capability. Prior to the period of which I am speaking, the young medical pupil was driven to the degrading necessity of submitting to all that was imposed upon him; but THE LANCET appeared—threw open its pages for the publication of every act of injustice or oppression that was committed, and afforded that best shield against the tyranny of the powerful—publicity. It has done still more than this for the profession, and I am proud to say it has had many assistants. It is a remarkable fact, that with the exception of Mr. Hume, and Sir James Mackintosh, the House of Commons does not contain a single member who has been educated to the profession of medicine. Yet the good that would be effected by their presence there would be immense. This gross fault in our legislature Mr. Wakley has often endeavoured to correct; he has repeatedly tried to stimulate men to come forward and support medical men as members of parliament. As he proceeded in his pro-

professional course he turned his attention to the great public offices of the country, and Mr. Wakley, and Dr. Gordon Smith, were the first to direct public attention in an effectual manner to the glaring abuses which arise from the appointment of non-medical men to the office of coroner. He was the first to trace out the lamentable errors which thus often occur in our courts of law. It is unnecessary for me to enlarge on this point; but it does appear to me that the good which would arise from reform in this respect, would be incalculable. Even one case will be enough to show the truth of this opinion. Let us take that which occurred only a few days since at Guy's Hospital. I saw by the papers, the other day, that a man, whilst running in the street with a pipe in his mouth, slipped and fell, and suffered a severe wound in the tongue from the pipe. He was soon taken to the hospital, where he died in forty-eight hours. It appears that a piece of the pipe penetrated his tongue, and there broke off; a portion was extracted, and I read that a medical gentleman, who was examined on the inquest, declared that it was impossible to discover whether any part of the pipe was still remaining embedded in the tongue. The man remained in the hospital, and appeared to be going on without any bad symptom, when of a sudden he died, and it was found that a long piece of pipe was actually remaining in his tongue. Now one of the jury was anxious to put some question to the witness, with a view to ascertain whether ignorance, or thoughtlessness, or neglect, had occasioned the want of discovery that this piece of pipe was still in the tongue, and the death of the man occasioned; but he evidently did not know what question to put that would elicit the truth, and the coroner knew as little. Now what a state of things is this. A competent coroner would have said, "Did you collect the various pieces of the broken pipe, and see whether the entire length was in your possession, without which you might have suspected that you had left a portion behind in the tongue?" This, of course, the medical man had not done, and do you not think that here was some gross dereliction of duty to the patient? When a foreign body produces a wound, the first question we should ask is, of what length was the instrument; what was its nature; and whether it was found externally. Now in the case I have mentioned, under a fit coroner a jury would undoubtedly have seen it right to append to their verdict a very proper censure on the attendant. But the officers of our hospitals are not elected by honest public competition, and are almost indifferent to the melancholy results which

their neglect occasions. The question of a medical coroner then is one of vital importance, and many others which have been regarded as paramount to it, are trifling on comparison with it. It was astonishing to me during the late contest, that any men could be found to support such an iniquitous custom as has hitherto existed. That they were unable to defend it, or did not dare, or did not deign, to do so, was evident enough. We gave them every opportunity of denying our statements and confuting our arguments, but not once did they come publicly forward to discuss the question. In the selection of a medical candidate, those who sought for one, acted most fairly. They wished to see a man in the situation who was profoundly versed in science, able in mind, conscientious in heart. They looked around. It was difficult to select such a man; but at last they fixed on one who had never scrupled to sacrifice his all to the public good. Prior to that time I had, gentlemen, but little acquaintance with Mr. Wakley, but now that I know him, I can speak of him without hesitation. I have lived in terms of intimacy with many of the greatest men of many countries, and I say it distinctly, that in the possession of great public qualities, Mr. Wakley is superior to any man I have ever known. For unbending integrity, for unwearied activity, and for social virtues—I say it from the bottom of a heart, which I hope is an honest one—I believe he has not many superiors living. I beg leave to propose his health. [*Immense cheering.*]

Mr. WAKLEY rose to return thanks, and said, Mr. Chairman, and Gentlemen,—Friends, I believe I may say; I should be something more or less than man, if I were not deeply impressed with what I have heard this night. The eulogy of your excellent chairman is far beyond any deserts of mine, and I am bound to say, that if my claims on your good opinion were very far greater than I feel them to be, I should not even then deserve the approbation he has bestowed on me. I can only say, that from the moment I first entered upon public life, I have endeavoured to discharge my duty, and that I have never suffered private interests of any kind to induce me once to swerve from that which I conceived to be demanded of me as a public journalist. THE LANCET has been mentioned to you. I saw with deep pain, that in conducting that Journal, my private interests were opposed to my public duty. I felt, that if I wanted to conduct the Journal for the benefit of the profession, I must make my own interests yield. Temptations were thrown in my way, but I had the power to resist them, and I pursued an upright purpose, with a firm assurance, that the result would at last

revert with honour on my own head. The day which I then foresaw has arrived, and I now receive from you the only reward that I ever wish to obtain on earth. I have often been assailed, I am still assailed, on the right hand and on the left; I am abused from behind, but few there are who ever venture to meet me in front. My dirty foes are ever at their work in secret. "Wakley," said they, "is a bad fellow;" and when they were unable to reply to my arguments, then it was found, for the first time, that I was all that was infamous in private character. When I commenced *THE LANCET*, it was worthy of note how well the work was received: there was then nothing whatever objectionable in it. The hospital surgeons said, "Oh it is a very good publication that *LANCET*; it will make us known; people in distant parts will hear of us; they will know who are the officers of the hospitals." Yes, Gentlemen, "and without hearing how we are elected," thought they. (*Loud laughter.*) *THE LANCET* went on, and we were "Hail, fellows! well met." Six months passed over, and the infant was still much approved; but no sooner did it attempt to toddle alone and move its hands and feet with an appearance of energy, than "The child was a very froward one—a most unnatural child. It whined; it was not quite so agreeable as it used to be; the public could hear its cries, and that was by no means pleasant." And why? Because there was no applause mixed with its cries. So long as it was silent, or afforded praise only, so long it was a most respectable work; but directly it began to expose a few of the misdoings in our hospitals, then *THE LANCET* was the worst publication under the sun, and Mr. Wakley the vilest fellow alive. There was no crime, no species of treachery, of which he had not been guilty, and they said, "He has no supporters." At first, we were on the most friendly terms, but this ceased when I thought it my duty to raise my voice in favour of truth and the public rights. Then it was, that abuse felt thickly around; but, Gentlemen, had I really been as vile a being as they described me, I should have been eating their mess this day, instead of feasting with you. I had the resolution to pursue an honest course, and now the man does not live who is happier. I cannot be otherwise. We have been engaged in an arduous struggle for a just cause, and I take it that you have invited me here to day, to say to me that I have discharged my duty to the public. I have gone through this contest with, I believe, the fairest feelings. I said to Mr. Baker at the first,—I do not mean to act vexatiously. I will not spend five pounds after I have good reason to believe that my chance is hopeless; and I assure you, that if after the first

day, I do not see that I have a fair chance of success, I will at once retire; but hearing from my friends, in every quarter, that the election must be mine, I should have acted basely towards the county if I had not afforded the freeholders an opportunity of recording their votes even to the last hour. I gave them that opportunity; they came forward manfully, and a greater triumph for principle never was achieved. It was the triumph of independence; for look at the expenses which I have incurred in the election. They are by no means large. On the other hand, attend to the confession of "ruinous costs" made by our opponent. The attorney coroner has got nothing by his election but a responsible situation and a large debt. And how do you think that debt was incurred? Not indeed in proving the independence of the county. I am quite satisfied that Mr. Baker was no voluntary sacrifice on this occasion, but that he was thrust forward by persons who remained in the back-ground. May be he is not the last unfortunate gentleman of whom a victim will thus be made. I do not know how many will volunteer to come forward on the occasion of another vacancy, but, whatever their numbers, I am prepared to meet them on the old ground, and promise them as good a dissection, as Mr. Baker has just experienced. Before, however, a fresh candidate thinks it advisable to ascend the ladder to which I was of necessity driven, I shall advise him to apply to Mr. Baker, and learn from that gentleman the pleasures of such a contest, for really it is nothing more than the strict truth to say, that during the election Mr. Baker was an object of pity, and the same may be said of most of his friends. There was Mr. Samuel Whitbread—"Soft Sam," as they impertinently call him at Bedford, who came to the hustings to propose Mr. Gude, and finding Mr. Gude had resigned, accomplished his mission by proposing Mr. Baker; to him it did not matter which; it was all one to Mr. Whitbread. He proposed then an attorney coroner, and enlarged on the "necessity" of a lawyer filling the office, and I need not tell you what an object he made of himself. Yet we gave our opponents every opportunity of supporting their doctrines by arguments. As for Mr. Baker himself, on questions connected with medicine, he would not encounter me at all, and on points of law I believe it will be admitted by all who are present, that I beat him hollow. He showed pretty clearly that he had no claim to your suffrages on the score of competency, and on what then did he depend? Why, on the excellence of his private character! But I ask you, Gentlemen, does private character alone present sufficient grounds to warrant the intrusion of any man into a vitally im-

portant public office? Is it an efficient apology for thrusting an attorney into the highest medical chair in the kingdom? Regard the office for a moment. There does not exist a more important one. It was specially appointed for the protection of the people, and demands something more than private character for the execution of its duties. Gentlemen, Mr. Baker the other day held his first inquest, and, if report be true, that inquest required such a degree of medical knowledge, that the verdict, however satisfactory to himself and to the jury, cannot by any means be deemed satisfactory to the well-informed portion of the community. The body of a woman having severe contusions upon the scalp was found hanging to the iron rail of a window, and this it seems was sufficient to enable the non-medical coroner and jury to determine, that the deceased had hung herself in a temporary fit of insanity. It did not appear, from the evidence of the surgeon, that the body had undergone any *post-mortem* examination. The head was not opened, the state of the lungs was not ascertained, at least according to report. But a rope having been found about her neck, and the body having been discovered hanging, these facts were considered to be conclusive that the woman had hung herself. It never suggested itself to the mind of the non-medical coroner, or to the jury, that the woman might have died or been killed first, and hung afterwards; and let it be fully understood that I throw out no insinuation that there was the least ground for believing that other persons had laid violent hands upon this woman; but as the coroner and jury had met for the sole purpose of investigating the causes of death, it was their bounden and imperative duty to seek for the best evidence, and surely that alone could be found in the internal organs of the body. The brain and lungs unquestionably should have undergone an attentive examination. Not many years since a body was found hanging in this way at a village in Ireland, the name of which I do not now recollect, and it was afterwards proved that the deceased had been murdered by her husband, who, in order to screen his own guilt, had suspended the body by a rope after he had strangled her, and had nearly by this artifice escaped punishment; but he was subsequently executed; not, however, until he had fully confessed the crime of which he had been found guilty. The consideration of this point brings to my recollection an article which appeared in *The Morning Herald* of this day on the subject of non-medical coroners, in which the writer—it cannot be the Editor of the paper,—endeavours to justify their appointment, and perpetuate the present injurious system. The first thing he is ingenious enough to find out

is this—and it will be worth while for me to give you a specimen of the reasoning which is employed on these occasions—that it was not proper to say anything on the subject during the election, but that it is proper to do so now. Pray, was the writer a prophet; that he foresaw the result of the contest, and, therefore, knowing what would happen, did not consider it necessary to put in the weight of his logic against medical coroners, until it could have no effect upon the election. Surely if there was a proper time at all, that time is gone by, and our opinions are not very favourably secured; for what the writer has further to advance. Let us observe what he says: “But if it be necessary, for the right administration of justice on coroners’ inquests, that the officer who has to sum up the evidence and state the law to the jury, should be a medical man, how much more necessary is it that the jury should be composed of the disciples of Galen!” Mark the tendency of this argument. It in reality goes to allege, that because a jury is ignorant of the nature of the evidence before them, it is of paramount importance that the head of the court should be equally ignorant! It is most unfavourable for the parties implicated; that there should be even one person on the inquest who is capable of eliciting the truth. That is evidently his argument, and he continues it by alleging, that if it be necessary for the Coroner to be a medical man, it is of course required that the twelve judges and all the recorders should be physicians or surgeons. The writer has forgotten that the Coroner has the power, the unconstitutional power, to exclude the public from his Court, and also that he has not the power to call persons before him, who are merely enabled to state opinions connected with the matter under inquiry; that his inquests are often held within the walls of close corporations, and that his witnesses are frequently the chief culprits; his Court being inquisitorial merely, and his power limited to the examination of witnesses of a particular class, a very profound knowledge of the duties connected with the coroner’s office, and of the demands of public justice, is not necessary to convince us that the presence of one person at the inquest, who is capable of eliciting the truth from the witnesses, is a desideratum of no trifling importance. And pray, how, is it that attorney coroners ever elicit the truth? Is there any medical man in the kingdom who cares a farthing for the cross-examination of such a personage? He may answer the questions put to him in the most absurd manner without detection. He might say that a sesamoid bone existed in the middle of the brain, or on the first joint of the great toe, and the coroner would not dissent. Suppose a patient in one of our hospitals be

killed by bad treatment or neglect: an inquest is held there; the hospital is a snug corporation; the treasurer is at the head of it; every thing goes on quietly; the coroner may take a glass of wine with the treasurer, and go into the inquest room; and who, pray, gives evidence there as to the cause of death? Who gave evidence in the case of the broken pipe mentioned by the chairman, which case, had it been so treated in private practice, would have ruined the attending surgeon? Why, a dresser in the hospital; not the surgeon, but a young gentleman. Now this is a case of everyday occurrence, and the witness might have said, that a brick-bat, or walking-stick, was in the tongue of the man, without fear of the Coroner. Gentlemen, I have seen the Coroner asleep over the body; and a case has lately been made public, in which three inquests were held on the body of one living woman. But our opponents say this is no fault of the coroner; it is his business to decide according to the evidence before him. Very true; it is his duty to do so, but surely he ought first of all to understand that evidence. Take the case of the man in Guy's Hospital. The Coroner hears that the man had a pipe in his mouth, that the pipe was broken, and penetrated the man's tongue, that hæmorrhage ensued, and the man died after some days; and thus he decided that it was "accidental death," without further consideration. It is true the wound was originally occasioned by the fragment of the pipe; but what if there were neglect on the part of the medical officers of the hospital? Gentlemen, a medical Coroner would not readily have recorded such a verdict as was returned in that case. The evidence of the dresser would not have satisfied a medical Coroner. He would have known that a dresser is an unfortunate youth, who generally comes up from the country with more money in his pocket than wit in his head, and who, yielding to the temptations of a corrupt body of men, pays a certain sum to them to be permitted to walk round the wards of the hospital, with a box of lint in his hand—no more. By the rules of the hospital, were he qualified, he could not operate: he cannot act as a surgeon, and you will scarcely credit it, when I tell you that Guy's Hospital with its enormous revenue, has no resident surgeon to attend to cases of emergency. But, gentlemen, if there were none but medical coroners, that institution would have a resident surgeon in two months, and the coroners would not hold inquests in the hospitals unless the doors were thrown open to the public, and then he would take especial care that the surgeon appeared before him; he would make him explain the treatment he had employed; he would demand his case-book, which instead

of a blank and empty document without a remedy or a prescription in it, would soon become a faithful and valuable record of the cases. I am speaking in the presence of a great number of medical men who are well able to correct me if I do not state notorious facts, and to the cases I have mentioned, I could add dozens of others. (Mr. Wakley here detailed several which he stated he had selected, because they had all been before the public, and had never been disproved.) Let us for a moment turn from the town to the country, and see what effect medical coroners would have there. Observe how it would operate in the case of medical pupils; what an impetus it would give to medical education. When pupils are in London, the only thing which they regard with apprehension, is the insignificant examinations at the colleges; but let them be aware, that after their return to the country, they may always be liable to undergo a strict medical examination before competent medical judges; the desire to do this with credit and honour, will act as a stimulus to study and scientific inquiries, to the last hour of their lives. Look, also, to the effect it would have upon the care of the poor in your workhouses. Observe its operation in the lunatic asylums. Who is the non-medical coroner that can discover whether the sudden death of a miserable patient, is caused by an accidental fall, or a blow from a keeper? Do you ever hear of an inquest in any of those institutions? Gentlemen, it is your duty to call for a pledge from the men whom you may elect to fill the office of coroner, that he never will hold an inquest in a lunatic asylum, because the public are never permitted to be present. Should I ever have the honour to fill the office, were their walls of adamant, or their chains strong enough to bind Olympus, nothing should deter me from exposing their proceedings to public view. How is it that such a state of things has existed so long in this country? The people of England are called a "thinking people," but they have a strange way of showing their knowledge. Our public medical institutions for sick, are as secretly managed as the harems of the east. You send patients there readily enough, but the moment they have entered—having on their way thither passed the doors of perhaps fifty competent practitioners,—you cease to take any further interest in their welfare, and leave them to the mercy of any-body into whose hands they may fall, competent or incompetent. Now, gentlemen, it was in consequence of these evils that I offered myself for the office of Coroner,—not to reform abuses, but to correct them, to remove them. I made the attempt, but failed. The next time, I trust, I shall be successful; but,

whether so or not, never shall it be a charge against me, that I have resorted to dishonourable means to secure success,—that I have endeavoured to ruin my opponent's reputation,—that I have brought forward charges which I could not, or was afraid to, substantiate,—that I misrepresented his words, and put falsehoods into his mouth,—conduct which, I am sorry to observe, has been pursued in a most unprincipled manner by those who have opposed me in the late election. Mr. Baker has been shamefully guilty in this respect. He alleged, as you know, that I uttered words of an unwarrantable description, and that he could prove them in a court of law. Mr. Baker, although he must have repeated the words he has described as having fallen from me,—must have written them,—must have read them again and again,—could not repeat them without reference. He was mute as death when I charged him on the hustings with base and unpardonable misrepresentation; nor has he yet had the manliness to acknowledge his error. It is most disgraceful that he has not since come forward for this purpose. Equal reason had I also for complaining of the letter in which Mr. Baker used the names of the Sheriffs to induce unqualified persons to vote for him. For, seeing the readiness with which many who had no right to poll came forward to take the oath of qualification and vote for that gentleman, it was a most unfair proceeding. Numerous are the instances of this in the poll-books. Many persons, it is said, voted twice in my opponent's favour; the name of one man, in particular, occurs to me at this moment, it is that of Ginger, and we shall probably see him, as well as some others, to answer for his perjury in another court before long. Never will we resort to these modes for securing an election. In the last of my opponent's advertisements, he is bold enough to repel the charges of unfair means, but in the same sentence he deplores the immense debt and expenditure in which he has become involved; but how, pray, was this debt incurred, if not in the purposes of bribery and corruption? [Many gentlemen in the room here stated their ability to prove instances both of bribery and perjury.] Gentlemen, I ought now to apologise to you for the length of time I have occupied your attention; but my head contains such a mass of matter on this subject that I scarcely know where to select or when to conclude. Permit me, finally, to call upon you for your strenuous exertions upon a future occasion. I request you all to be firm, to put your shoulders with vigour to the wheel, (*shouts of, "We will,"*) and secure the victory which awaits you. For my part, you shall ever find me ready to resume my old position at the hustings. Gentlemen,

this is one of the proudest days of my life. I shall ever remember it with gratitude. I rejoice that you think I have merited the honour which you have this day conferred upon me, and by every future act of my life, I will endeavour to deserve and obtain your esteem.

[At the conclusion of this address, which we have been compelled to reduce to its present limits, Mr. Wakley sat down amid several rounds of the most enthusiastic applause, with assurances of support at the next election from every quarter of the room.—*Rep.*]

The next toast was, "The 3534 independent Freeholders who had recorded their votes in favour of the principle, that Coroners should possess medical as well as legal knowledge."

The CHAIRMAN in proposing that toast, pressed upon their consideration the circumstances under which those men came forward—not merely to vote for Mr. Wakley, but against a combination of five candidates whose interests were blended into one, against that most righteous cause of which their honoured guest was the representative. Notwithstanding their lateness in the field—notwithstanding the leaning of all men in place towards Mr. Baker—he believed that they would have succeeded had not unfair practices been resorted to; and nothing could more deeply impress him with the conviction than did the late contest, that elections could never be pure till vote by ballot was legally recognised. (*Drunk with loud applause.*)

Mr. WALLIS then proposed "The health of Mr. Hume, the Member for Middlesex." It was the health of a man known not only to them, but to the whole kingdom, for every quality which could honourably distinguish a member of parliament, or a private gentleman (*applause*). "The Health of Mr. Hume" (*three times three*).

Colonel JONES, as the public and private friend of Mr. Hume, rose to return thanks, not only for drinking the health of a man whose public conduct he approved, and whose private worth he estimated, but for the very cordial and handsome manner in which they had paid him that distinguished compliment. Every one who desired reform must have rejoiced at the letter written by Mr. Hume with respect to the fitness of Mr. Wakley for the Coronership; but there was no one at the same time who knew Mr. Hume who did not feel perfectly satisfied that that letter was written solely upon public grounds, and not from any private consideration whatever. He knew that the two gentlemen were not even acquainted with each other. When he (Colonel Jones) went to the hustings for the purpose of supporting Mr. Wakley, he was

immediately surrounded by several of his acquaintances, inquiring what brought him there; many of Mr. Baker's friends saying to him, "Have we not brought in your friend Mr. Hume; have we not walked him over the course like a gentleman; and will you now turn round and oppose our friend, Mr. Baker?" To that his reply was, that the supporters of Mr. Hume must have acted from feelings of public duty, and that that ought to be their sufficient reward. Those were the terms upon which the representation of the County was accepted. He would tell them the motive which led him to the hustings; he went to give his vote to Mr. Wakley on strictly public principles; but he also felt bound to go as an act of justice. He had taken up the idea, in common with others, that the calumnies propagated against Mr. Wakley were not without foundation. Further inquiry satisfied him that he was in error, and he came upon the hustings for the purpose of reading his recantation; and he then begged to repeat that recantation there. He went again on the last day of the election, anxious for an opportunity of declaring his conviction that Mr. Wakley was an injured man. No doubt the base calumnies operated greatly against Mr. Wakley; but he had made the most minute inquiries, and was thoroughly persuaded of their falsehood. He, as a gentleman, and as a man coming forward in public life, hoped to be allowed to declare his conviction, and upon his honour, that they were false and groundless. (*Loud applause.*) In the name of his friend, Mr. Hume, he begged to return them his most sincere thanks.

The next toast was, "The healths of the Rev. Mr. Evans and Mr. Rogers, the Proposer and Seconder of Mr. Wakley on the occasion of the late memorable election."

Mr. ROGERS briefly returned thanks, assuring them that he became the seconder of Mr. Wakley upon grounds strictly public,—the course he adopted was influenced solely by a conviction that no man could be fitter for the situation. His first acquaintance with Mr. Wakley arose from that indignation against oppression, whatever form it might take, for which that gentleman was so conspicuous. He was not one of those who thought that a mere lawyer or a mere medical man was fit for the office, but from Mr. Wakley's knowledge of life, public and private, his decided leaning to the side of the people, and the rights of every man in the community, he thought that no-where could there be found a man better fitted to become a Medico-legal Coroner than was Mr. Wakley.

Mr. T. EVANS having been called upon by the Chairman, proposed "The Healths of the Ladies of Middlesex, and Thanks to

them for their exertions in behalf of the good cause of which Mr. Wakley was the champion." He could not help, upon such an occasion, alluding to the deep interest which Mrs. Wakley took in that great and memorable election, and he further could not help declaring his conviction that no inconsiderable portion of Mr. Wakley's almost superhuman exertions were inspired by the home department. (*Drunk with three times three, and great applause.*)

The Ladies then retired, and

The following toasts were then given in succession:—

"Those numerous Members of the Legal Profession who evinced their freedom from prejudiced and self-interested feelings, by the support they afforded to Mr. Wakley in the late contest."

Mr. THEOBALD returned thanks.

"The Members of the Medical Profession who exerted themselves to protect the interests of their fellow-countrymen in the late struggle."—"The Committee."—"The Chairman."

The company did not separate till a late hour.

#### CLINICAL LECTURES AT ST. BARTHOLOMEW'S.

##### To the Editor of THE LANCET.

SIR,—I feel it incumbent on me to point out an error, or rather an omission, in the prefatory remarks of the last number of THE LANCET, where it is stated, that several gentlemen, there mentioned, are the only physicians and surgeons who regularly deliver clinical lectures in their respective institutions. Now, I can confidently affirm, that Dr. Latham, of St. Bartholomew's Hospital, who observes the greatest regularity in his attendance upon that institution, not only always stays an hour longer than is necessary for seeing his patients, for the purpose of descanting upon each case as circumstances may require, but frequently retires from the beds of the patients and dilates fully and unreservedly to the students upon their cases, in a manner which it would be well for other hospital physicians and surgeons to adopt. I am, Sir,

Your obedient Servant,

A BARTHOLOMEW PUPIL.

Sept. 29th, 1830.



## THE LANCET.

*London, Saturday, Oct. 2, 1830.*

THE reign of WILLIAM THE FOURTH, we are told, has commenced most auspiciously, and that a rapid progress towards improvement is already evident in several of the arrangements connected with the royal palace. Although many winters have not rolled over us, we have nevertheless lived too long, and have witnessed far too often, the deep root which misrule has taken, to believe that the axe will be applied with any degree of energy to the tree of corruption, by those who subsist in indolent ease on the baneful fruit which it so luxuriantly yields. Ingredients of a very dissimilar character often make an agreeable homogeneous compound; but forming an opinion of the whole from any one of its parts, might lead to a very unsound and erroneous conclusion. It were alike ungenerous and unphilosophical, therefore, to select any particular class of officers connected with the ministerial and household appointments of the Court of William the Fourth; for the purpose of condemning, or of throwing reproach upon, the character of the whole. And it certainly is fortunate for our Monarch that it is not allowable that his general discernment should be questioned from having failed, in an individual instance, to exercise a sound judgment. Were it otherwise,—were it permissible, to decide upon the whole of the appointments connected with the palace, from those of one department, we should state most unfeignedly, and without hesitation, that the public would have little to expect from the Court of our present Majesty, either calculated to command respect, or to call forth feelings of admiration. But it is to be hoped that motives similar to those which have influenced the appointment of the *medical* officers of the court, have not been in operation in any

other department. The profession generally is not only astonished, but it feels scandalized, by the selection which has been made. It is true the appointments of the greater part are merely nominal, and are unaccompanied by stipends; but, nevertheless, the public and the profession have a well-grounded right to expect that, as they are offices of honour and dignity, those gentlemen who are named to occupy them should be selected from the first rank of the profession, from those who have deserved well of their country, by the benefits they have conferred upon mankind. In rewarding and promoting the members of the law and the church, talents and public services, we believe, are generally taken into consideration; and, unless counterbalanced by circumstances of a peculiar nature, seldom fail to have due weight in the scale. But after the most mature consideration, after having carefully, deliberately, and impartially investigated the merits of the “ordinary” physicians and “extraordinary” surgeons who have been gazetted as the conservators of his Majesty’s health, we are utterly at a loss to form even a remote conjecture of the principle which can have governed the selection. The example is a bad one. In a country like this, where the minds even of professional men are tainted with no small portion of commercial spirit, every inducement, every stimulus, should be employed to incite to scientific inquiry and as mankind owes more of its happiness to the cultivation of medical science, than of any other, the public might indulge in a reasonable expectation that honour and preferment would be awarded to those meritorious individuals who have most contributed to its advancement. A country cannot be powerful, if its people have not health. A wise government, therefore, would do every thing in its power towards promoting and securing this most valuable of all national attributes. In this country there is scarcely any inducement for men of charac-

ter and talent to engage in the medical profession; at least, there are scarcely any offices of honour and emolument connected with it, and the very few that really do exist, are occupied through the operation of a system of favouritism and intrigue, which is as disgraceful to our Legislature as it is dangerous to the happiness of the community. Men of spirit and enterprise can but ill endure the cold and chilling repulse of unprincipled, undiscovering, and ungrateful preference. No man would for one moment attempt, by offering a single remark, to check the inclination of the Sovereign in selecting his immediate personal attendants; but the "ministerial" medical offices, and the honorary medical officers connected with the Household, the members of our profession, and the public, have a well-grounded right to expect should be occupied by men of established character and of acknowledged scientific acquirements.

We have now directed the attention of the public to the late medical appointments, and have thus paved the way for an exposure, which, we suspect, will not add to the respectability of a courtier, who is more feared than beloved, and who is the depository of too many secrets to be conveniently dismissed.

#### WESTMINSTER HOSPITAL.

It will be recollected that the late F. Holland, Esq., bequeathed 10,000*l.* each, to several of the principal hospitals, and amongst others that sum was given to the Westminster. In one of the bequests it was specifically appropriated to the building fund of the charity. No such direction having been given in the bequest to the building fund of the Westminster Hospital, the legacy, when received, was invested by the treasurer in the permanent funds of the charity, agreeably to the usual practice. At a subsequent period, however, direc-

tions were given by three of the medical officers of the charity, and another trustee, to invest this important legacy in the names of the trustees of the building fund! A most extraordinary step truly, and one so fraught with danger, that if permitted by the governors, the entire income of the hospital will be placed in jeopardy. A job is evidently in the contemplation of the medical officers, who ought not to be allowed to act as governors during the time that they are the servants of the institution. Neither at St. Thomas's Hospital, Guy's, nor at St. Bartholomew's, have the physicians and surgeons any such dangerous privilege; and it would be well for the interests of the Westminster Hospital, if the medical officers were deprived of the opportunity of being masters and servants at one and the same time. The question, we believe, is to be agitated on Wednesday next, when we hope the public will have reason to applaud the good sense of the great body of the governors of the hospital.

#### MEDICAL REFORM AT PARIS.

Amongst the numerous abuses which are now about to be remedied in France, the state of medicine will undergo a complete reform, and the Minister of the Interior has accordingly appointed a committee, in order to inquire into the present state of the hospitals, the manner in which the medical officers are elected, the appointment of public lecturers, etc., and to propose the necessary alterations. The committee consists of MM. Cuvier, Dubois, Duméril, Landré Beauvais, Andral, J. Cloquet, Husson, and Guérin, and is expected soon to make its report. The principal alterations will, it is generally hoped, consist in the adoption of the "canon" for all public appointments, the election by medical juries from the professors of the faculty, the medical officers of the hospitals, and the members of the Académie Royale de Médecine. The duration

of the professorship at the faculty will also, it is hoped, be limited to a certain period. We shall not fail to acquaint our readers with the more interesting points of the report as soon as it appears.

#### ELECTION OF SURGEONS TO THE NATIONAL GUARD AT PARIS.

A GREAT number of practitioners of Paris lately addressed a letter to LAFAYETTE, urging the necessity of appointing the surgeons to the national guard in a similar manner as in the election of its officers. They propose that the appointment of every "Chirurgien de Bataillon" be made by the practitioners of the quarter to which the Bataillon belongs; that the "Chirurgien-Major de la Légion" be elected by the practitioners of four quarters, and that the "Chirurgien en Chef" be elected by all the medical practitioners in the national guard.

#### SOCIETY OF "GENERAL PRACTITIONERS."

THE following address to the members of the profession has just emanated from this society. It is extremely well written, and, what is of still more importance, it evinces that high tone and spirit which should have characterised the first address, and the whole of the proceedings. We take some credit to ourselves for having applied "a bush to the wise that required it." Fully persuaded, as we are, that the members of this society are most anxious to promote the best interests of the profession, we have only to express our deep regret that they have commenced operations on so narrow and limited a scale; however, we have been given to understand that they will, should an opportunity offer, merge themselves, without hesitation, into a National College of Medicine,—a College which the demands of the profession have long called for in a voice of thunder.

## ADDRESS

### OF THE

"METROPOLITAN SOCIETY OF GENERAL PRACTITIONERS IN MEDICINE," &c. &c.

AN association has been established in London denominated "The Metropolitan Society of General Practitioners in Medicine and Surgery throughout England and Wales," the nature of which is developed by this, its first code of laws, whilst its more general intentions and objects are briefly explained in the following statement.

Medical men, in this country, whose services are dedicated to the practice of their profession through all its extensive ramifications of medicine, surgery, pharmacy, and midwifery, have been aptly denominated "General Practitioners." The epithet, as distinguished from the appellations which designate those individuals who devote themselves to one branch only of the healing art, is as honourable as it is descriptive; inasmuch as it denotes the possession of qualifications adequate to all the emergencies of an arduous profession. It has, however, been said, that, in its relation with the titles of "physician" and "surgeon," the term "general practitioner" implies a *subordinate* in the social and intellectual ranks of the republic of medicine; but such an inference is at variance with the spirit of the designation, and presents a forced acceptance of its sense, to which no individual of the class will subscribe. It will hereafter be the duty of the Association now established under the denomination of "The Metropolitan Society of General Practitioners" to discuss the subject, and, after due examination and deliberation, to confirm this or adopt another cognomen. It will also be the province of the Society to institute an inquiry into the expediency of equalising the right to professional distinctions, and to adopt such policy as shall secure for its members the civil and literary respect to which their education, attainments, and practice, entitle them.

The position in society occupied by general practitioners, is one that demands their serious attention. Perplexed by multifarious duties—threatened by extensive responsibilities—oppressed by physical exertions—disturbed by conflicting interests—assailed by jealousies—harassed by intrigue and envy—injured by corporate privileges—insulted by legal enactments—and degraded by an opprobrious mode of remuneration,—the general practitioner has more extensive evils to cope with than he can hope to combat successfully by the unassisted force of his own mental and physical exertions. It

is, therefore, a subject of astonishment, that the members of a class, around whose banner more than ten thousand individuals are spread over the cities and provinces of England and Wales, have not sooner coalesced, and formed themselves into a deliberative body with executive authority and means, in order to render the knowledge, experience, and resources of the entire mass available to every member of the Association, who might seek or require its advice or support. By such a union, a concentration of the opinions, experience, talents, and influence of the whole class would be consummated, and its application directed, upon all occasions, to the necessities and emergencies of any individual; or to the promotion of the collective interest of the whole body. In aid of a co-operative system like this, the support derived from a pecuniary fund is not to be overlooked; in fact, it is an indispensable requisite for carrying into effect any political or legal undertaking—for defending individual interests—and for supporting a domiciliary establishment, which, to ensure success to the scheme, should offer, not merely a place for the conduct of business, but the conveniences for agreeable social intercourse.

Upon the foregoing principles has the Society of General Practitioners been begun; its prosecution may be understood by the following details:—

In the selection of a house for the Society's use, the Committee have been influenced by a prudent regard to economy, and a desire to restrict the extent of the chambers to the actual necessities of the Association. The Committee did not consider it justifiable, in the onset, to open an establishment upon a large scale, purposing to extend it, whenever an increase of the Society's numbers renders it necessary, or the members themselves may call for further accommodation. Such refreshments as can be prepared under the present circumscribed fitness of the premises, are served (at a moderate charge) at any time during the day, by the persons in attendance. It is in contemplation, however, to provide dinners and other refection, as soon as the magnitude of the Society will warrant the adoption of a plan for combining the comforts and conveniences of a social club with the more solid advantages to be derived from the Institution. The reading-room is open from ten o'clock in the morning till ten at night, and the daily newspapers, periodical journals, &c., regularly laid on the table. Notwithstanding the library offers at this time but a limited allurements, the Society has cause for congratulation in the prompt and handsome manner in which many eminent individuals, not belonging to the Association, have presented their works. The

members of the Society, also, have not been tardy in offering their respective donation of books. The library will be opened as soon as the necessary arrangements are completed.

The Committee have great pleasure in announcing, that the treasurer's statement of the Society's affairs shows a balance of cash in hand; and they take this opportunity of giving a pledge to its members and to the profession at large, that they will, on no account, incur any liabilities beyond the actual resources of their funds.

The pleasure and advantages to be derived by the metropolitan surgeons from the social and friendly intercourse established and confirmed through the medium of their chambers, are too apparent to need any comment; to the country members, also, they present a most convenient place of resort during their occasional sojourn in London, where they may meet their professional friends, mix with their unknown contemporaries, and, at leisure, contemplate the men, books, customs, manners, opinions, and feelings, of the medical microcosm of the metropolis. The associates, likewise, join in these literary and social meetings, forming and cementing those professional ties and private friendships which ought to subsist between all the members of a liberal profession. To the student in medicine, also, the Society's chambers afford peculiar advantages. He is supplied with books either of reference or general instruction; he has the accommodation of a comfortable room for meeting his friends, for his moments of leisure and relaxation, or literary studies; and, lastly, in addition to the mental and scientific improvement which he derives from attending the discussions of the Society, he associates daily with his seniors in the profession, from whose conversation and communications he receives both pleasure and instruction.

The amount of the annual contribution, in comparison with the advantages to be derived from it, has been fixed at a very moderate sum, the Committee feeling assured that the numbers of the Society will be equal, even at this small ratio, to the production of a fund amply sufficient for all the purposes required. The first care of the Society is the conservation of its own integrity, and the general interests of its members. Medical politics have decidedly taken a bias unfavourable to the general practitioner, and he stands, not only unprotected in his professional character by the fostering hand of a generous government, but legislative enactments have actually been passed which oppress and degrade him; his privileges are trampled down by the assumptions of unjust, self-created, arbitrary power, and the defence of his rights con-

founded by the hazardous jurisprudence of legal misinterpretation. These great and crying evils can only be redressed by parliamentary influence; and the chief strength of the fund arising from the contributions of the members of this Society, lies in the power which it gives of appealing to the legislature, and of persisting steadily against oppression and opposition until the general practitioner shall have obtained a distinct and legal recognition of his rights, privileges, and rank, and have burst every trammel that binds him down to a degraded subserviency. These are measures which the Society is pledged to pursue; the period of their commencement must, of course, depend upon the possession of means, and be fixed by the fiat of deliberation. For the purposes of individual protection, the fund will at all times be available in every instance where, upon due inquiry and examination, it shall appear to the Society, that one of its members sustaining any injury or wrong in his professional capacity, or is called on to assert his right, or defend his interest on any point that applies strictly and especially to the whole body. The subject of professional remuneration is of momentous urgency, and demands the most careful consideration. It is true that under the direction of the Lord Chief Justice Tenterden, a verdict was lately given in favour of the right of a general practitioner to charge for his services; but such a decision by no means necessarily becomes a law of the land, and though dictated by the opinion of one judge to-day, it may be reversed by the dictum of another to-morrow. When the Society shall have arranged a scheme for regulating a general mode of professional compensation, by which the medical practitioner may be emancipated from the odious necessity of balancing his remuneration by the charge for his medicines, it will be necessary to legalize the measure by an application to Parliament. In fine, the fund formed by the annual contributions will enable the Society to prosecute measures for obtaining such legislative interference as may be necessary in removing all disabilities, for the protection and support of the interests and welfare of its members, for bringing into operation those suggestions which the fluctuating influence of circumstances may give rise to, and for establishing the respectability and prosperity of the general practitioners of this kingdom.

The plan of the benevolent fund differs from any other heretofore established,\* being founded upon the principle of general benevolence. To the members of this So-

ciety, whose circumstances preclude them from providing for the contingencies of accident, old age, and death, it must surely be a consolation to contemplate a resource for such periods of desolation, whilst the more favoured individuals whom fortune has placed above the necessity for such aid, will not withhold their support to the efforts of humanity. It is therefore confidently trusted that the voluntary donations of all classes of persons will not fail to produce a fund adequate to the benevolent intentions of its philanthropic contributors, in aid of which the surplus of the general fund will be added to it as often as it exceeds the sum necessary for the exigencies of the Society.

To promote the objects contemplated by the founders of this Society, its members, wherever situated, are invited, at all times, to an unreserved communication of their opinions and wishes. By this means a splendid system of general co-operation will be established throughout the kingdom, and remedies devised and applied for evils of every sort, whether local or universal, individual or collective. In furtherance of the measures for improving the science of medicine, it is requested that the members will transmit to the Society in London, such papers, reports of cases, and other professional information, as they may consider conducive to the improvement of knowledge and the good of the public. The more important communications will be printed, as the "Transactions" of the Society; and as the literature thus collected will be regarded as the joint property of the association, it will be published for the benefit of its members; merely at a remunerating price for the expenses incurred.

Such are the principles and intentions of a Society to which all the general practitioners in the kingdom should attach themselves; and every individual of the class is hereby invoked, by the respect which he bears for himself, and the regard he entertains for the honour and interest of his profession, to give his aid in promoting the formation of an institution for establishing the prosperity and happiness of the medical community.

"Ex veritate causa pendetur."

By order of the Committee,

HENRY BOND, Secretary.

Society's Chambers, 4, Regent Street.

\* Extending relief to medical men who do not belong to the Society, and are not subscribers to any fund.

*A Treatise on the Nature and Cure of those Diseases, either Acute or Chronic, which precede change of Structure, with a view to the preservation of health, and particularly the prevention of Organic Diseases.*  
By A. P. W. PHILIP, M.D., F.R.S., &c.  
London: Longman and Co. 1830. 8vo. pp. 432.

It is much to be regretted that an author who has written so much and so well as Dr. Philip, should at last put forth a work like the present, the value of which, to say the least of it, is very questionable, and which can certainly add nothing to his reputation. A large portion of its contents consists of observations already repeatedly published by others, and facts with which every practitioner is acquainted; and the rest is, for the most part, taken from the author's previous publications, to which continual reference or allusion is made. There is little or nothing, therefore, in the work which can be called original, nor is this defect in any way compensated by convenience of arrangement or clearness of reasoning; on the contrary, many parts of it are written in language and style so obscure and confused as to be almost unintelligible to the medical, and entirely so to the general reader, for whom nevertheless, as the author has stated in his preface, it is at least equally intended. These remarks, it is true, apply more to the first part of the work than to the second, which contains observations on the treatment of the diseases in question, yet even here, mingled with some excellent directions to invalids with regard to diet and management, there is much which can be serviceable neither to them nor to any class of readers whatever.

Under these circumstances it would be altogether useless for us to make any long extracts, or to give any analysis of the work; there are, however, some particular passages which we cannot pass over without notice.

At p. 49, the author states that "we have every reason to believe that the sensorial is a power wholly distinct from that strictly called nervous." In the following page he enumerates sensation and volition among the "sensorial functions," and yet immediately afterwards observes "the following may be regarded as the nervous functions

properly so called, the excitement of the muscles of voluntary motion, by which, through the intervention of the nervous system, they in their usual functions are subjected to the sensorial power," &c. There is some confusion here between the words "power" and "function;" if they are not regarded as having a similar import, then the whole passage is unintelligible; and if they are, it then surely contains a manifest contradiction, for the "excitement of the voluntary muscles" is certainly an act of volition, and ought, therefore, according to the author's division, to be placed under the "sensorial functions." Throughout the whole chapter, indeed, on the functions of the nervous system, there is much obscurity and apparent contradiction, and if Dr. Philip himself understands these subtle distinctions, he has certainly failed in enabling others to do so. Why, for instance, "the nervous power is not, strictly speaking, to be regarded as one of the vital powers of the body," we are at a loss to comprehend; for the reasons which are adduced in support of this statement, if they have any force at all, will equally apply to all the other vital powers; and so far are we from agreeing with Dr. Philip, that we are rather inclined to reverse his statement, and to say that, strictly speaking, the nervous is to be considered as the only vital power, the principle which presides over all the functions of the body, and on which they all more or less depend.

Although much is said of the diseases of the heart and lungs, no notice whatever is taken of the stethoscope, except in the following sentence, which occurs quite at the end of the book.

"Nor are we assisted either by sounding the chest, by gently striking different parts of it, or the use of a lately-invented instrument; for although either of these means readily points out where and to what extent the lungs are obstructed, neither will tell us whether the obstruction arises from tubercles or other change of structure, or thick and viscid fluids clogging the air-tubes and cells."—p. 399.

The incorrectness of this statement must be very evident to any one but moderately accustomed to the use of the stethoscope, the author's ignorance and contempt of which are shown in other parts of the book, where statements are made relative to the

diagnosis of thoracic diseases, quite at variance with the results afforded by this valuable instrument, and which ought, therefore, at any rate to have been given in a somewhat more qualified manner.

Such strange phrases as pulmonary consumption being the *cause* of organic disease of the lungs, the *brain* being the *organ* of feeling, &c., may possibly be regarded as mere typographical errors; but what shall we say of the following sentence?—"They (the diseases of the heart) may be divided into two classes, those which weaken the power with which it propels the blood, and those which impede the passage of the blood through it; the former the diseases of the heart itself, the latter of its orifices and its valves."—p. 136. Of inflammation and of nervous irritability, it may perhaps be said, that they, if not immediately yet ultimately, have the effect of weakening the action of the heart, but this cannot apply to hypertrophy, in which the heart will continue to act with great violence, producing a full and strong pulse even for many months; and thus one of the most common of the organic diseases of the heart is entirely excluded from them.

But we have had enough of this ungrateful task, and we shall conclude our observations by extracting one short sentence which is equally true and important.

"Thus all the important tendencies in the cases we have been considering" (of disease in one organ inducing similar and different diseases in others) "depend on the direct influence of the nervous on the sanguiferous system, on the fact that continued nervous irritation always tends to produce inflammatory action."—p. 217.

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"ARGUMENTS" IN FAVOUR OF THE PRESENT "ORDER OF THINGS" IN THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—For the satisfaction of some secret doubts, I beg to know whether the letter, in the last number of your journal, "in favour of the present order of things," was the genuine production of a Licentiate, or only a "solemn sneer" with which you sapped the pretensions of the "superior portion of medical men." If the former supposition be true, I hope, Sir, that the practice of your correspondent is far sounder

than his arguments; for, if it be not, the class of practitioners who are inferior to him must be contemptible indeed.

I would willingly make some remarks upon that letter, but am almost restrained by a serious doubt of its genuineness. Surely, Sir, no educated man can question your right to censure any evil, because you are not its personal victim. Such an opinion, if any one could entertain it, would be immediately refuted by the maxim, that "he who allows oppression, shares the crime." But, in civil society no evil can be entirely personal, we have all a common interest in destroying bad customs, and therefore the right to do so is common also. Let the "Licentiate" remember this, when he again wishes to intrude his imbecility upon your pages.

The "dinners and entertainments" to which your correspondent alludes, are certainly of a more substantial nature. But, Sir, are they not provided rather to ensnare the patronage of the apothecary, than to recompense him for it? If they are truly given in "return," the recompense is not very magnificent; it is only an occasional repast to those men from whom the physician virtually receives his daily bread. It is the generosity of a highwayman, who gives a shilling to the man whom he has plundered of a purse.

I do not see the applicability of that simile, which your correspondent has taken from the military profession. The distinctions in the army are natural and essential, the officer plans and directs that which his underling has to execute; but no such distinction can be formed in the medical profession, unless the "inferior portion" of it be confined to the mere preparation of prescriptions. If any such distinction should ever be made, our "superiors" may be confident of deserving, even if they should not obtain, the mechanical department.

As regards the fine of 100*l.*, if any such fine there be, the apothecary is in no danger of incurring it. His resistance will not be shown in an intemperate refusal to prepare the prescriptions of the physician; but in a gradual and rational influence over the mind of his patient. No penalties can punish such an opposition, and no paltry machinations can defeat it. When the zeal and ability of the general practitioner are fully known to the patient, he will have but little inclination for the ceremony and expense of a physician. Old prejudices in favour of a name will be easily and effectually removed by the remonstrances of reason. And as this is the kind of opposition which best befits gentlemen, it is that which will most probably be adopted. Let the "Licentiate and his acquaintances" abandon, therefore, their premature hope of he-

coming common informers; or refrain, at least, from publishing such a disgraceful intention.

If it be your opinion that these remarks may serve any good purpose, they are, Sir, at your service.

Your faithful servant,

J. C. J.

Blackfriars Road,  
September 12th, 1830.

[We hope that upon reflection, our correspondent will find in the character of this Journal sufficient evidence for assuring him of the authenticity of the document to which he has referred.—ED. L.]

#### TO THE PARENTS OF YOUTH DESTINED FOR THE MEDICAL PROFESSION.

GENTLEMEN,—Having been for many years an attentive observer of the state of the medical profession, and of the qualifications of the juniors who are commencing the practice of it, it has appeared to me, that in very many instances the education of these young men has been upon too contracted a scale, as regards the acquisition both of general and of professional knowledge. The general diffusion of science, "the march of intellect," if you please, is such among all classes of the community, as to compel those members of our profession who are desirous of upholding the honour and dignity of it, to exert themselves in keeping up our title to the pre-eminence which is so kindly conceded to us in society; and in taking care that we at least keep pace with the members of other professions in intelligence—in the possession of various knowledge, as well as of that which is directly essential to the practice of our art.

With this view, I would beg leave to recommend, that the preliminary education of our juniors should be more liberal and comprehensive than it generally is; that boys before they are apprenticed, should be well grounded in classical and polite literature—in the elements of the mathematics, and of natural philosophy.

In the accomplishment of this purpose, youth will commence their professional studies with great advantages: with well-regulated and disciplined minds; the faculties expanded and strengthened by having been accustomed to vigorous application, and therefore qualified to apply their powers with greater effect to the acquisition of the medical sciences, and those branches of knowledge which are immediately auxiliary to them.

That these are important truths, must, I think, be acknowledged by every candid and competent observer. Similar opinions have

been so admirably expressed by an able writer in a recent publication, that I beg leave to quote as follows:—

"That a young physician should commence his practice by becoming a professor of ethics, may, to some, appear an extraordinary mode of introduction to eminence in the art of healing. Few, however, have attained more practical skill, more intimate acquaintance with their own peculiar science, or more deserved success, than Pringle. To suppose that general attainments in knowledge, and even a predilection for polite literature, have a tendency to disqualify or enfeeble the medical practitioner, is to avow an ignorance of the character and private history of the most distinguished men who, in every age and country, have improved and elevated that profession. Variety of knowledge was never seen to encumber the possessor; on the contrary, it prepares an ampler space and a firmer footing for all that is to come after. In the numberless and unexpected emergencies which occur in the relief of the diseases of the body and the mind; in the ever-varying combinations of causes of character which present themselves, an almost universal acquaintance with nature and art would seem to be demanded. The power of making good observations, a retentive memory, a fixed attention, and the habit of generalizing, are among the most important qualities of the physician; and these can be acquired or strengthened, only by an early and extensive intellectual education. Some of the most enlightened governments of Europe have perceived this truth during the present century, and now exact from the candidate for medical honours, a course of more or less rigorous preliminary studies in general literature: we may cite France and Prussia in particular?"\*

In the great object of raising the standard of intellectual and professional attainment in our profession, I am of opinion that the University of London is likely to be eminently instrumental. Within its walls are taught all the branches of useful knowledge that enter into the composition of a polite and liberal education, and there youth, previously well initiated, will acquire a taste for dignified and intellectual pursuits, and become, eventually, valuable members of the profession, and men of enlightened minds. As a school of medicine, this university has already a high reputation, which will doubtless go on increasing under its eminent professors. Certain it is, I believe, that exertion must be made to extend and enlarge the education of youth intended for the medical profession, as regards early mental discipline, and the acquisition of

\* Lives of Eminent British Physicians—Pringle.



preliminary, as well as of professional, knowledge, if we are to maintain our position in the present advanced and advancing state of civilized society.

Yours, &c.

SURRIENSIS.

ARMY ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—Your correspondent R., whose letter appears in the last number of your invaluable publication, ought to have known that the late Secretary at War has made an effort to remedy the evil complained of by R.; and almost the first act of his present Majesty was to sign a royal warrant giving to assistant-surgeons of the army, after ten years' service, the daily pay of *ten shillings*, and allowing them also a retirement proportioned to their services on full-pay. But, Sir, how melancholy the reflection that the junior officers of this department should owe this boon to the good heart and sound judgment of Sir Henry Hardinge, and not to their own natural chief Sir James McGrigor! From the moment this latter gentleman got placed at the head of the medical department, up to the present hour, I defy his most favoured or partial friend to point out one act of favour or of advantage he has procured for the department, or any exertion he has ever made to improve the condition of medical officers, or to render them more respectable. He has, indeed, attempted to rule them with a rod of iron, and, where he could with impunity, has shown that Rob Roy's blood runs in his veins. But no-where under his government can I discover any-thing like the act of a noble mind, or the generous feelings of one who by good luck more than talent owes his fortune and his respectability to the service. All McGrigor's efforts have been for self, and the shameless manner in which his influence has been used to serve his son and heir, would have brought many before a court martial.

King William has increased the pay of all the medical officers in the army, and has arranged their ranks in a way that is more uniform, and gives a greater respectability than has hitherto been the case; and instead of being dressed more like monkeys than men, they have again been permitted to assume the British uniform. But I really believe, had it been proposed that the doctors should be dressed like "Paddy from Cork" with their coats buttoned behind, his honour the Knight Director General would have said, "Oh! by all means let it be so." I should be glad to see the new warrant for regulating the medical department of the army in the pages of THE LANCET, as no otherwise do I conceive can it become generally known to the profession.

I am, Sir,

Your constant reader and admirer,

A POOR ASSISTANT-SURGEON.

September 13, 1830.

PAY OF ARMY MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I beg leave, with reference to the communication signed R., and inserted in No. 367 of your Journal, to forward you a statement of the rates of daily pay of army medical officers annexed to his Majesty's warrant, dated 29th of July, 1830 (from which day the same is to take effect), by which you will perceive that the benevolent wishes of your correspondent have been anticipated.

I am, Sir,

Your obedient servant,

J. H. P.

Sept. 15, 1830.

P.S.—There are, of course, other particulars in the warrant, but as the scale of pay contains the information relative to the increase of the assistant-surgeon's emoluments, I have thought it best to occupy the least possible space of your valuable work.

# RATES OF DAILY PAY.

RANKS.	RATES OF DAILY PAY.			
	After 25 Years actual Service.	After 20, but under 25 Years actual Service.	After 10, but under 20 Years actual Service.	Under 10 Years actual Service.
Assistant-Surgeon.....	£. s. d. 0 10 0	£. s. d. 0 10 0	£. s. d. 0 10 0	£. s. d. 0 7 6
Regimental ditto .....	1 2 0	0 19 0	0 15 0	0 13 0
Staff ditto .....	1 3 0	1 0 0	0 16 0	0 14 0
Assist.-Inspect. of Hospitals	1 4 0	1 2 0	0 19 0	—
Deputy Inspector General of ditto .....	1 10 0	1 8 0	1 4 0	—
Inspector General of ditto	2 0 0	1 18 0	1 16 0	—

## UNJUSTIFIABLE OPERATIONS.

To the Editor of THE LANCET.

SIR,—Allow me a small space in columns which have never yet been closed to any appeal on behalf of suffering humanity. I entreat the attention of overseers and guardians of the poor to a practice which has gained ground to an alarming extent; I mean the dismemberment of the poor in parish workhouses and infirmaries. It is the custom in these places to do what is never done in large hospitals, namely, to perform mutilating operations at the instance of one individual—the operator, without the consultation, sanction, or concurrence, of any other practitioner.

Before any operation be undertaken (except for hernia), I think that it is the duty of the lay authorities to receive the most satisfying and convincing proofs of such necessity from more than one competent authority.

I remain yours, &c.

A FRIEND TO THE POOR,

And an Enemy to all close Hole-and-Corner Proceedings.

Sept. 2nd, 1830.

## ANTIDOTE TO PRUSSIC ACID.

MR. W. H. POTTER, of Old Compton Street, has forwarded to us some observations with a view "to corroborate the use of chlorine as an antidote to the deleterious effects of prussic acid," and adds the following experiment:—

"I prepared a concentrated hydrocyanic acid, of the specific gravity of 89, at 60° temp. Fahrenheit; I placed one drop in the eye of a cat; she walked about in a staggering manner for the space of a minute, she then fell on her side, and was convulsed; her eyes appeared large, and starting; the pupils much dilated, fixed, and covered with a kind of glaze; her breathing was deep and laborious. Chlorine was now administered, diluted with several times its bulk of water; a few drops were placed in her mouth, and plentifully scattered round about. It seemed for some time to produce no effect, but, by using it assiduously, and *splashing the animal with cold water*, sense at last returned, and she turned her head to where the bottle containing the chlorine was held. Respiration now became more regular, with starting and throwing out of the limbs; the animal seemed to pant for the fresh air, and to take as large inspirations as possible. After about an hour had elapsed from the exhibition of the poison, water was placed under her nose,

when, as by the influence of magic, before it could be let down from the hand, she seemed suddenly to resume all her powers, started up, ran several yards, and hid herself." The cat entirely recovered in four or five hours.

Our correspondent does not seem to have borne in mind, that cold effusion has been recommended as of itself sufficient to counteract the effects of hydrocyanic acid, and that the conclusions at which he would arrive in favour of the efficacy of chlorine in this case, are completely neutralized by his employment of the water. In a previous volume of this Journal, he will find an account of the results obtained by Dr. Herbst, of Gottingen, who first recommended the shock of cold water, and practised it on animals most successfully. His experiments have been repeated by Orfila with similar effect.

## DERBYSHIRE INFIRMARY.

To the Editor of THE LANCET.

SIR,—I think you will like to hear that a long discussion took place yesterday (Monday Sept. 27th) at the Weekly Board of Governors of our Infirmary, as to the necessity of calling on the coroner for the borough of Derby, to inquire into the cause of the sudden and unexpected death of one of Dr. Baker's patients; but after much argument, particularly from a limb of the law on the doctor's side, the Board agreed that they could not inform the coroner, *without causing an imputation against the doctor*, and it was therefore very considerably determined to let the matter rest! The house apothecary, the apprentice, and some patients, were examined before the Board, and the cause of death did not appear. We thought of "the pent-up-house of darkness;" we did just manage to collect, that the deceased was a woman of middle age, who had been treated for a tumour in the belly, had been "rubbed" with iodine ointment for *three days*, and the plan *changed*, but death stopped the intended course of *physic*.

The woman was extremely sick for two days before death, in short nothing would stay upon her stomach, and the apprentice said "there was a good deal the matter with the stomach;" we have heard the stomach was in a highly inflamed state, as much so as if poison had been taken; the woman looked of full habit of body, and the tumours did not give her "much trouble;" we understand she had not been treated for inflammation of the stomach, either by general or local bleeding, or by blistering the pit of the stomach. Hence these questions arise, What caused the inflammation? and why were no

remedies used to subdue it? was it overlooked, and all the attention directed to the indolent tumour in the belly? Dr. F. Fox told the Board, he suggested at the examination of the body after death, that there was as much reason for preserving the inflamed stomach, as for keeping the tumour, when Dr. Baker immediately exclaimed, "I will not allow any impertinent interference, for I do not wish to have my cases cooked up for the Lancet;" so the crimson stomach was sewed up in the body to be covered by the sod! We think this case wants no cooking.

We do not know what physic this stomach had received, but we think the doctor should be looked after, in his doses at least, since he ordered two teaspoonfuls of compound colicium powder to be taken three times a day by one of his out-patients a short time ago, but the man had sense enough to discontinue the dose before he had repeated it so as to produce any *very serious* effects upon his constitution. This compound contains eight grains of the powdered colchicum-root in half a drachm, the rest being sulphate of potash.—N.B. Two teaspoonful not much heaped up, weigh more than THREE DRACHMS, so the doctor ordered his patient forty-eight grains, at least, of the colchicum-root for a dose, terdie! The pharmacopœia of the hospital states the dose of this compound to be from *one scruple to half a drachm*; it would be well to know the particulars of this colchicum case,—must not the patient have had a very fortunate constitution?

The fishes get no physic now (thanks to Mr. Wright). Dr. Baker seldom changes his medicines, and his out-patients do not repeat their attendances as they used to do before "the smell of gunpowder." The physic bill this quarter is about 30l. instead of 88l. What will the druggists think of this? They must look for assistance from the self-supporting dispensary now getting up in this town, where patients are to be doctored for a penny per week! Midwifery, 7s., paid two months in advance!

PHILANTHROPIST.

### COUNCIL OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In your able observations on the Council of the College of Surgeons, wherein you have introduced my name, you truly intimate, that there "is a point beyond which human endurance cannot go, and whence reaction springs." I feel the justice of your remark, "that when the yoke of tyranny is felt upon the neck, a man, if

ever so enslaved or debased, is stimulated to shake it off." I am not one of those tame spirits who will silently submit to gross injustice; I have been treated with such by the Council of the College of Surgeons, therefore I shall send you a few letters for the information of my professional brethren, and the public at large, stating their proceedings against myself, and four other members of the College, to whom they have thought proper to deny their covenanted rights. My name stood first on the list of those declared, by the preceding meeting of the Council, to be perfectly eligible, in point of talents and abilities; it was followed by Mr. W. B. Lynn, Mr. Harding, Mr. Broughton, and Mr. Jessy. The form of ballot was gone through, I believe, in the three first cases, but that was deemed too troublesome in the two last, in their indecent haste to get to the *little person*, Mr. Earle, whom the commanding influence of the old man of the council had pre-arranged should be brought into it. Of qualifications I have yet to learn, that Mr. Earle possesses one that is not equalled, if not surpassed, by all the gentlemen over whom he has been *unjustly* placed. For myself, I fearlessly assert, that my professional education has been such as few men have been fortunate enough to enjoy, and certainly such as few members of the Council can boast of; for, after having studied in the London schools of anatomy, surgery, and medicine; attended as pupil and house-surgeon for two years one of the London Hospitals; passed my examinations, and received my diploma from the College, I spent three sessions in Edinburgh studying medicine, and one anatomical season in Dublin, and have since visited Paris with a view to acquire the knowledge of any improvement in the healing art that our continental compeers may have made. I have only to add, that my school and hospital-acquired knowledge has been fiated by an experience of twenty-four years' active practice in different parts of Europe, part of which time was passed in the Peninsular army, where the great operations of surgery became matter of daily practice; and that I have now been some years settled in London, in a not very confined exercise of our honourable and useful art. Thus I beg to demand, in what single point does Mr. Earle possess an equal claim with me for the honours which, by the by-laws of the College, I am justly entitled to? One single point may be urged, viz., that he is the nephew of the late Mr. Earle, and fortuitous circumstances have made him the successor of his *uncle* at one of the hospitals. For a moment allow this title of his to be fatal to my claims; Mr. Lynn's claims on this point are equal to Mr. Earle's, but he too is passed over by the Council of (should

be) just and honourable men. Mr. Earle, a *junior* member of the College, is dragged over the heads of his five *seniors*, and *more experienced* professional brethren, by the secret conclave, who machinate at midnight under their dark corporate mantle, assassinating the character of any individual member of the College before whom they may choose to exercise their private professional jealousy and malignant spleen! And who are these men that have thus dared to commit such flagrant injustice? I will endeavour to give you fearlessly and truly the best information of each individual that I am possessed of.

The President, Mr. Headington, is a scholar, a high-minded, independent, and honourable gentleman, and of great professional acquirements. Of the two Vice-Presidents I can say little as to high-mindedness, independence, or great professional acquirements. They appear to me to have been fortunate in a successful worship of, and bowing to, persons, but that the homage has been much devoted to the sciences I shall not be bold enough to assert, though they may have sacrificed very largely to the graces, and even to the muses. Of Sir William Blizard I could wish to say much; but there are *causes* which operate on organised beings, and some which place all moral consideration in abeyance; not that I think the *good* Sir William Blizard has ever suffered under *restraint*, which, however morally good, might be considered a physical evil. But, Sir, I have a great idea, that had Sir William put under *restraint* his *feelings*, they would not have got the better of him so altogether, as they have been known to do in the course of his long life; and his *FAMILY*, and the few enlightened members of the Council, would not have suffered from his *talons* those ugly scratches which they have occasionally received, when he has been in a desperate fit of that terribly wicked disease, the mania senilis, under which the *good* Sir William has so long laboured, although some of his warmest friends still assert, that the disease has not impaired his intellectual faculties, which, they say, are as bright as ever. As to that fact I cannot speak, but I pray God to keep me from such praise from *my* friends, because I did hope, in mercy to his weaknesses, that in early years the *good* Sir William did possess more vigour of mind and body than he at present retains. How is it, I may be asked, that he has still such influence over the Council; is it that intrigue is a part of the disease under which he labours? or that eternal fidgetty do-nothing, that every man feels when the gulf of death yawns before him? Or is it that respect for senility which the members of the College were called on to exercise at the Hun-

terian orations delivered two or three years ago? It is one, it is all; such an exhibition as the latter would not be permitted in any scientific institution throughout the civilized world! because the colleagues of such a man would have boldly and independently interfered to prevent any fellow man making such a public exhibition of the decadence of his powers! But the peculiar constitution of the council is inimical, most especially, to independence; for half the members of the council are aspirants for the honour, and, more important still, the emoluments, of the examiners; to this goal they cannot arrive but by courting and flattering, therefore any canvass that is refused by one of the council to an examiner, is never to be forgotten, when said councillor aspires to become a member of the court of examiners. Thus sycophancy and subserviency to what has long been considered the head, the old man of the college, are encouraged. I put it to the profession at large, Is such a head, said to be, 93 years old, fit to guide and direct the numerous members, much less to advise the legislature, on all matters connected with the health and preservation of his Majesty's liege subjects?

In my next letter I shall proceed to give you a little information of the other members of the council individually. Indeed their neglect of duty as a body is most apparent:—they were appointed to watch over the interests of the public, and the profession; how they have fulfilled this great and important duty, may be seen in a thousand ways; one in particular I recollect. Mr. Peel ordered a commission from the council of the College of Surgeons, to sit upon the state of Ilchester jail; three of its members went down, staid there three or four days, made their report, and accompanied it with a demand on the *public purse* of *seven hundred and fifty guineas*! which Mr. Peel, I believe, *reluctantly* was obliged to give an order on the treasury for, to be paid out of the taxes of the people. If this tale is not strictly true, Sir William Blizard can tell, as he was one of that *disinterested, virtuous* triumvirate, who pocketed his full share, to the eternal disgrace of the profession generally, and to the college in particular.

Never was a more disgraceful act, in my opinion; for, if those men did not deem it a part of their college duty, for which they receive five or six hundred a year, they should at least have looked to the corporate funds of the college, which amount to 80,000*l.* rather than have demanded it from the treasury of an over-taxed people.

I am, Sir, yours, &c.

J. R. ELMORE.

9, New Cavendish Street,  
Portland Place.

## ST. BARTHOLOMEW'S HOSPITAL.

## TRAUMATIC TETANUS.

EDWARD HESAN, labourer, aged 29, admitted into St. Luke's Ward under Mr. Vincent, on Saturday, 25th September. The terminal phalanx of the index finger of the right hand was severely lacerated; the integuments divided along its outer side and across the articulation; the bone fractured, and its ligamentous connexions extensively torn. The middle finger of the right hand was also slightly injured. He stated, that the injury had occurred that day, and resulted from the fingers having been caught in a windlass, at which he was employed. His health, previous to the accident, was very good, and the several functions were regularly performed.

Some difference of opinion, we understand, arose as to the propriety of at once amputating the injured phalanx. This measure, however, was not proceeded with, and the common poultice was applied. Under this treatment suppuration ensued, and on Tuesday morning, 29th September, the wound discharged abundantly, and looked well. The bowels were at this time rather torpid. During the day he complained of pain from a "gumboil," and difficulty of deglutition; but this circumstance escaped particular notice till the evening, when it had become more severe; the internal fauces were relaxed, and rather tender to the touch, and the back of his neck was stiff, uneasy, and slightly swollen. The sister gave him an alum gargle, and rubbed his neck with the common liniment.

29. Rested badly. At seven A.M. was suddenly seized with a violent tetanic spasm, assuming the forms of trismus and episthotonos. After the spasm had continued some time, the house-surgeon was called, who directed a drop of croton oil to be repeated every two hours, till the bowels should be relaxed. From that time several spasms occurred, until Mr. Vincent's visit at half past twelve o'clock. The wound was then found dry and pale; the countenance anxious; breathing oppressed and hurried; the neck and abdomen tender to the touch; pulse quick and rather full. Croton oil had not operated. Mr. Vincent ordered the patient a warm bath, two drops of croton oil every second hour till dejections should be procured, and drachm doses of laudanum also, every second hour. The red precipitate to be applied to the wound.

30. Eleven A.M. Seven drops of croton oil taken, and two common injections administered at alternate periods. Four doses of laudanum used. Bowels scantily moved by the croton oil; injections returned as soon as given. Has slumbered at intervals since

the second dose of laudanum. No tetanic spasms through the night, but had one at seven A.M., and another about ten A.M., but of less severity than before.

One, P.M. No recurrence of spasm; pulse 120, full; breathing hurried; coughs much, with viscid expectoration. Complaints of thirst, but experiences extreme difficulty in deglutition, and the fluids enter the larynx, exciting great distress. The face is flushed, and the conjunctivæ injected; the tongue clean, but dry; skin warm and moist; less tenderness of abdomen; but the neck still feels stiff, and the lower jaw can with difficulty be relaxed. The sternomastoid muscles are prominent and rigid; he trembles much, and his countenance is expressive of great anxiety. Croton oil and injections to be repeated as before, and the same doses of laudanum to be resumed if the spasms should recur.

Two, P.M. Another episthotonic spasm has just taken place, which lasted three minutes, exhibiting the usual phenomena, but with diminished violence; mental functions completely undisturbed.

When we returned, at four P.M., he had just expired in a spasm, a few minutes after leaving the warm bath.

## WESTMINSTER HOSPITAL.

## REMOVAL OF AN EXOSTOSIS OF THE NASAL BONES.

JOHN CHAER, about 30 years of age, a chimney-sweeper, admitted 16th August, under Mr. Lynn, with fungous growths arising from the palatal plates of the superior maxillary bones, extending downwards into the mouth, and upwards so as to fill almost entirely the inferior meatus nasi; an excrescence of the size of a marble occupied the situation of the left lacrymal sac. An exceedingly foetid smell emanated from the mouth and nares. He was ordered by Mr. Lynn to have the parts washed with warm water, and the bowels well and regularly opened. The lad gave this story of his disease. A year ago, whilst at play, he received a scratch of a finger-nail in the septum of the nose; the inner parts of the nose swelled and became painful, and the passage of air through the nasal meatus was much impeded. Whilst in this state, he received a violent blow on the nose when in a crowd. The painful consequences of this compelled him to apply for relief to a parochial infirmary, where many and various remedies were resorted to without effect, and the disease gradually took its existing form.

Aug. 22. Mr. Lynn determined to remove the fungous excrescence from the roof of the mouth with a scalpel. The boy was for that purpose brought into the theatre, and the

judgment of the surgical officers required. This being in the affirmative, Mr. Lynn having depressed the upper jaw to the utmost, introduced the scalpel with the left hand into the mouth, and opposing the index of the right hand as a fulcrum on the other side of the tumour, cut towards its middle as close to the parent bone as possible. The knife was then changed to the right hand, and the other half of the tumour cut in like manner. Two of the superior incisor teeth were removed with the mass. No hæmorrhage occurred. Mr. Lynn postponed the excision of the other fungi until the effect of the present operation should be determined. On cutting into the tumour it was found to be cartilaginous in its circumference, but bony in its centre, being a specimen of true exostosis. An astringent lotion was applied; and the bowels were kept open.

Sep. 20. The patient has very much improved since the operation; his speech is more distinct; his appetite and spirits good; and he is well disposed to submit to the removal of the other fungi.

### HOPITAL BEAUJON.

#### POLYPOUS TUMOUR IN THE UPPER PART OF THE PHARYNX.

A ROBUST young man, 17 years of age, was admitted on the 26th of February last, with the following symptoms; the uvula was forcibly pushed forwards and downwards, and on lifting it up by a spatula, a round polyposus tumour of the size of a walnut, of white colour, and apparently of great consistence, appeared behind it; it was loose and pendulous; its pedicle could not be traced, but it seemed to be fixed to the lower portion of the septum ærium; the patient complained of difficulty of breathing, and during sleep was heard to snore very much; his voice was of a nasal kind, the passage of the air through the right nostril was much impeded, that through the left was entirely suspended. On the 27th, M. Blandin applied a ligature according to Desault's method; the change which was observed in the colour of the tumour immediately after the operation, evidently showed that the pedicle was well comprised in the ligature. On the 4th of March (the ligature having been repeatedly tightened during the interval), the polypus was detached and thrown up with a small quantity of blood; the difficulty of breathing, the nasal sound in the voice, etc., immediately disappeared, but the patient complained of much pain in the left ear, from which there was some purulent discharge. A small abscess was discovered to have formed at the posterior part of the pharynx; it was opened,

but the pain in the ear continued, and was for some days even accompanied with so much febrile excitement as to require the use of the lancet. A large abscess formed at the left mastoid process, and being opened on the 20th of March, discharged a very large quantity of purulent matter: the discharge from the ear had evidently been from the same source, for on examination, a communication was found to exist between the abscess and the meatus externus. From this time the patient rapidly recovered, the wound healed up, etc., and towards the middle of April he was discharged well.

### HANDEY v. HENSON.

#### COSTS OF THE TRIAL.

SIR,—After the apparently spirited manner in which some members of the profession seemed at first to notice the signal victory obtained by them through the instrumentality of Mr. Handey, in the case of "*Handey v. Henson*," I did hope that some men of note would have come forward and headed a subscription for the purpose of presenting that gentleman, as a sense of the obligation we owe him, with a piece of plate, but the feeling appears to have lived but for "nine days." Like many others I have been waiting for a leader, none appearing. I have presumed, though but little known, to take the duty on myself.

I know that Mr. Handey has lost, owing to the insolvency of the defendant, the whole of the debt and costs, and that the latter amounted to upwards of seventy pounds. This is a loss that I think the profession is called on to share, and here with forward a sovereign to prove the sincerity of my feeling, trusting others may be induced to follow the example. Should the liberality of the profession get together a subscription beyond the amount of the costs, and I cannot doubt but it will do so, I should suggest that the surplus be laid out in a piece of plate to be presented to Mr. Handey.

Your readiness to stickle for the rights of the general practitioner, renders, I trust, any apology unnecessary for troubling you to receive the subscriptions.

I am Sir, &c.

HENRY EDWARDS.

Oakham, 30th August, 1830.

#### YOUNG BAT CLUB.

A MEETING of some miserable young Bats took place on Tuesday last, at 3 P.M., at the London Hospital. Their movements, like themselves, were very feeble and irregular; we have an eye upon them; it is a pity the poor little creatures have not sense enough to know who are their best friends.

**Experimental Philosophy.**—Although every branch of science has now been extensively investigated, and generally extended to the Medical profession and the public through the medium of lectures, neither the Mechanics nor the Hydrostatics of the animal frame have yet received any distinct degree of notice in this way. The deficiency is now, however, on the point of being supplied by Mr. Barry, whose lectures on Chemistry are delivered at Guy's Hospital. The same gentleman has also introduced a separate lecture on Electro-chemistry and another on Volcanoes; the former intended to familiarize the student with the nature and extent of electrical agency in the production of chemical decomposition;—the latter to elucidate the geological theories of Hutton, Werner, and Cordier, and the electro-chemical theory of Sir H. Davy on the same subject. The lectures will be illustrated by a very extensive apparatus, and the fee is low.

#### MEDICAL TUITION.

**Examinations at the Hall, &c.**—Mr. Knox, No. 26, St. Thomas's Street East, Borough, and No. 1, Well Yard, Little Britain, near St. Bartholomew's Hospital, prepares gentlemen for public examination at the Apothecaries Hall, and other Medical Boards, by a methodical course of instruction and examination. Terms, including assistance in Latin, perpetual, 5*l.* 5*s.*; three months, 3*l.* 3*s.* Complete tuition in Medical Latin. Terms, first quarter, 3*l.* 3*s.*; second and each after, 2*l.* 2*s.*

#### TO CORRESPONDENTS.

COMMUNICATIONS have been received from Dr. Moreton—Mr. Allen—Mr. Mallocks—Mr. Houston—Mr. Green—An Admirer, with the King's Bench Observer—Dr. J.—W.—Edger—Zeta—Mr. W. Dobson—Candidus—Mr. James Waller—Mr. C. Smith—Mr. Wm. Travers Cox—An Apothecary's Apprentice—F. W.—M. H.—Veritas—Mr. Richard Edwards—Mr. J. B. C. Fletcher—An Assistant—J. F. C.—Mr. W. Blennerhasset Fairman—Mr. Dewhurst—An Enemy to Quackery—Mr. George Rees—Mr. J. Curtis—Dr. Theekston.

**L. X. A.** The frequent application of cold water.

The state mentioned by *A Subscriber* is not at all uncommon.

**An Admirer.** Yes, most decidedly; and a chemist can recover in a court of law for medicines actually sold.

**Z.** The brethren have only to assert their rights, and the paltry little creature of brief authority, will sink into nothing before the arm of justice.

The letter of *A Sincere Graingerite* would injure rather than benefit the school.

The pupils who enter to St. Thomas's Hospital, are entitled to see the practice at Guy's. The two hospitals are not at a distance of one hundred yards from each other.

**A Pupil.** The Apothecaries' Act came into operation on the 1st of August, 1815.

**An Apprentice.** It is the duty of a master to conduct himself towards his apprentice in the same way after his indentures are signed, as he did before that period. The law will give relief to the injured party when there is any deviation from that course.

We wish to hear from *Humanitas*.

Private notes will be addressed to several of our Correspondents, and many of the above communications will be inserted next week.

Will a pupil who favoured Mr. — with an account of the meeting that was held at the London Hospital on Tuesday last, favour us with his name and address confidentially. His compliance will be esteemed a favour.

We have yielded to —'s request and inserted the paper, but we cannot publish any others of a similar description. We must say that it has neither point nor argument.

#### BOOKS RECEIVED.

**Practical Observations on Leucorrhœa, Fluor Albus, or "Weakness," with Cases illustrative of a New Mode of Treatment.** By George Jewell, M.R.C.S., &c. London, Wilson, 1830. 8vo. pp. 108.

Two Memoirs on the successful Inhalation of Diluted Chlorine in the early stages of Pulmonary Consumption, &c., with Cases. Translated from the French of M. Gannel, by W. H. Potter, M.R.S. London, Callow and Wilson, 1830. 8vo. pp. 93.

**A Treatise on the Venereal Diseases of the Eye.** By William Lawrence, F.R.S. &c. London, Wilson, 1830. 8vo. pp. 337.

**Traité Pratique sur les Maladies des Yeux, ou Leçons données à l'Infirmerie Ophthalmique de Londres en 1825 et 1826 sur les Yeux.** Par le Docteur W. Lawrence. Traduit de l'Anglais avec des Notes, et suivi d'un précis de l'Anatomie Pathologique de l'Œil. Par le Docteur C. Billard (D'Angers), &c. Paris, Baillière, 1830. 12mo. pp. 499. Translated from THE LANCET.

**Practical Remarks on the Nature and Effects of the Expressed Oil of the Croton tiglium, with Cases illustrative of its Efficacy in the Cure of various Diseases.** By M. J. Short, M.D. London, Longman, 1830. pp. 63.

# THE LANCET.

Vol. II.] LONDON, SATURDAY, OCTOBER 9.

[1830-31.]

IMPROVED MODE OF OPERATING

IN

LITHOTOMY.

By GEORGE WALKER, M.R.C.S.

ABOUT six years ago I operated for the stone upon a boy two and a half years of age (in the presence of several medical gentlemen of this neighbourhood); upon this occasion I used a beaked knife instead of the gorget (otherwise the operation was conducted after the usual manner); after the incisions were made into the bladder, the forceps were introduced and search made for the stone with them, but not being able to find it, after two or three seconds I withdrew them and introduced my forefinger, when upon curving it and turning it up towards the pubes, I immediately felt the stone at the front and upper part of the bladder, when I introduced the forceps and extracted it; upon examining the stone, a small filament was found attached to it, by which I make no doubt it was suspended from that part of the bladder before described; although, upon this occasion, I was successful, I resolved that when again called upon to perform lithotomy, I would avoid, 1st, the use of the beaked knife, which, after it was introduced into the groove of the staff, I found inconvenient in determining the exact extent of the incision I wished to make; and, secondly, although I had made a moderate-sized opening into the bladder, I found it most advisable to withdraw my finger before I passed the forceps again, rather than run any risk of lacerating the wound by passing them (the *usual* lithotomy forceps) along my finger as I had originally purposed. I therefore, preparatory to two operations which I performed on the 2nd ult., had forceps constructed resembling very much in *size* and *curvature* the common polypus forceps; but in the union of the blades, action of the joint, hollowing out and roughness of the jaws, in every respect the same as the lithotomy forceps. I operated upon these boys, the one being

four the other eight years of age, in the presence of my friend Dr. Warden, surgeon to this dockyard, and several other professional gentlemen of this place in the following manner:—after the usual incisions into the groove of the staff with the scalpel, I continued the incisions with the same instrument under the guidance and guardianship of the fore-finger of my left hand, through the prostate gland, &c., until it (my finger) passed *readily* into the bladder, when I desired the staff to be withdrawn, and my finger came *instantly* into contact with the stone; I then passed the forceps (before described) along my finger, and grasping the stone as soon as they were introduced, I extracted it without any delay; the operation was conducted after this manner in both cases. The boys both rapidly recovered. What I infer then is, that instead of feeling (ineffectually) with the forceps as I did in the first case, and as is usually recommended, I had a very superior advantage by passing my finger through the wound immediately after the knife, and by feeling the stone therewith, was enabled to pass the forceps and grasp it at once, without any delay or difficulty whatever. The forceps I have had made give the advantage by their curvature of being readily passed over the finger upon the stone, let it be found in whatever situation it may, and by their smallness are easily so conveyed without fear of laceration, and are equally as strong as the common forceps.

Sheerness, 1830.

## INSTRUMENT

FOR DIVIDING THE CORNEA IN  
EXTRACTING CATARACTS.

PERMIT me, through the medium of THE LANCET, to publish the plan of a new mechanical contrivance for making the incision in extraction of cataract. The number of instruments which for this purpose have been from time to time devised on the Continent, where the subject receives more at-



tention than it does here, sufficiently proves, that to obviate the difficulties of the ordinary method is yet a desideratum, and render it unnecessary to insist here on the fact, that long practice only can confer the address requisite for guiding the knife with safety, by the ordinary process, through the delicate structure of the eye.

If by the means I am about to propose, security and facility be attainable without an experience injurious in its first essays, surgery will be much indebted to mechanics, and an operation, now confined to a few who have gone through a tedious probation, will be placed within the reach of any one who gives but ordinary attention to the subject.

#### *Description of the Instrument.*

Fig. 1, front view. Fig. 2, back view.

*A*, the blade, acting upon a centre at *B*, and impelled by a spring. *C*, a perforated plate, with bevelled edge, through which the cornea is to project. *D* (fig. 2), another perforated plate, with a larger aperture, and edge more bevelled, which rests upon the globe of the eye. *E*, a screw, by turning which, the upper plate, together with the blade, is raised or depressed, as the varying convexity of the cornea may require; it is, however, seldom found necessary to alter the elevation of the plate.

In using the instrument, the blade is first to be set up by pressing it from the position shown by the dotted lines to its present position, *A*. The operator then opening the lids with the left hand, places the instrument on the eye, having the forefinger of the right hand on the button, and taking care that the edge of the cornea corresponds with the circumference of the hole in the upper plate; or, in other words, that the surface of the plate be brought to a level with the plane of the iris: this is accurately performed by means of the screw. The instrument being thus adjusted, it is only necessary to keep it close upon the eye, when, by pressing on the button *G*, fig. 2, with the forefinger, the blade is liberated, and the spring carries the point through the cornea, making a section of half its base. This being done, the instrument should be removed, and extraction proceeded with in the usual manner. If, however, after the introduction of the capsule needle, it be necessary in order to protrude the lens, to make slight pressure on the eye, it cannot be more equably and safely performed, than by the reapplication of the instrument.

The advantages of this method of operating, may be briefly enumerated as follows: The use of the instrument being of easy acquirement, and capable of steady and accurate adjustment, the important advantage of an incision of proper size is ensured,

the want of which is not infrequently a cause of failure. The smoothness of the incision is of consequence in facilitating union and preventing the cicatrix being, as sometimes happens, a great bar to vision. The rapidity with which the blade passes through the anterior chamber, does not allow time for the aqueous humour to escape before the incision is completed, and thus the most frequent cause of the iris being wounded is avoided; the quickness of the motion also, by causing little or no pain, prevents the mischief which sometimes arises from the swerving of the patient. Another advantage is, that while the eye is rendered immovable, the distortion produced by the ordinary method of steadying with the finger is avoided, and the chance of giving exit to the vitreous humour, is thus diminished.

In conclusion I have only to add a hope, that if the instrument be adequate to the end proposed, it may not be sacrificed to a prejudice against mechanical contrivances, which, because they render skill unnecessary, are thought unworthy of the skilful. If, on the contrary, there be solid objections to its employment, I shall regret its failure, only because there will still remain a difficulty unobviated, and a source of evil to the afflicted unremoved. I remain, Sir,

Your obedient humble servant,

THOS. R. WILLIAMS.

17, Norfolk Street, Sept. 1830.

#### DISEASE OF THE VALVES OF THE RIGHT SIDE OF THE HEART.

*By WILLIAM THOMPSON, Surgeon.*

If the editor should consider the following case worthy a column in *THE LANCET*, he will oblige me by its insertion. It appears to me important, as illustrating a rare occurrence in pathology, viz. disease of the valves of the right side of the heart, a disease which, I believe, many experienced morbid anatomists have not had an opportunity of observing.

The lady was forty-eight years of age; the principal symptoms which were observed, connected with the disease of the heart were, orthopnoea, increased on the least exertion, occasional attacks of palpitation and faintness; the heart's action more extended than natural, but the impulse not increased; the pulse feeble and irregular. The patient gradually sank, and died on the 16th of last month.

On examining the chest, about two pints of amber-coloured fluid were found in the right cavity, but none in the left. The

Fig. I

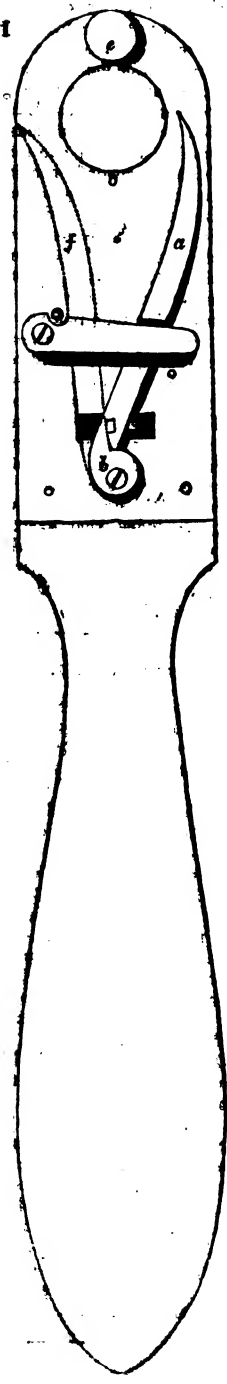
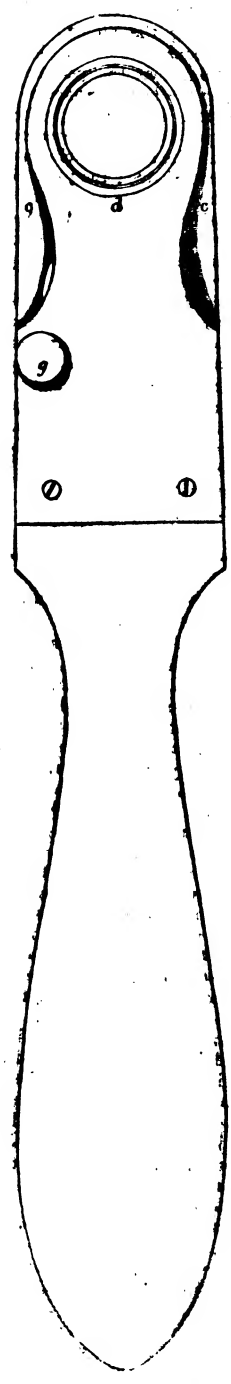


Fig. II.



right lung was almost universally hepatised, some parts presenting the appearance of what is called pulmonary apoplexy. It may be right to mention, that the patient had hæmoptysis during the last few days of her existence. The left lung was perfectly healthy; a small quantity of fluid was found in the pericardium; the right auricle was of about double its natural size; the right ventricle also was dilated and somewhat thickened; *the tricuspid valves were thickened and cartilaginous throughout*, and the foramen of communication between the right auricle and ventricle, would admit of the introduction of four fingers. The left auricle and ventricle were healthy, but the mitral valves were thickened, and the foramen of communication would admit with difficulty a full-sized thumb. The semilunar valves of the pulmonary artery and aorta, were perfectly healthy, as likewise was the aorta.

The patient was attended by Dr. Blundell, who was also present, and assisted at, the post-mortem examination.

Lambeth, Oct. 2nd, 1830.

#### AMPUTATION OF THE LEG AT THE KNEE-JOINT.

At the sitting of the Académie des Sciences on the 15th of September, M. Velpeau, of the Hôpital St. Antoine, read a paper on the above operation, which, according to him, is not so dangerous as is generally believed, and ought even to be preferred to ordinary amputation, where the joint is healthy. He has himself performed it twice with complete success, once in January, 1830, on a young man affected with necrosis of the tibia, part of which it was M. Velpeau's intention to remove, when he found, after having made a transverse incision, that the bone was throughout diseased, so that it was necessary either to perform the amputation of the thigh, or the exarticulation of the leg; he preferred the latter, as, in fact, a part of it was already performed by the transverse incision. The operation did not afford any-thing of interest; the wound speedily healed, and the patient was quite well after eight weeks. The second case was that of a robust man, 29 years of age, with fracture of the left leg: when he was brought into the hospital, twenty-four hours after the accident, considerable hæmorrhage had taken place, and almost the whole of the limb was covered with ecchymosis; the fracture appeared, however, simple, and there was but a small wound at the inner angle, and scarcely any swelling. The limb was carefully dressed, and a favourable result of the case was anticipated, when, on the following night, the patient was suddenly seized with furious

delirium, the cause of which could not be ascertained until the fifth day, when it was discovered that mortification began to take place, and three incisions having been made over the fracture, the tibia was found to be minutely fractured, and its fragments surrounded by a gelatinous mass of very offensive smell. Profuse suppuration of an unhealthy kind ensued, accompanied by excruciating pain and hectic fever, so that the removal of the limb did not admit of any longer delay. The success of the above case determined M. Velpeau to perform the exarticulation of the leg at the knee-joint, as amputation below it was inadmissible. The operation took place on the 4th of June, and the patient was perfectly cured on the sixtieth day. The third case which had come under M. Velpeau's observation, was that of a young man whom he happened to examine at the Bureau Central, and who in his twelfth year had undergone the operation at the Hôpital des Enfants, on account of gangrene. From these instances, and others related by medical writers, M. Velpeau concludes, that exarticulation of the leg ought not to be entirely excluded from the index of surgical operations, as it has hitherto been done by most modern writers on surgery.

#### SINGULAR CASE OF MONSTROSITY.

At the sitting of the Académie Royale de Médecine on the 2nd of March, M. Olivier, of Angers, reported the following case of congenital monstrosity:—The appearance of the eye-lids was very striking, they were closed, and instead of being prominent, were flattened, and their edges adherent. They were accordingly divided, but when M. Olivier raised the eyelids to examine the eyes, he was astonished to find, that in their stead there was only a mass of adipose cellular tissue, with some reddish fibres. The child moves the eyelids, and there is a slight discharge of whitish fluid from between them; it is in other respects well formed, and had at the time of the report attained its fifth month.

On the 30th of March, M. Luzardi communicated to the Academy the description of two cases similar to that observed by M. Olivier. In one of them both eyes were wanting, and their places were not even filled with cellular tissue: the eyelids were not adherent. In the other case the child had been born with closed eyelids, and was two months old when the adhesions were divided. The left eye was completely wanting, the right not deformed, but very small, atrophic, and affected with membranous cataract.—*Bullet. d. Sc. Med.*

REMOVAL OF A TUMOUR ON THE TONGUE  
BY THE LIGATURE.

A peasant girl, in the neighbourhood of Wilna, had, from her birth, a small bluish tumour on the right edge of the tongue near its root. It was of the size of a bean, but gradually became larger, and at her seventh year had attained the size of a plum; from this time it remained stationary till her fourteenth year, when it suddenly became much larger and very painful, so as almost to impede swallowing and speaking. On the first appearance of the menses, its growth seemed again to be arrested, and the pain in it was considerably relieved by a profuse hæmorrhage from a slight laceration of the tumour by the teeth in eating. In 1828, when the girl had attained her sixteenth year, the growth of the tumour increased so rapidly, that she was in danger of being suffocated whenever she attempted to lie down. At this period she first applied to Professor Galengowsky, of Wilna; the tumour began at about eight lines from the tip of the tongue, and extended as far as the root; it filled almost the whole of the mouth, leaving only an interval of three lines to the roof of the palate; it was flattened anteriorly; behind, its form was entirely adapted to the cavity of the mouth. It was of blue colour, soft, and somewhat elastic, but without perceptible pulsation; mastication and swallowing were almost impossible; articulation was less impeded, though she spoke like a person who has something in his mouth. Professor Galengowsky decided upon extirpating the tumour, and with that intention passed a thread through the posterior part of the tongue, in order to fix it in the necessary position; the puncture caused, however, such a violent hæmorrhage, as to induce the operator to give up all hopes of removing the tumour by the knife, and he accordingly resolved to apply a ligature. A strong double silk thread was passed through the healthy part of the tongue from one side to the other; the ligatures were then separated, and the tumour comprised between them; the tongue immediately became of a livid colour; the patient complained of a violent shooting pain in the pharynx, lower jaw, and the right temple; a slight hæmorrhage ensued after the operation; when it had ceased, and the tumour was again examined, it was found that a small portion of it had not been comprised in the ligature, and it was accordingly necessary to apply a third. After the operation the tumour was covered with ice, and the cheeks were kept cool with an evaporating lotion. After a few hours the pain subsided, the tumour became larger, and a new hæmorrhage supervened; the ligatures were accordingly tied more firmly.

On the second day, the right side of the face became violently inflamed, so as to require the repeated application of leeches, but the tumour of the tongue was quite insensible, and being much less tense than on the previous day the ligatures were again drawn more tight. This was repeated every other day; on the eighth the tumour spontaneously came off in a state of putrefaction. The wound was repeatedly washed with solution of the chloruret of lime, which had such a good effect that it soon became of a healthy appearance, and was completely cicatrised within three weeks. It was, however, in June, found necessary to apply the actual cautery to a small portion of the tumour, which had not been comprised in the ligature. At the beginning of July, she was quite well; the only trace which the tumour had left was a small depression on the right edge of the tongue; the patient had however, some difficulty in moving it, and was unable to pronounce *h, l, t, g,* and *v*.

On examination of the tumour, it was found to contain a nucleus formed by concentric strata of horny structure, the centre of which was occupied by a drop of a limpid water-likeliquid.—*Graefe u. Walther Jour. d. Ch. u. Augenheilk.*

## DEATH OF MR. HUSKISSON.

To the Editor of THE LANCET.

SIR,—The newspapers have already, no doubt, made you acquainted with most, if not all, of the particulars connected with the accident and death of Mr. Huskisson. Many are now speculating upon the surgical treatment of this case, and the general opinion of the faculty here, so far as I have been able to ascertain it, is, that it was unscientific, inefficient, and imbecile. Indeed there is some foundation for believing, that had amputation of the limb been early undertaken, the life of this great statesman might have been saved. A writer in *The North Briton* of Wednesday last, thinks that a navy surgeon, had he been on the field at the time, would not have suffered the opportunity of operating to escape, and this was the man most likely, he concludes, to have effected what was omitted, and what, in all probability, would have ensured the safety of the patient. Another writer, in *The Liverpool Albion* of this day, exclaims, "Why was not the operation of amputation instantly performed?" He sarcastically alludes to the invention and skill of the "Great Oldfield Lane Doctor;" in contradistinction, and by way of comparison, with the men and measures concerned

in this affair. Many of the remarks of this anonymous writer, who is evidently a medical man, are feasible and conclusive, but he indulges in a vein of satire and sportiveness which might bespeak, according to the estimation of some, no suitable feeling of the heart, while they do not heighten the interest among those who may read with a view to obtain information. An army, or a navy surgeon, might have saved the life of Mr. Huskisson, and so might any other surgeon, whose head and hands knew how and when to do their duty. However, I am decidedly of opinion, that had prompt and energetic measures been undertaken, the patient would have, in a great degree, been spared the torture of those spasms and twittings of the muscles and tendons, which are reported to have been so severe, and which proceeded from the loss of blood, and not, as has been stated, from the torn and mangled state of the nerves and other soft parts. Amputation, therefore, might have rescued the victim.

Mr. Huskisson bled profusely for a length of time, and until his clothes and all about him were literally drenched in blood; and although the *great blood-vessels of the limb were entirely denuded and exposed*, I am informed no means beyond placing a handkerchief round the leg were taken to stop the flow of blood; surely the hæmorrhage might have been instantly arrested by securing those vessels; or, if this could not have been done (a circumstance not very likely), I should have immediately decided, as the only alternative left, upon removing the extremity with the knife; this would have been following the directions and practice of the most eminent surgeons of the day, and if it had failed of success, the expediency and exigencies of the case justifying the measure, there could be no blame attached to any party.

Nothing is more easy than to get up whys and wherefores, and to call in question the theory and practice of any man; and of all the arts and sciences, the art and science of healing, as they have been taught and followed in every age, have been, and are, perhaps, the least famed for any thing fixed and unalterable in their economy. But then this does not arise from the constitution of medicine, which in itself maintains facts and laws, as effective and unchangeable, as are to be found in any other business or pursuit of life. After all, therefore, it might be urged in defence of the mode of procedure by the medical men in attendance upon this case, that they had the advantage of seeing it, and, consequently, it may reasonably be supposed they were in a situation the best qualified to judge and act correctly.

Notwithstanding, it is my conviction, as I have stated elsewhere, that those same

medical men might, and *should*, have done more in this affair than they did.

Your well-wisher,  
And very obedient servant,

THOS. WEATHERILL, M.D.  
Liverpool, Sept. 27, 1830.

P.S. Might not a medical coroner have been of use at the inquest upon the body of Mr. Huskisson? The jury brought in a verdict of "Accidental death."

Your late struggle for the vacant office of Coroner for Middlesex demands my most unfeigned admiration and applause, and in this I am joined by the voice of a large body of the profession in Liverpool. Like Othello, the lawyers may now exclaim,—That their occupation, in this respect, is gone.

## SOCIETY OF "GENERAL PRACTITIONERS."

*To the "General Practitioners" of the  
United Kingdom.*

BROTHER PRACTITIONERS,—It is a satisfaction to me, and it ought to be a satisfaction to you, that we have a channel always open for disseminating our communications extensively among the members of the profession; and I gladly avail myself of it, by addressing this letter to you, in the certain expectation of its meeting your eyes in the pages of THE LANCET. Every general practitioner who has read that journal from its commencement, as I have done, ought to know that it is his proved friend, the advocate of his rights, the supporter of his reputation, the champion of his battles; and he who does not feel this, is either an ignorant blockhead, or an ungrateful knave. I have been, sometimes, rebuked for my adherence to this publication, on account of its "naughtiness;" I inquire how it has offended, and I am told that it calls "nicknames" and abuses persons unceremoniously! I must tell these squeamish friends who are so dainty in picking up truth, that a nickname must be appropriate to the character before it will attach to the person; and, if applicable, the individual has but to blame nature or fortune for the consequences. To call the Duke of Wellington a "little cock-sparrow," would be senseless, while another man might be cut down by the sarcasm to the proper measure of his insignificance. Our doughty Editor knows the power of ridicule, and wisely prefers its application to those persons upon whom reason and argument would be thrown away. THE LANCET offends by the *plainness* of its speech, does it? What! ye silver-tongued hypocrites, who frost poison with sugar, and

robe your malignity in the silken drapery of ambiguous courtesy, does science hold its court in a language framed to conceal the thoughts; or does honesty teach our manners to "smile, and smile, and smile, and murder while they smile?" THE LANCET attacks fiercely, but it bites without venom.

Brother Practitioners, the subject that I have to mention to you is the new association denominated the "Metropolitan Society of General Practitioners." I have read over its address with great attention, and I confess that its views and promises merit deeply our regard. I am desirous of knowing what the profession thinks of the scheme, and how it is inclined towards the undertaking. After making the above remarks upon the conduct of THE LANCET, it will be inferred that the Editor's strictures upon the address, published last week, will dispose me favourably to the Society; I admit that it did so influence me, for after I had read the articles I went to the Society's chambers for further particulars. The porter only, was in attendance, from whom I could learn but little; I could not even obtain a copy of the laws, every one of which, the man informed me, had been issued; this, I will take leave to remind the Committee, is bad management. The rooms seem convenient and comfortable for sipping coffee, and social chat, but are certainly not sufficiently commodious for large meetings. I am given to understand that the address is the production of one of the officers of the Society, and I, therefore, for your information and my own, request of this gentleman some explanations that I think we all require.\*

1. Who are the gentlemen at the head of affairs?

2. Is it intended to legalise the Society by procuring a charter?

3. What plan is formed for prosecuting the views held out in the address?

4. Are the places of trust and office open to the whole body of the Society?

5. Are the acts of the Committee or Council cognizable to the members generally, and is that body responsible to, and elected by, the Society at large?

6. Is the Society to have a veto in the construction of laws, and in the application of its funds?

7. In the event of the formation of a complete club-house system, will the whole of the members be called on to support it by additional subscriptions?

These are questions, Brother Practitioners, which it is necessary should be

\* Mr. Scott of Regent Street, is, we understand, the author of that eloquent and comprehensive paper. This gentleman has evinced so much liberality and spirit in all the matters connected with the Society, that he will, we are persuaded, feel satisfaction in replying fully to the whole of the questions of our intelligent correspondent.—ED. L.

answered; if the replies be satisfactory, I think it is incumbent on us to give our support to the plan, and I shall immediately propose to become a member of the Society. But before I close my letter, allow me to intreat the Committee to give attention to any suggestions offered by our friend THE LANCET, and to be assured that whatever opinions proceed from that quarter, arise from a knowledge of the wants and wishes of the profession, and are prompted by a sincere desire to promote the prosperity and respectability of the general practitioner.

I subscribe myself, Gentlemen,

Your friend and servant,

A SURGEON,

London, October 4, 1850.

I am glad to observe symptoms of retreating courtesy between Dr. Johnson and Mr. Wakley; an adjustment of all differences would do credit to their good feelings, and benefit the cause of those in whose service they are engaged.

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"PASSAGES FROM THE DIARY OF A LATE PHYSICIAN."

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*Note to the Editor of Blackwood.*

"SIR CHRISTOPHER,—A letter under the title of "Blackwood's Magazine v. the Secrets of the Medical Profession," appeared in THE LANCET of the 28th August last—"the most influential and popular organ," it says, "the profession possesses,"—a paragraph from which, I beg to extract, and call the attention of your numerous readers to it. I do this in justice to myself; because in the event of my name, insignificant perhaps as it is, happening to be disclosed, the said letter is calculated to work me much prejudice with my professional brethren, and also with the public in general; for I need not tell you, Sir Christopher, of the extensive and miscellaneous circulation of the publication alluded to. After some complimentary remarks, the writer proceeds—

"But I enter my protest, as a physician in some little practice, against the custom of disclosing to the public the sacred secrets which are communicated to us in perfect confidence by our patients, and ought to be preserved inviolable. The Editor of Blackwood happily enough says, 'What periodical has sunk a shaft into this rich mine of incident and sentiment?' True: the value has been, and is yet, I hope, to be proved, in the honour of our profession, and the determination of its members to merit the confidence of their patients, by continuing, in the language of Junius, 'the sole depository of their secrets, which shall perish with

them.' If the writer of the paper in question, or the Editor of Blackwood, should see this letter, they are *implored* to consider its purport; and thus prevent the public from viewing their medical attendants with *dis-trust*, and withholding those confidential disclosures which are essential to the due performance of our professional duties. The very persons who would read such a series of articles as the 'Passages from the Diary of a late Physician' promise to be, with intense interest, would be the first to act on the principle I have mentioned.'

"If I were not credibly assured, Sir Christopher, that this letter is the production of a distinguished member of the profession, I should have felt inclined to compress my commentary on it into one emphatic little word—*humbug*! As it is, however, I beg to ask the writer who is so ready at starting the grave charge of a breach of professional confidence, what I do more, in publishing in your Magazine these papers of my late friend, with the most scrupulous concealment of every thing which could possibly lead to undue disclosures, than is constantly done in the pages of *THE LANCET* itself, as well as all the other professional journals, text-books, and treatises, which almost invariably append *real initials*, [I appeal to every medical man whether such is not the fact] and other *indicia*, to the most painful, and in many instances, revolting and offensive details?" — *Blackwood's Magazine*, Oct. 1830.

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MR. LYNN AND MR. ELMORE.

To the Editor of THE LANCET.

"When thieves fall out, somebody comes to his own."—*Proverbs*.

SIR,—Proverbs are not the most elegant vehicles of wisdom, but we ought not on that account to reject them; by this mode Solomon and Sancho Panza gave us more practical truths, than we have derived from any other source since the deluge. Deprecating your objections to these plebeian morsels of morality, let us see how far my motto will apply to the present question.

For the Council of the College of Surgeons I have the most profound contempt; for their principles and proceedings I have an abhorrence even to loathing; therefore I shall not be suspected of the infamy of attempting their defence or justification. Yet cannot help thinking that the disappointed candidates for seats in the council, are not entitled to the sympathy or support of their brethren the members. On what grounds do the rejected gentlemen found their

claims to the *honour* to which they aspire, and to what uses would they apply the power when obtained? They demanded to become councillors on the ground that they were "pure surgeons;" and doubtless, as councillors would do nothing to expose the fallacy of their claims to distinction, they would do nothing to procure for the members at large equality of honours and emoluments; they would not vote for the admission of those members who are general practitioners; they would not, on the exclusion of one of this much-injured body, resign their seats, rather than herd with men whose public acts are a reproach. Under these circumstances, I cannot allow that the complainants deserve the countenance and assistance of their fellow members.

From the "pure surgeons" the councillors are selected; from the council are elected the examiners, and from the examiners is chosen the president; the claims of the disappointed are founded on corruption, and they ought not to be assisted by the independent. The point at issue reminds me of Sir Robert Walpole's definition of a "certain kind of patriot." This *patriotic* minister boasted he could make forty patriots in a night; his recipe was simple, and must be known to the council of the Royal College, "Refuse a man a favour, and up starts a patriot."

Your faithful servant,

WM. AUGUSTUS WALFORD.

Oct. 2nd, 1830.

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DRS. GORDON SMITH, RYAN, AND  
A. THOMSON.

Note to Dr. Ryan.

DR. GORDON SMITH presents his compliments to Dr. Ryan, and desires to inform him that he has seen the article in the *Medical and Surgical Journal* for this month, in reply to Dr. Smith's defence of Dr. Thomson's medico-legal document. It is Dr. Smith's design to insert a few words on the subject in the forthcoming number of *THE LANCET*; but in consequence of the unauthorised use which Dr. Ryan has made of Dr. Smith's *private* communications, the acquaintance between them necessarily terminates.

Oct. 1, 1830.

To the Editor of THE LANCET.

Having forwarded the above to you, Mr. Editor, I may as well take public leave of Dr. Ryan, by adding the following explicit statements. Dr. Ryan certainly did join me in an application to the Court of Examiners at Apothecaries' Hall, on the sub-

ject of enforcing the study of forensic medicine; but the strictures on Thomson's report had not made their appearance when I admitted Dr. Ryan to this co-operation. I have in my possession, however, satisfactory evidence that Dr. Ryan's aid was neither required nor effective in the accomplishment of the important object. I should nevertheless have left him in possession of all the merit he might have supposed himself entitled to, had he not gone the length of saying, that he suggested great alterations in the letter (which were adopted by me of course). Now as that letter was neither private nor confidential, any person who may think an inspection both of the letter as it was sent, and of Dr. Ryan's *rejected* emendations, worth the trouble, may see copies of the same, as they have existed since the 14th of August last.

J. GORDON SMITH.

P.S. I have just looked at the copies in question, and find that the Doctor's emendations occupy nearly three columns in the MS. in his own hand-writing, *the whole of which* appears to be dashed out; and I can assure you, that with the exception of very few words indeed, which I adopted from Dr. Ryan's *version*, merely because I had made a promise to that effect, the whole letter is my unassisted composition, as the idea of transmitting it was my own original conception.

INQUEST AT THE WESTMINSTER HOSPITAL.

[We publish the following letter precisely as it reached us.—ED. L.]

To the Editor of THE LANCET.

SIR,—Accidentally glancing over one of your interesting numbers (No. 367) I cast my eye on the proceedings of an inquest which contains very unjust strictures on my professional character. Not intending to animadvert on the opprobrious epithets used by an anonymous writer in THE LANCET I shall only express my feelings as a medical man concerning the erroneously imputed charge of accompanying and co-operating with a Mr. Mills pretender to medical science. Far is it from my intention to notice and exclaim against the ungentlemanly calumnies *coined* by some humorous correspondent and issued to a credulous public thro' the keen and almost super-intelligent media of some periodicals!—but my solitary wish is to state (with manly candour and open sincerity as a sincere well-wisher of the medical profession) that so far from associating with the untutored imps of empericism or patronizing the ragged rabble of illiterate pretenders, I shall

always consider it an imperative duty to destroy the fatal deacon of imposition and proclaim open warfare against the pseudo-illustrious descendants of quacking ancestors. In THE LANCET it is affirmed that I am shielded by the ægis of my patron's surgical reputation; but I can assure the generous reader that my *professional* ægis is in actual dissection in the proper rendezvous for surgical skill my *moral* ægis is the 'mens conscia recti' which will uphold every advocate for truth and scientific 'induction' altho at the same time I am proud of the splendour which my able friend Mr. Lynn's professional acquirements spreads around the very humble name of

Yours respectfully  
WILLM. ORD.  
Broad Way  
Westminster.

Sept. 29, 1830.

NON-MEDICAL CORONER'S INQUEST AT  
PORTSEA.

To the Editor of THE LANCET.

SIR,—Observing in the 369th No. of the LANCET, a letter signed "Philander," containing a statement relative to the question of non-medical coroners, which happens to be very wide from the *truth*, I forward you the following, convinced that *truth* alone can benefit any question. The discovery of Winney being murdered, chiefly arose from the suspicions of the surgeon who gave evidence on the first inquest, and led to a second inquest. It was twenty-four hours after this discovery by the first surgeon and the others present, that the borough Coroner, by direction of Ed. Carter, Esq., mayor, and the surgeon named in your Correspondent's letter, had the opportunity of having a view of what was already discovered. One day before this, the first surgeon and the others present had found the head fractured, and more extensive injury in the throat than had been at first suspected; but the vertebrae of the neck were *not* partially severed, as has been stated. It is very wide from the truth, that a *small* effusion of blood proved that life was almost destroyed by the blow on the head; as there was an *immense* pool of blood found by the body, and the clothes also were bathed in blood. Your Correspondent has not been candid enough (probably from his ignorance of many material facts) to state, that before any surgeon saw the body, it was conveyed a distance of near a mile by water; in being jostled about, the blood, yet fluid, of course stained many parts it would not otherwise



have touched, and thus misled surgeon, coroner, and jury.

The paragraph "of the convicts' reasoning, that the man had not committed suicide, &c." has its foundation only in your correspondent's account: such never was the case, as a laboured investigation of four days could with the greatest difficulty lead to detection; and this I do not hesitate to say would never have been known, had it not been for the medical evidence, as the testimony of the convicts went no further than to establish *suicide*, not *murder*. Of the other two cases I have no knowledge except from report,

I remain your obedient servant,

VERITAS.

Portsea, Sept. 27th, 1830.

### CORONER'S INQUEST AT HAMPTON.

FRANCES CLARK, the wife of a labouring man residing in the parish of Hampton Wick, was taken in labour of her sixth child on Saturday the 25th of July last. Ann Ellam was in the house a few hours after the pains first came on, and shortly after Mrs. Elliott, a laundress, and Mrs. Chilman, a midwife, were sent for. The labour being tedious, and the midwife anxious, a surgeon of Teddington was, after the lapse of some time, applied to, and on his declining to attend, Mr. Bowen, a surgeon of Hampton, was called in. A long period having elapsed from the commencement of the labour, and but little progress having been made, the husband and attendants wished Mr. Bowen to obtain further advice. The presence of another medical gentleman, however, was not to be had without a request by "note" from the surgeon himself, and this note Mr. Bowen refused to give. Several hours after this suggestion, the patient died undelivered, both arms of the fœtus having been first removed. After the usual period the woman was buried, but rumours were spread highly unfavourable to the treatment adopted by Mr. Bowen, and a statement that a boot-hook had been used by that gentleman during the attempts at delivery, increased the feelings of prejudice. Some inquiry was then entered into by the parish officers, but this only went to ascertain how far the surgeon of Teddington had been culpable in declining to attend; and as it appeared that he was not in any way bound to comply with the request of the messenger, nothing further was done to elucidate the truth, until the proceedings were adopted in order to obtain the present inquest, the warrant for which was not issued, we understood, until after the

coroner had been threatened to be served with a *mandamus* by Mr. Guy, who acted as the solicitor for the husband of the deceased. A jury, of which Mr. Everett the banker was foreman, accordingly assembled on Saturday morning last, October 2d, at the Bell Inn, Hampton. Great interest was excited by the proceeding, and between those who attended from curiosity, and those who were summoned as witnesses, almost every medical gentleman residing in the neighbourhood was present. Mr. Wakley was also in attendance at the special request of some parties who were deeply interested in the inquiry. Objections were made to some of the jurymen by Mr. Guy, but these were over-ruled by the coroner.

After the jury had been sworn, some dread of examining a body which had been so long interred, was expressed by them, and Mr. Everett, the foreman, contended that there was no necessity for opening the coffin, and that the remains must be in such a state of putrefaction, that it would be impossible to collect any satisfactory evidence from them, the body having been buried nearly ten weeks. After some remark from the coroner, which we could not hear, Mr. Wakley said, that it surely was not necessary that he should remind Mr. Stirling and the jury, that it could be no inquest at all if they omitted to take a view of the body. The coroner and jury accordingly proceeded to the church-yard, and the body was taken from the coffin: most of the jurymen speedily removed from the scene. The medical men gathered round, and at the suggestion of Mr. Wakley the body was opened. This operation was kindly performed by Mr. Mitchell, of Richmond. The progress of decay had not been great, and the integuments of the fœtus, to the apparent astonishment of all persons present, were natural in colour and firm in texture. Upon opening the abdomen, the anterior part of the uterus appeared sound. On cutting through this viscus, and completely turning aside the uterus, the fœtus was at once exposed to view. The body of the fœtus was lying across the pelvis, the right side of the face resting upon the brim of the pelvis, the chin being nearly opposite the symphysis pubis, the head doubled considerably upon the chest; the thorax much distorted by compression, and considerably sunk into the pelvis. On slightly turning the head, there were seen some jagged portions of integument and broken muscular fibres, which proved to be the remains of the left shoulder-joint, the arm having been removed. The fœtus was now raised, and it was found that the remains of the right shoulder-joint were low down in the vagina, a small strip of integument even protruding at the os externum. The entire right upper extremity, together

with the scapula on that side, had been removed. Immediately opposite to the axilla on the right side, the vertebræ were separated and fractured, the ribs broken, and a considerable aperture was made into the right cavity of the thorax, where some instrument, probably the boot-hook, appeared to have freely passed. The spine appeared to have been pulled with considerable force, the apex of the angle thus produced, presenting to the os externum. Upon looking at the head, the cranium did not appear to be at all compressed, but was of the natural form and size. On carefully examining the scalp, an aperture about the size, as stated by Mr. Jewell, of the tip of the middle-finger, was observed upon the occiput, and there was a fracture of the posterior inferior angle of the right parietal bone, which was here broken into three or four portions. The scalp over this part was darker than in other situations, but there was no wound in it; indeed, the broken bones maintained their natural position, and there was no communication between the fracture and the small opening in the scalp found upon the occiput, the cellular membrane between the fracture and aperture being found uninjured. The bone immediately under the hole in the scalp was perfectly sound, and thus it was evident, from a careful external examination, that the head of the fœtus had not been opened in the attempts to procure delivery, although it was alleged that craniotomy had been performed. As the external examination had established it as a fact beyond all dispute, that the brain had not been removed by means of any surgical operation, much surprise was depicted on the countenances of many of the medical gentlemen, when, upon separating the bones of the skull, the cranium was found to be not half occupied by a thickish light-grey fluid matter, of about the consistence of cream. It was probably unknown to many of the gentlemen present, or it had entirely escaped their recollection at the moment, that the fœtus had been dead for very nearly ten weeks. The contents of the cranium, then, were in perfect conformity with the appearances which are known to present themselves after the lapse of so long a time. The soft parts of the mother did not appear to have been injured at all by instruments.

Amongst the gentlemen who attended the inquest, Dr. Hunter of Richmond, Mr. Jewell of Sackville Street, and Mr. Neville, were stated to have been invited on the part of Mr. Bowen. Mr. Bowen was not himself present at first, but at the request of the coroner he was sent for to the jury-room. Sir Andrew Halliday had also been summoned, but he stated that he did not know why. Previous to viewing the body, a protest was made by Mr. Jackson, solicitor

for the parish, against the inquisition, on the ground that it was invidious, unnecessary, unjustifiable, and expressly against the wish of the curate and churchwardens. Many of the friends of Mr. Bowen also warmly deprecated the inquiry. The first witness called was

ANN ELLAM, a widow residing on Hampton Common, who occasionally assisted Frances Clark as a washerwoman, and was with her on Saturday the 25th of July last. On that day Mrs. Clark, who was then in good health, first felt the pains of labour. Mrs. Elliott was there soon after, and on Sunday evening at six o'clock, witness went for a midwife, Sarah Chilman, on whose arrival Mrs. Clark retired to bed, where she remained crying and screaming the whole night. Towards morning she, witness, inquired of the midwife if the labour advanced at all. The reply was, that it did not, and Mrs. Chilman added that if the delivery did not take place before ten o'clock on Monday morning she must have some assistance. Mrs. Clark accordingly wished for the attendance of a surgeon from Teddington, for whom witness immediately went. She told him that Mrs. Clark had been in labour all Sunday night, and that the case was now so difficult that the midwife and friends wished him to visit her, but he refused to do so. He said they owed him five pounds already, and might go to Hampton for a doctor. The witness accordingly returned, and to save Frances Clark's feelings told her that the surgeon was not at home. She subsequently went to Hampton for Mr. Bowen. Mr. Bowen promised to attend, and came at half-past ten on Monday morning. Mrs. Elliott went into the room with him. He remained there half an hour. On leaving he stated to witness that "he had put every thing fair and straight for the midwife, in case any thing occurred." He came again at nine in the evening (Mrs. Elliott was not then present), and inquired of witness for the instruments he had left in the morning, and of these he made use. He inquired for Mrs. Elliott, saying, however, that Frances Clark was doing very well at present; that he should want her by and by and would then send for her, giving them every hope that the labour was proceeding properly. At ten that evening Mrs. Elliott came, and continued with Mrs. Clark until her death, which took place at about a quarter past ten on the following Tuesday morning in witness's presence. Mr. Bowen, while with the deceased, requested to have a boot-hook lent to him, which implement was procured at a neighbour's. On further examination of this witness, the following testimony was given. Frances Clark said, between three and four o'clock on Monday morning, that she believed her child was

dead. Fearing that all was not going on right, the deceased was asked by the witness, in the presence of Mr. Bowen, if she would not like to have some other medical gentleman. The deceased replied urgently in the affirmative. Mr. Bowen said nothing to this, but on being referred to for his consent replied that the labour was going on perfectly right, and he did not seem to think any other advice necessary. The husband also made the same inquiry, and Mr. Bowen said the labour would soon be over. The wish of the deceased was, however, complied with by the friends, and Mr. George Taylor, surgeon, of Kingston, was sent for. While the messenger was gone Mr. Bowen had recourse to his instruments, and these he "used with very great force; the perspiration poured off him; he put his back against the wall, and his feet against the bed, and pulled with a napkin with all his force." (It was observed by a medical gentleman in the inquest-room, that an accoucheur could hardly attend a difficult labour in the month of July without perspiring freely.) "Something then gave way, the sound was like a bit of stick breaking and the witness saw a child's arm pulled off. Mr. Bowen gave a nod to Mrs. Elliott, produced the arm from under the bed-clothes, and laid it on the floor." After this the messenger who went for Mr. Taylor returned, and stated that Mr. Taylor declined coming unless Mr. Bowen sent a note requesting his attendance. This request Mr. Bowen refused to make. He said that Mr. Taylor might come if he liked, but when he, Mr. Bowen, wanted skill, he would send for it. If they could find any one who could do more for Mrs. Clark than himself, they might send for that person, but he would give no note to any-body. Witness had had ten children, but never before knew of so difficult a labour. Frances Clark had had several very fine children. Witness did not see more than one arm removed. To a question,—Did Mr. Bowen show any disinclination to attend at the first?—witness replied, No, none at all.

*Examined by Mr. Jewell.* You said Mrs. Clark cried and screamed very much; is not that very common with women in labour? Yes; but I never heard so much.—Did Mr. Bowen say why he used a boot-hook? No.—Are you aware that an instrument very like a boot-hook is often used in midwifery, and that force is often necessary? Witness did not know. Some gentlemen present here adverted, in palliation, to the facts of the deceased having said that the fetus was a dead one, that a great many hours had elapsed before Mr. Bowen's presence was procured; that the statements of Mr. Bowen that Mrs. Clark was doing well, were justified by the practice of always

encouraging parturient women; that Mrs. Clark had had a fall a few days previous (no injury was complained of from this); and, finally, that it was not imperative on Mr. Bowen to send a note to Mr. Taylor.

MARY ANN ELLIOTT, a widow, residing on Hampton Common, was then called. Her testimony corroborated that of Ann Ellam. She saw Frances Clark first between five and six on Sunday evening, and found her very ill. On Mr. Bowen's arrival in the morning, he made examination, and said "the child was lodged at the hips," turned it, and added "that he had put it in a fair way for the world," but that it was dead. She saw Mr. Bowen use the instruments on the Monday night. Of their nature she knew nothing. He was very much out of temper, because another medical gentleman was spoken of. Witness told him that it was of no use to say—Send for any one you like—she knew of nobody that would come without a note; there was a man waiting at the door, if he chose to send him to another doctor, or if he named any gentleman whom he wished to come, she would send for him. He said he would do no such thing. The friends then sent for Mr. Taylor, as the only one they could think of; and the reply of that gentleman was, that he would come instantly on receiving a note. Mr. Bowen continued to use his instruments until three o'clock on Tuesday morning, and then said he must go home and get some more from London. He returned in less than an hour and asked for the boot-hook, which he used, placing his feet against the bed, and pulling with violence. She heard "a slushing noise" when the hook was used. (The boot-hook was shown, and compared with the blunt-hook.) Witness saw him take off both of the arms; one he pulled off, the other he cut away. The manner of Mr. Bowen was extremely cross and snappish, both to Frances Clark and herself. She had attended many labours before, but none like this.

SARAH CHILMAN, the midwife, a widow, residing at Kingston, was next examined. She said she had practised thirty years, and assisted at the births of 4000 children. To questions—Since your experience has been so great, why did not you deliver the deceased? Because it was not my work; a man was sent for, and then the business was taken out of my care. Have you ever delivered Mrs. Clark before? Yes, several times.—Were the labours difficult? Always; two nights have sometimes passed.—Why did you send for a doctor now? Because it was not a fair labour, and I always send for a doctor in proper time, as his advice is better than an old woman's; when Mr. Bowen came, he said Mrs. Clark would do very well, and there must be patience.

This was when he attended in the morning. In the evening he still said there must be patience, but witness thought not. She said nothing at first, for she was "glad of somebody, to get her own neck out of the halter." At last she spoke, and said that in these cases they always had another doctor, but Mr. Bowen said they did not want any more. Witness then mentioned Mr. Taylor to the deceased, who had "helped her out once before." Mr. Bowen said, that if Mr. Taylor came he would go out of the house. This was not a hand case; it was what witness would call a face case. The face filled the cavity, and there was no room for an arm. The arm had not protruded when Mr. Bowen came. When the arm came off he had got a napkin round it, and was pulling very hard, and witness said "the Lord a' mercy on us, what are we to do now; we must have more assistance." The pelvis was sufficiently large for any child.

*Examined by Mr. Jewell.* When were you called to the case? Between six and seven on Sunday night. The membranes gave way at eleven. Discovered that it was a face presentation next morning at eight. The pains came on at periods of half an hour, and never bore down. Saw nothing whatever taken away but the arms.

Here the evidence of the witnesses present at the labour closed, and—

Mr. GEORGE JEWELL was examined. He is a surgeon and a teacher of midwifery, and was present at the examination of the body this morning, and had heard the evidence. As to the position of the child, he should imagine that the only part which could have been felt was the cheek. It could hardly be called a face presentation, and he should say from the position of the body that the arm must have fallen down. As to the practice of removing the arms under such circumstances, he considered it to be perfectly justifiable. When the arm is presented in that manner it is not always usual to perforate the head, but sometimes it may be done with great advantage. The practice in general is to bring down the breech by an instrument of this kind (exhibiting the blunt hook), and if there be not one at hand, and the practitioner thought proper he might use a boot-hook in its place. From the spine being broken in the fetus in the present case, he should think that Mr. Bowen had used the boot-hook for that purpose. He (Mr. Jewell) would use it himself if the patient were sinking for want of an operation of that kind. There did not appear to have been any injury done to the soft parts or the uterus, from the use of instruments. [To questions.] Is it your opinion that the medical man was, or was not to blame in the treatment he adopted?—I have stated

my opinion already.—In case of the head being so impacted in the pelvis, that the hand could not be introduced, would it, as in this case, be proper to introduce the instruments?—No answer. What was the size of the hole in the scalp?—Large enough to admit the point of the middle finger. Was it easy to extract the brain through that hole?—If the brain were broken down it could escape through a very small orifice. Is it usual to take off the arms?—The child was unusually large. Could you discover from the state of the fetus that it could not have been turned?—It could have been turned only with difficulty; the chin was towards the pubes. Is it usual to take off the limbs without further advice?—I have expressed my general opinion. How could both arms have been taken off?—When one is off, then there is more room to take off the other. Should you, from the evidence you have heard, and the position in which you found the fetus, have pursued the same course?—(There was no direct answer to this question; the further examination of Mr. Jewell was very much opposed by some friends of Mr. Bowen.) Do not you in your lectures require your pupils to ascertain the position of the child?—(Not replied to.) Do you think that Mr. Bowen acted properly in this case?—I do.

Mr. GEORGE TAYLOR, of Kingston, was called and examined. Is a surgeon and an M.D., has been eighteen years in practice; attended Frances Clark's first labour; she had a full-sized pelvis. In that case he turned the child, and there was a fair delivery. On the present occasion he received a message between one and two o'clock on Monday night, to go to Hampton. He asked the messenger what was the woman's name, and the duration of the labour, and heard that Mrs. Chilman and Mr. Bowen were in attendance. He inquired whether the messenger came from Mr. Bowen or the attendants; they said, not Mr. Bowen, for he refused to send. Did not know Mr. Bowen, nor does he now, and his opinion therefore was, that Mr. Bowen did not wish it, nor said any-thing about it. His reply accordingly was that he could not go unless invited by Mr. Bowen himself. In the morning he wrote to say what had passed, and presumed all had gone off well. He had never heard any more of Mr. Bowen until now. He had been present at the examination of the body. He thought it impossible that the arms came down naturally. The face might have righted itself. Thinks the arms came down in an attempt to get hold of the feet. It is not usual to take off the arms of the fetus, and should not readily be induced to do such a thing himself; cannot call to mind a case in which he saw the propriety of such an operation.

Sir ANDREW HALLIDAY, examined by Mr. Guy. The questions put to Sir Andrew went to show that Mr. Bowen had stated to Sir Andrew that he had not taken off the arms of the fetus, and had safely delivered the woman. The following is the substance of the reply of Sir Andrew. Mr. Bowen called on him shortly after the death of Frances Clark, to explain the reports which were in circulation. His language to Sir Andrew went to prove that he was not to blame in the treatment he adopted. He did not say that he had not taken off the arms and delivered the woman. It was impossible for him (Sir Andrew) to recollect now exactly what passed, but the impression left on his mind, by the statements of Mr. Bowen, was, either that he *had* delivered the woman, or that he was in the act of delivering her when she died from exhaustion. He (Sir Andrew) did not mean to deny that Mr. Bowen had said this or that, but his impression was as he had already described. [To questions.] Did you not tell Mr. George Taylor, and Mr. Sells, that Mr. Bowen had said to you he had not removed the arms and had delivered the deceased?—I told them that Mr. Bowen told me he had not *twisted* or *torn off* the arms. (Objections were here made to what was termed a "personal examination," and it was therefore stopped.)

Mr. Wm. Sells of Hampton, Mr. George Cooper of Brentford, Mr. James Smith of Richmond, Mr. Thomas Litchfield of Twickenham, and Mr. John Watson, Surgeons, were now sworn, but the coroner and the jury seemed to think, that farther evidence was not required. Mr. Smith and Mr. Cooper said they should be obliged to give evidence which would be of a contrary nature to some of the medical opinions which had been given by Mr. Jewell, and Mr. Cooper remonstrated with great force and justness against the custom of requiring the attendance and evidence of medical men on coroners' inquests, without remunerating them for the valuable moments which they were often compelled to devote to it. He had put a lady to bed at ten o'clock the night previous, and had not seen her from that hour to this (six p.m.), in consequence of the summons he had received to attend here, though without one particle of previous knowledge of the merits or demerits of the case. The justice of the complaints made by Mr. Cooper were fully acknowledged by all the gentlemen in the room. We are sorry that want of space prevents us from appending the whole of his remarks on the hardship to which medical men are thus subjected.

Amidst the discussion which ensued some reflections were thrown out against the mode in which the warrants were filled up by Mr. Guy, who was justified by the

coroner. The mode of selecting the jury, adopted by the curate of the parish, Mr. Merrywether, as it appeared, was also deprecated, and upon very just grounds.\*

The coroner "summed up" about seven o'clock. He commented very briefly on the evidence of the witnesses. It was impossible to say why (he observed), but some men were naturally more careful, some more timorous than others; and so it was, he supposed in midwifery cases; some went forcibly to work, and some gently, but they were not therefore to think of bringing every man to the bar of public opinion because his mode was not so successful as that of others, else they would have enough to do with all the medical men and old midwives in the kingdom. He did not mean that it should be bruited about that the arms of "children"† were to be cut off on all occasions, but he considered that there were occasions in which it might be done with great propriety. The Princess Charlotte had, he had no doubt, the very best physician when she was in child-bed; how much more excusable then, was an unfortunate result to a less eminent man. Now the medical man, in the present case, had evinced great anxiety, and had shown himself desirous of doing all he could. He procrastinated the use of instruments as long as he could, and they (the Jury), knew the fatal result. Let them observe the length of attendance he gave to the patient; he did not shirk the case at all; he did not make a half business of it, but persisted to the last. As for the boot-hook, it was so similar to the blunt-hook, that a man would be happy to have such a substitute; yet this had made a great impression out of doors. He had used his best skill, and it had turned out unfortunately, and could not be helped. It was for the jury to say whether Mr. Bowen stood in the case of a man who ought to be tried for the course he had pursued.

After a consultation of a quarter of an hour, the jury brought in a verdict of "Died by the visitation of God, and the medical attendant did all he could to save life," or, "there was no blame attached to the medical attendant."

\* The Rev. Mr. Merrywether, in the course of examination, admitted that he gave the constable, who was appointed to summon the jury, a list of twenty-four names. He also admitted that he had never interfered in a similar manner on any former occasion. The juryman appeared to be far above the class of persons who usually act on coroners' inquests.

† The non-medical coroner swore all the witnesses to give true evidence "touching the death of Frances Clark and her infant child!"

## THE LANCET.

*London, Saturday, October 9, 1830.*

Few institutions of modern times have so strongly excited the hopes of the *litterati* of Europe as the UNIVERSITY OF LONDON. The proposition for founding this splendid national establishment was hailed by every liberal mind with unqualified delight, because it was expected that it would freely shed the light of knowledge over the immense mass of uninstructed beings resident in this densely-populated metropolis. If the expectations of the friends and supporters of the new University have not been fully realized, still we believe that enough has already been accomplished to satisfy the public that incalculable advantages must, ultimately, result from the intellectual labours displayed in such an establishment. Of the success of one department we can speak with much confidence; we mean, the medical. That its utility has in some measure been retarded by the influence of private pique, and the workings of jealous malignant bickerings, we shall not attempt to deny; but these are incident to all infant establishments, in which a mass of ill-assimilated and incongruous matter must at first be associated, and the difficulties which the University has already proved itself equal to surmounting, afford the strongest ground for believing that the medical department, will become the first institution of its kind. The two great difficulties under which this department has laboured, have arisen, it must be confessed, from defects in the government. We allude to the election of the professors by private testimonials and in secret, instead of by competition and in public; and to the extreme, the culpable negligence, manifested in the absence of a hospital. Had the professors been elected by *concours*, as in Paris, the University would at once have

furnished a splendid exception to the secret, and unworthy method, universally adopted in this metropolis, of appointing professors, teachers, and officers, to the whole of our medical establishments. Mr. BROUGHAM openly declared, even at the preliminary proceedings, that any other consideration than ability should only weigh as dust in the balance in appointing the professors. Yet, in defiance of this excellent declaration, all the professors have been selected in secret, and the council, we believe, have been guided in their choice, solely by testimonials that have been written in private, read in private, and discussed in private. Many of the professors in the medical department are gentlemen of the highest attainments in their profession, and they would have been delighted at having had an opportunity afforded to them of displaying their talents before a scrutinizing, and liberal, public. The council must now deeply regret that election by public competition was not adopted, for to that fatal omission are to be traced, the charges of incompetency which have been so freely and so extensively circulated against some of the professors. In the present day the gown of a professor is not deemed a sufficient guarantee for intellectual attainment, and, in spite of all that can be said to the contrary, the people will assuredly believe that there is something wrong, something corrupt and underhand, if those who appoint important public officers select them in the closet, instead of in the open face of day. In the choice of professors, therefore, we fear it must be acknowledged that the Council of the University of London are not one step higher in the scale of good government, than are the ill-informed and idle managers of our ill-officered dispensaries. This is a subject of vital importance to the interests of the University, and we would seriously urge it upon the notice of the proprietors at their next annual meeting.

The consideration, however, of the other

difficulty, under which the medical department has laboured—the absence of a hospital, must not be delayed until February, unless the council and proprietors are really desirous that the medical school should never embrace a greater number of students than it contains at present. The success which this department has already attained in the absence of a hospital, speaks loudly and decidedly in favour of the exertions and qualifications of the professors, who, without such a prop, such an auxiliary to their labours as a hospital would afford, are, in fact, endeavouring to stem the torrent of prejudice that has been opposed to them, with a millstone around their necks. The support which we have, by our humble exertions, endeavoured to yield to the University from the first moment of its establishment, justifies us in speaking boldly; without then attributing bad motives to any one, we declare unhesitatingly, that those who have opposed the foundation of a hospital in connexion with the University, are utterly unqualified to take any share in the government of the institution. After the hopes that were originally held out, is such conduct honourable to the public? Is it just towards the proprietors? Is it fair towards the students—the anxious, the hardworking, student? The public will, by-and-by, declare that they have been deceived; the proprietors, when the shares shall have sunk *fifty per cent.*, will declare that they have been cheated; and the students will quit an institution in disgust, in which they will have too much reason to complain of the non-fulfilment of their just expectations. A medical school, upon an extensive scale, cannot exist without a hospital. As well might an animal be expected to live without nutriment. In the wards of a hospital there are all the materials upon which the principles and practice of the curative art are founded; but theory, in the absence of an opportunity for observing the facts upon which it is founded, assumes the character of vague hypothesis, and is equally worthless. But it were a waste of time to dwell upon the propriety of attaching a hospital to any medical school. Nearly the whole of the medical students visit the metropolis for the express purpose of “walking the hospitals,” as it is termed. They consider, in fact, that the hospital is the school, and the lecture-room only the appendage. It should be remembered that the best works on medicine, surgery, physiology, and pathology, have been always open to them during the period of their initiatory studies; and in the lecture-rooms of this town they have little more repeated to them in the course of each day, than the discourses contained in established works, and with which they have long been familiar. They come to London to see disease, and to see those means applied which the accumulated experience of ages has decided to be the most judicious and efficient. But, at the London University, there is no disease to be seen, no disease to be cured, no experience to be acquired. They can observe the shadow, but the substance is beyond their scan. It will be said, we are aware, by the enemies, not by the friends of the University, that the pupil can attend the Middlesex Hospital. But the practice of this institution has long been in ill odour throughout the kingdom, and the Hospital was not erected with a view to the formation of a medical school. Its regulations are obnoxious to the adequate instruction of students, and the governors, when the prospectus of the University was first issued, even took the opportunity of disclaiming, in the public papers, any connexion between the hospital and that institution. This proceeding ought, indeed, to have goaded the Council to the performance of their duty. The insult, however, for it was one, has passed unheeded. We have heard two grounds alleged to explain the cause of the absence of a hospital; first, the opposition offered to the measure by Mr. CHARLES BELL, and, secondly,

the want of adequate funds. If it be true that Mr. BELL has opposed the establishment of a University Hospital, the Council must have been particularly short-sighted not to have perceived that it was possible, quite possible, that his hostility to the measure arose from motives not entirely disinterested. The erection of a hospital upon the foundation of the University might not have proved agreeable, or even profitable to Mr. C. BELL, who, it ought to have been remembered, is one of the surgeons of the Middlesex, and, hence, he is the only anatomical professor connected with the University, who is in receipt of the fees paid by the students for witnessing the surgical practice of a hospital. It is, we say then, barely possible, that Mr. BELL's opposition may have been stimulated by motives not the least calculated to add to the honour of the University, or to promote the interests of the students. If there were a University hospital, Mr. Bell would not be the only medical professor holding the office of hospital surgeon; he would not be the only professor whose coffers would be benefited by the fees paid by hospital students. Besides, Mr. BELL may be apprehensive that the enlightened views and liberal opinions of the Council might induce them to act upon the Parisian principle, and throw open the wards of the hospital to the students, free of expense. In this case the surgeon of the Middlesex Hospital would be *minus* his fees. Mr. BELL, therefore, sees much hazard in the enterprise, and he has invariably touched the subject with a cold and chilling hand. However careful Mr. C. BELL may be of his own interests as a hospital surgeon, we think he might have paused, as one of the professors, before he had taken upon himself to issue a document, the tenor of which, if it were left unexplained, might injure, if not ruin, that department of the University which he is bound, by every principle of honour, to uphold to the utmost extent of his capability.

Having derived our information from the most authentic sources, we are bound to credit the report that Mr. BELL has thrown difficulties in the way of establishing a hospital in connexion with the University. If the reports be unfounded, then, of necessity, the whole of this part of our argument falls to the ground; but assuming them to be correct, what inference are we to draw from the following *verbatim* copy of a paper which is exhibited in the lobby of the Middlesex Hospital?

“CLINICAL LECTURES. SURGERY.

“Mr. Bell has delayed saying any-thing about Clinical Lectures on Surgery, in the hope that he will be able to make an arrangement with Mr. Brodie, that the pupils of the Middlesex and St. George's Hospitals, may have the mutual benefit of more extensive opportunities for learning the principles which direct the practice of the hospital surgeons of London.

“The surgeons of St. George's Hospital have expressed themselves most liberally on the subject.”

Here, Mr. BELL in so many words announces to the pupils, that no clinical information is to be obtained at the University, and not sufficient at the Middlesex Hospital, but that he hopes to be enabled to make an arrangement with the surgeons of St. George's, which will be attended with advantage; thus drawing off the attention of the student from the University, and directing it to a school situated at a distance of two miles. Now, if Mr. BELL be so ready to acknowledge that the University affords no materials for conveying clinical instruction, that the wards of the Middlesex Hospital are also inadequate to the purpose of teaching medical students how they are to practise their profession, why does he—and the council have a right to demand an answer to the question,—why does Mr. BELL oppose the erection of a hospital in immediate connexion with the University? It certainly is very consolatory to those students who have paid to be instructed at a school in Gower-street, to be told by one of their



own professors, that they can obtain a little knowledge by walking to St. George's Hospital, situated at Knightsbridge, where the surgeons, "express themselves liberally on the subject!" Would that we could say as much for Mr. BELL, and we regret, exceedingly, that the members of the council should have been at any time influenced in their decisions, by a person who appears to be so little desirous of securing the success, and promoting the great objects, of their institution. Mr. BELL is an able anatomist, and an acute physiologist, but we fear that he is wanting in those high qualities of the mind which should alone regulate the principles of government in such an excellent establishment as the University of London.

The second alleged obstacle to the formation of a hospital, viz. the deficiency of funds, has, we believe, had much greater weight with the council than the opposition of Mr. BELL; but it is a difficulty which energy and talent, might long ago have surmounted. Within very little more than the time that the council have been lamenting over the sadly empty state of their coffers, some persons of very questionable character and intentions, have contrived to collect "building funds" sufficient to erect a new St. George's Hospital, a new Westminster Hospital, and another institution, which is to be called the Charing Cross Hospital. In the list of proprietors of the University of London are to be found the names of noblemen of wealth, character, and influence; also the names of merchants, and tradesmen, of great opulence. Who can believe then, that had the necessity and utility of the measure been properly explained to them, they would have withheld from such a scheme either their personal exertions, or their pecuniary contributions. Besides, if the public have subscribed so liberally to the hospital building funds now accumulating, is it to be supposed that the benevolent part of the community would have with-

held their donations from an object of so much more importance than either of the institutions now in progress?

The expense of maintaining a *well-governed* hospital, is much below what is generally conceived to be adequate for such a purpose. Three or four thousand pounds *per annum* would be quite sufficient to support a hospital large enough to afford instruction to the students of the University,—a sum, we should think, not difficult to be collected amongst even the proprietors and their friends. In a pecuniary sense, indeed, we are decidedly of opinion that the shareholders would be benefited by individually subscribing five or ten guineas towards the erection of a hospital; for one of the speedy results of founding such an institution, would be an increase in the value of the shares of not less than from five to ten *per cent*. If a hospital, indeed, connected with the University, were to be governed upon liberal principles,—if its officers were to be elected by public competition, and if its doors were to be thrown open, free of cost, to the medical students, it would receive warmer support than any other eleemosynary medical institution in this metropolis; because it would be soon acknowledged that it must eventually confer incalculable advantages upon all classes of the community.

Let us hope, then, that the members of the Council will at once bestir themselves, and devise some plan for accomplishing this great national work. The measures, if judiciously taken, must prove effective. In order to stimulate the Council to the performance of this duty, and in order not to add to the numerous fatal effects which have already arisen from delay, we would suggest to the students the propriety of addressing the Council on the subject, urging in strong, but respectful language, the disadvantages under which they labour from the absence of a hospital, and imploring that measures may be immediately adopted for founding

such an institution,—without which, they can unhesitatingly state, that it is not in their power to acquire a competent knowledge of their profession.

### WESTMINSTER HOSPITAL.

THE scheme for rebuilding the Westminster Hospital at Charing-Cross was discussed by the Governors at a tolerably full meeting on Wednesday last. After a warm debate, it was decided by the casting vote of the Chairman, who was himself the Treasurer, that “the Treasurer’s report should be brought up.” And this appears to have been done merely out of courtesy to that respectable gentleman. The jobbers, therefore, are in *statu quo*. There is no district in London where a Hospital is more decidedly necessary than the one in which the Westminster Hospital now stands. We shall publish two or three documents on the subject of this transaction in our next number; meanwhile we hope the intelligent and independent Governors will not fail to perform their duty to the subscribers and to the afflicted poor.

A REPORT of the Coroner’s Inquest which was held on Saturday last at Hampton, will be found at page 74. The facts disclosed in the evidence of the females, require no comments; but we must acknowledge that we are utterly at a loss to comprehend the evidence of Mr. JEWELL. Should there have been any young and inexperienced practitioners present, who may have formed an opinion from the testimony of that gentleman in favour of using great force in the practice of midwifery, we beg to submit for his careful perusal the following extracts on the subject; the first taken from Professor DAVIS’s splendid work on the “Elements of Operative Midwifery,” and the second from the invaluable lectures of Dr. BLUNDELL, published in the volumes

of THE LANCET for 1827-8. This was another nice case for a non-medical coroner!

“The requisite amount of force to be used in obstetric operations, should be applied by degrees, very cautiously and slowly, according to the demand for it; but the whole of the extracting force, in order to be safely, and, therefore, successfully exerted, must be confined within very moderate limits.”—*Elements*, p. 201.

“When the arm of the child is presented in the way I now show you, provided the woman have reached the full time of gestation, you cannot in this position abstract the child. If, with FEROCIOUS IGNORANCE, you lay hold of the arm and pull, torturing the innocent child, like Damien the assassin, you break, you tear it, limb from limb.”—LANCET, p. 284.

Passages bearing on the same point might be multiplied *ad infinitum*, but a very small portion of common sense, without the authority of any established writer, must be quite sufficient to deter any man from following the example of Mr. Bowen in pulling off the arms of a full-grown fœtus, after he had “set every thing straight for the world.”

FROM a report which M. LARREY lately made to the Académie Royale, it appears that, of about 500 wounded who were admitted at the Military Hospital at Gros Caillou, after the three memorable days, not more than seven had died on the 29th of August, although a great number of them had undergone very important surgical operations.

With respect to the personal exertions of M. LARREY during and after the three days, the French journals are unanimous in their praises, and it gives us great satisfaction to find that this venerable man, who, during the old regime, was purposely neglected, merely because he had been the personal friend of Napoleon, has lately received from the present government the most unequivocal proofs of a frank acknowledgment of his merits.

*On the recent Improvements in the Art of distinguishing the various Diseases of the Heart, being the Lumleyan Lectures delivered before the Royal College of Physicians in the year 1829.* By JOHN ELLIOTSON, M.D.F.R.S., &c. &c. London. 1830. Longman and Co. Folio. pp. 36.

ALTHOUGH some years have now elapsed since the invention of the stethoscope, and several treatises, besides the translation of Laennec's original work, have been published in this country respecting it, its value is by no means so generally acknowledged as it deserves to be; and there are yet many practitioners, and some writers, who either reject it altogether as worthless, or maintain that it is only to be used with advantage by such as have a peculiarly nice ear, and have devoted to the study of it an extraordinary degree of time and attention. It is therefore with great satisfaction that we find such strong testimony in its favour from a physician whose statements are justly entitled to confidence, and who himself furnishes a refutation of one of the objections which have been adduced against auscultation, having first begun to employ it after many years of practice, and when it can hardly be supposed that he could devote to it more time than almost any practitioner might bestow. Without noticing this objection, Dr. Elliotson, in the commencement of the first lecture, successfully combats those which have been raised against the utility of auscultation, and his observations here are so excellent, that we cannot forbear making as long an extract as our limits will allow of.

"The discoveries made by Laennec in the symptoms of these disorders are great enough to entitle him to all the honours which have ever been acquired in our profession. He has enabled us to judge of diseases, often not otherwise with certainty distinguishable or not at all, and this with an accuracy inconceivable to those who are unacquainted with his investigations; to distinguish diseases of the heart, which were formerly, and are still too often all, either expressed by the easy term disease of the heart, without a specification of the parts affected in this complicated organ; or as often passed over entirely, while the case is mistaken for hydrothorax, or some pulmonary affection, and to distinguish diseases

of the lungs, which, in many cases, could not be pronounced upon with accuracy, of which, in others, the diagnosis was always uncertain, and moreover to point out the very part affected.

"But the very accuracy of Laennec's discoveries is objected to. We are asked *Cui bono?* The answer is plain. It is universally allowed that every disease should be described, and its nature ascertained, as accurately as possible. Now with every advance in accuracy of description, and in knowledge of the source of symptoms, diagnosis imperceptibly and inevitably becomes more accurate. To condemn accurate diagnosis is therefore to condemn accurate knowledge—to rest satisfied with imperfect information when industry would give us more—to admire ignorance when knowledge is within our reach. Besides, diagnosis ought to be universally cultivated without reference to its utility in particular instances. It is a part of our science; every part must be cultivated for the perfection of the whole, and what may not be practically useful to-day, may become so to-morrow, &c.

"But there is immediate utility in the discoveries of Avenbrugger and Laennec. No one will pretend that the diagnosis in chronic diseases of the chest is, with the exception perhaps of phthisis, generally satisfactory. Before I adopted auscultation, I know that I frequently discovered disease of the heart after death where I had not previously suspected it, and frequently found the organ sound when I had supposed it diseased. When I was correct in expecting to see organic affection of the heart, I was often wrong as to the precise nature of the lesion. Too often has auscultation at once revealed disease of the heart to me, when, by good practitioners, no affection of the heart, or even of the chest, had been suspected, or the case had been named nervous palpitation or asthma, when the lungs had been regarded as the seat of the malady, or the case been treated with the more violent remedies of hydrothorax. Repeatedly have I seen chronic bronchitis, with extreme congestion of the lungs, mistaken for hydrothorax, and unavoidably so, from the omission of percussion and auscultation, because the symptoms were precisely the same, with the exception of those which percussion and auscultation only could disclose. Inflammation of the substance of the lungs takes place continually during other diseases, without being obvious before death to any but the auscultator and percussor. Without the aid of the ear, who can ever distinguish emphysema of the lungs, or in every case pneumato-thorax? Both may be readily mistaken for hydrothorax," &c.

Although these lectures cannot be con-

sidered as forming a complete account of the diseases of the heart, and are intended more especially to show the importance of auscultation, they are by no means exclusively devoted to it, and contain much valuable information on the morbid anatomy of this viscus, and on the other means of distinguishing its affections, the employment of which Dr. Elliotson is not inclined to dispense with, even where the diagnosis might appear to be firmly established by the stethoscope alone, observing,

"The general symptoms may each, however, be highly useful, when viewed by the side of the symptoms discovered by auscultation; they may confirm the diagnosis, or, rather, they may unite with these into a satisfactory theory of the nature of the nature of the case. They should never be neglected, because all the phenomena of every disease deserve the attention of a good practitioner."

It would answer no good purpose were we to follow the lecturer in his descriptions of disease, or the details of cases, in support of his statement, for these are scarcely capable of condensation, and ought to be read in connexion, to be fully appreciated. We shall, therefore, conclude our review with some of his observations on the natural and healthy action of the heart, in which he defends Laennec's theory from some objections which have been recently started, and especially against the opinions of Dr. Corrigan, which we had very lately occasion to lay before our readers. After describing the nature and rhythm of the sounds of the heart, according to the statements of the French physician, and the changes which are induced in them by disease, the lecturer goes on to say,—

"Laennec's correctness, in ascribing the first of the two sounds of the heart's action in health to the ventricle, and the second to the auricle, has been called in question, some asserting that the first sound is the result of the auricular contraction, and the second of the ventricular; some that they occur at the moment of the dilatation, not at the moment of the contraction of the cavities; and some that Laennec was right in regard to the ventricular sound, but that the second sound cannot arise from the contraction of the auricle, as Harvey, Haller, Senac, all declare that the auricle may be seen to contract immediately before the ventricular action; and they consider, therefore, the sound which follows the ventricular, to be produced by some unknown

cause, and the auricular contraction to be without sound, two very singular and very considerable suppositions. The alteration of the sound in narrowing of the respective openings proves, I think, that Laennec is right; for if the opening from a ventricle is narrowed, the healthy sound ascribed by Laennec to the ventricles is altered; and if the opening from an auricle is narrowed, the healthy sound ascribed by him to the auricle is altered. An argument, in favour of the priority of the auricular contraction, has been deduced from the veins of the neck, in some cases, regularly swelling, immediately before the pulse is felt. But the obstruction in the auricles causing this swelling does not, I apprehend, occur during their contraction, for at that moment there is a free space in the ventricles to receive the auricular blood, and it is only a part of the auricle that has the power of contraction. The obstruction which produces the swelling must take place as the ventricle becomes filled, and the auricular blood consequently accumulates, and therefore the swelling of the veins must be expected when the ventricles will receive no more, viz., immediately before they contract, or while they are contracting. There is no wonder, therefore, that the arteries, according to this account, beat first; then a second sound of the heart is heard, I presume the auricular action; and then a short interval occurs before the veins pulsate—before the blood accumulates in the auricles previously to their contraction. The jugular veins are said, by some, always to be dilated quite synchronously with the pulse of the arteries."

"Since the delivery of these lectures, Laennec's accuracy has been called in question by others, and the stroke of the heart's apex, and the first sound of the heart, declared to happen before the pulse, and to be produced by the dilatation and repletion of the ventricles; and the second sound to occur at the moment of the contraction of the ventricles, and to arise from the flapping of the parietes of the emptied ventricles together.

"I would reply in the first place, as before, that when an obstruction exists at the mouth of the aorta, or pulmonary artery, a morbid sound occurs at the moment Laennec supposes the ventricles to contract, and when at either auriculo-ventricular opening, at the moment he supposes the auricles to contract. This could not happen had he mistaken the periods of the ventricular and the auricular contractions. Secondly, when the pulse at the wrist follows the stroke of the heart, it does so after only a very minute interval—such as may be explained by the distance of the radial artery from the heart—and actually occurs decidedly *before*

the auricular sound, that which is now declared to be the ventricular. Moreover, when the pulse at the wrist is observed to follow the stroke of the heart, the pulse at the innominata (so much nearer the heart) may be found to precede that at the wrist, and to occur all but simultaneously with the heart's stroke, so that the relative distance of the parts explains the whole difference, and the pulsation of the arteries in all cases clearly arises from the stroke of the heart. If an artery is observed still nearer the heart than the innominata, no interval between its pulse and the stroke of the heart is perceptible. In four cases of aneurism of the ascending aorta, producing a strongly-pulsating tumour to the right of the sternum, this and the heart, when the fore-fingers were placed upon both, were felt, and by all seen to pulsate quite synchronously. When the obstruction is at the mouth of the aorta or pulmonary artery, the preternatural sound I have always noticed synchronously with the pulse; when at an auriculo-ventricular opening, in the intervals of the pulse, after or before it. It sometimes, in the latter case, is so prolonged as to last till the pulse is again felt, so that there is no interval, but merely an equal alternation of the ventricular and the preternatural auricular sound; or even an interval occurs after the ventricular stroke, probably from the auricle not being disposed for contraction at the usual time, on account of its contraction having been so lengthened by the difficult escape of its blood, that a longer repose is required than just during the ventricular contraction; here the auricular sound occurs first, then the ventricular, and then the interval.

“Thirdly, the sounds considered by Laennec to be auricular and ventricular are heard loudest both in health and when morbid, at the seat of the auricles and ventricles respectively.”

The only fault we have to find with these lectures is, that they are published in the folio, rather than the more convenient quarto form, when the plates, which are very well engraved from beautiful and accurate drawings by Mr. Alcock, might have been equally well contained in the latter.

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*Practical Remarks on the Nature and Effects of the Expressed Oil of the Croton Tiglium, with Cases illustrative of its efficacy in the cure of various Diseases.* By MICHAEL JOHN SHORT, M.D. London, Longman. 1830. pp. 63.

In the construction of this little treatise, Dr. Short has shown considerable industry,

and an intimate acquaintance with the older literature of medicine; the first division of his pages, is, in fact, a miniature cabinet of the several curiosities connected with the history and applications of the croton tiglium, authenticated by the venerable names of Rumphius, Rheed, Jacob Bobart, Bergius, Laureiro, and a host of similarly euphonous appellations. The ponderous Latin of these writers, Dr. Short has faithfully (we fear injudiciously) committed to his pages, and certainly to the few who can understand the monastic barbarisms these quotations present, he has afforded a curious and entertaining compilation.

In the second division of his pamphlet, the author adduces a body of irresistible modern evidence, in proof of the superiority of the genuine croton oil over other cathartics, in the treatment of the several diseases in which remedies of that description are required. On this point, however, we are inclined to believe, that the minds of medical men are already sufficiently decided, such of them, at least, as have kept pace with the improvements in their profession, and whose studies have not terminated with the receipt of their license to kill, from the beadle of a College. There are still in existence, it is true, some hundreds of medical “old wives,” who, under any circumstances, would as readily administer a drachm of arsenic, as a drop of Dr. Short's purest cold drawn croton oil, and for the consternation of these ladies, we are forced to mention, that Dr. Short's heretical innovation on the supremacy of Glauber and jalap, even extends to the administration of the oil of croton in abdominal inflammations.

“If there be any inflammatory action,” he says, “going on in the intestinal canal, either from external causes, or from the presence of irritating matter within, the oil will be found the most effectual application, as it will remove the cause or irritation sooner than any purgative with which I am acquainted, and at the same time diminish inflammatory action more speedily, and in my opinion more effectually, than even the abstraction of blood. As a proof of these assertions, I have selected the following case from many similar ones, which occurred to me in my practice in Madras, during a period of four years; not because the effects of the exhibition of the oil were more obvious or satisfactory, but because, as the ordinary mode of treatment had been fre-

quently applied before in the same patient, and under the same circumstances, we are thus enabled to institute a comparison, and this case is consequently more conclusive.

"*Case.*—A lady of nervous temperament and bilious habit, aged about 35, came under my care, labouring under a severe attack of bilious cholera, a complaint of which she had had frequent and serious attacks. I found the vomiting of black bilious matter and the purging excessive. Wishing to evacuate the contents of the bowels as soon as possible, I ordered one drop of the oil, *tiglii*, in *zij* of syrup, to be given every four hours, and told the lady to drink freely of barley-water. Three doses of the medicine completely cleared out the bowels, removed the spasmodic action, and appeared to have restored the healthy action of the liver, for, on the next day no ailment existed, the appetite had returned, and on the evening she said she felt quite well. In all her former attacks, she had been treated with large doses of opium, which produced great stupor without relieving spasm. Calomel, and the other usual remedies, had also been applied, and it was generally upwards of a month before she had perfectly recovered."

To many, we believe, the "inflammatory" character of this case may appear by no means a decided matter, and we must admit that it is deficient in what should be considered the strongest contradictory symptom of the use of any *acid* cathartic, namely, abdominal tenderness. Dr. Short, however, advances other cases, which we have not space to quote, but in which this symptom was strongly developed, and in which the cure seems to have been mainly effected by the liberal administration of the croton oil.

The motherly members of our profession will further be not a little amazed at Dr. Short's homicidal audacity in prescribing this medicine in sundry diseases of infancy and childhood; yet so it is, and numerous are the records of its effects which the Doctor details. What will the tender prescribers of manna, and of rhubarb and magnesia, and of peppermint-water, and castor oil, say to this atrocious mode of curing convulsions and hydrocephalus? Still we must make the confession, that we have been accomplices in such practices ourselves, that like Dr. Short we have given the croton oil to children two years old, and in every instance had reason to acknowledge its beneficial virtues. In truth, we know no medicine so admirably adapted to the numerous disorders which arise at this early age from

over distension of the alimentary canal, whether we regard the quickness and certainty of its operation, or the extreme facility with which, for obvious reasons, its administration can be effected.

But perhaps the most remarkable character in Dr. Short's publication is his recommendation of the croton oil as an *external irritating* application. On this important subject the author's words are as follows—p. 63.

"It will be perceived also that I have employed it in some cases externally as an irritating liniment; I am not aware that its application in this way has been practised or noticed either in this country or India.\* I am however decidedly of opinion, from the experience I have had of its efficacy as a counter-irritant, that it is preferable to all those now in use; superior to the cantharides in the quickness and certainty of its operation, and in the permanency of its effects to the ointment of tartarised antimony, for the same reasons, as well as for not producing that excessive pain and constitutional irritation which usually attend the application of the last preparation, and to the common sinapisms, because it stimulates the skin much sooner, diffuses more warmth, and can be better regulated as to the extent of its effects. I have employed it in this way in cases of acute and chronic rheumatism, it gout, in tic 'douloureux, in glandular and other indolent swellings, and in all these cases with the most satisfactory result."

With these remarks and quotations we close our notice of Dr. Short's *treatise*. On Dr. Short's *croton oil* we are however obliged, in justice to that gentleman, to offer a passing comment. There is scarcely a drug the apothecary purchases, but before it reaches the consumer is liable to be subjected to the basest and most thwarting adulterations; it is with pain we add, that in Great Britain there is not more than one establishment in twenty, free from this deadly and abominable traffic. Thus, in the instance of the croton oil, we have known it to be simply diluted with castor oil, or with sweet oil; to have been imitated by euphorbium resin dissolved in castor oil, by the expressed oil of the *Jatopha* *Circas*, and, strangest of all, by common

\* Dr. Short forgets that the external application of the croton oil is expressly mentioned in the *Materia Medica* of Hindostan as a part of the treatment of rheumatism, by the native practitioners.

train oil allowed to become rancid, in order to acquire an acrid flavour. To detect these adulterations, Dr. Nimmo, of Glasgow, proposed a test just as fallacious as its certainty was desirable; and as no other has yet been pointed out, the profession and the public are left without any resource but the dependence they may place on the quarter whence they obtain their supply. We are happy, therefore, to be enabled to recommend the oil prepared by Dr. Short to the notice of our readers. We understand he imports the seeds, and prepares the oil himself; and from our own knowledge we can declare it to be perfectly free from adulteration, and, consequently, entitled to the highest confidence.

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*The Edinburgh Medical and Surgical Journal.* October, 1830. Edinburgh, Adam Black. pp. 442.

We have just perused the present Number of this periodical, and, in justice to Dr. J. C. Gregory, we feel bound to admit that it has raised him considerably in our estimation, inasmuch as, *inter alius*, it contains two infinitely more stupid papers than his memorable attempt on the reputation of the stethoscope, which we alluded to on a recent occasion. We shall dispose of these, before we notice the very few articles which deserve our approbation. The first is an elaborate inquiry by Dr. John Davy, Physician to the Forces, corresponding member of a hundred societies, &c.—“Whether the putrefaction of animal matter is attended with an elevation of temperature?” On this most important and disputed topic, Dr. Davy favours us with twenty-six pages of observations and experiments, and at length ends in a conclusion, in which it may be truly said, that “nothing is concluded;” for after involving himself and his readers in innumerable perplexities, after submitting every fluid and solid, whether simple or compound, in the animal body, to the operation of ill-devised and apparently worse-executed experiments, he seems to find out, that heat may actually be generated by animal putrefaction; an opinion which he propounds with as much philosophical *naïveté*, as if the worthy author, or his readers, had never seen or heard of, a hot-bed or a dunghill. The next of these very

original communications, is a *second-hand* document of most ample dimensions, by Dr. Carswell, on the chemical perforation of the stomach, and which has already appeared in French in the *Journal Hebdomadaire*; it consists, in the first place, of a minute recapitulation of the various opinions held by all the authors who have ever written on this occurrence, and in the next, of a few experiments on rabbits, repeated by the author himself, from which he draws the conclusion, that if one of these animals be killed suddenly while digesting food, the stomach and adjacent parts in contact with the gastric juice, are also liable to be digested; and, moreover, that their stomachs, when opened, emit a sour smell, and litmus paper becomes reddened when applied to the corroded parts. To elucidate and enforce this single inference, the author spins us twenty-nine pages, apparently careless, or ignorant of the fact, that for the last seven years there has not existed a medical jurist who was not entirely aware of the circumstances which he wastes so many words in narrating.

The Number, however, is by no means destitute of interesting matter; at any rate it contains two papers worthy of attentive perusal; one of them by Mr. Syme, of Edinburgh, on the quarterly progress of his new surgical hospital, and a second by Dr. William Stokes and Mr. Hart of Dublin, corroborative of Dr. Corrigan's new opinions on the motions of the heart; besides these, there is a memoir by Dr. Shortt, on the treatment of amaurosis by strychnine, which, though deprived in a great measure of the reputation of novelty by a scandalous forestalment, to which we shall again advert, still contains information of no ordinary practical value. Such are the leaders in the original department, and these, by a skilful editorial manœuvre, are disposed in the front and rear of the publication, the main body being filled up with all sorts and sizes of materials. Thus Art. 6 is pompously styled, “Contributions to Pathology and Practice of Physic,” by Drs. Henderson, Messrs. Graham, Lawrence, Ranken, and Bodkin, separate cases from Chelsea, and Wick, Ayrshire, and Tuam, and, luckily for the editor, sent just in the nick of time to fill up space, and save the necessity of making another extract from the *Jour. Hebdomadaire*.

We shall now proceed to the consideration of the three papers referred to in the preceding remarks. Of Mr. Syme's quarterly report, we again feel called on to speak in terms of the warmest approbation. We quote, beneath, Mr. Syme's brief statement of the sources whence the expenditure of the establishment was supplied, and to this we would request the special attention of our readers. Let them contrast this record of benevolence with the sordid and selfish gripings of many of our hospital surgeons, who, possessed of treble the income of Mr. Syme, refuse even a sufficient portion of their time to the necessities of their patients; again let them place the manner in which Mr. Syme courts the scrutiny of the public on his treatment of diseases, in juxtaposition with the mystery with which his brethren would veil their proceedings, and then let them deny, if they can, that there is a necessity for reform in the administration of our hospital affairs. We feel great pleasure in noticing the just compliment paid to Mr. Syme by the Edinburgh College of Surgeons, which is modestly alluded to in the following extract:—

"In commencing this report, I have great pleasure in stating that the College of Surgeons of Edinburgh now recognise, not only the clinical lectures, but also the attendance on the Surgical Hospital, as qualifications for their diploma.

"I may take this opportunity of explaining the sources from which were derived the 800*l.* that appeared in last report as paid by me to the support of the institution.

Fees of students attending my clinical lectures .....	£ 400
Board of two house-surgeons for six months, and one ditto for twelve months .....	200
Surplus of expenditure required from myself .....	200

£ 800

"Since last report, 545 cases of surgical disease have been presented for relief. Of these 82 have been admitted into the house."

Nearly the entire of this report is occupied by various diseases of the joints; we select some interesting notices relative to Mr. Syme's recent practice in the excision of the elbow-joint:—

"Elizabeth Johnston, ætat. 16, from Falkirk. In the first of these reports I

mentioned the case of this girl, who entered the hospital last summer on account of a diseased elbow-joint, which exhibited the most formidable appearance of any that I have yet met with, but which, nevertheless, was completely cured by the operation of excision. She returned home, and remained perfectly well, using the arm for all ordinary purposes until December last, when, after exerting herself too much, her wrist swelled and became painful. Tartar-emetic ointment was applied, and afterwards blisters; but an abscess soon formed, which opened, and has continued to discharge ever since. A probe introduced into the sinus, which is situated over the lower end of the radius, enters a large carious cavity of the bone, and can be pushed downwards into the wrist-joint.

"As amputation appeared the only resource, it was performed on the 24th of June above the elbow, by the method of double flap. She recovered most favourably, and is now well.

"The elbow being dissected, afforded a specimen of the union which is established between the bones in such cases. When the integuments and muscles were dissected off, the appearance presented was wonderfully little different from that of a natural joint, owing to a great mass of fibrous ligamentous-looking substance which connected the bones together. This connecting medium, which was above an inch in length, and perfectly flexible, did not constitute anything analogous to an ordinary articulation, and more resembled the structure that usually exists in the false joints that result from fracture of the bones. My friend and pupil, Mr. Charles Bell, made a sketch of the preparation, which gives a very good idea of its appearance, and which, therefore, I have caused to be engraved to illustrate this description.

"The unfortunate occurrence of disease in the wrist after that of the elbow had been removed, certainly affords no objection to the operation of excision. In one of these reports I mentioned the case of an old woman whose hand I removed on account of caries of the wrist, and who afterwards required amputation of the arm for disease of the elbow-joint. No one, I suppose, would consider that case any objection to the operation of amputation.—In the last number of this journal, Dr. Christison has stated that, from what I have seen of excision of the knee-joint, I am not inclined to practise or recommend it any more than M. Roux, who also thought it right to satisfy himself as to the advantages of the operation in regard to this joint by actual trial. But in the diseases of the shoulder and elbow-joints requiring removal there cannot be a doubt that the introduction of excision in-



stead of amputation is a very great improvement. Most of the patients on whom I have operated now use their arms for all the purposes, and with the same facility, as formerly. It has seemed surprising, that in the course of eighteen months I should have had occasion to perform the excision of ten elbow-joints. To account for this, it will be sufficient to recapitulate the places from which the patients came.

"Edinburgh, 3; Aberdeen, 1; Lanark, 1; Falkirk, 1; Auchtermuchty, 1; Arbroath, 1; Cupar, 1; Perth, 1.—Total, 10.

"Janet Burns, *ætat.* 26, from Lanark, was admitted on the 23d of June, on account of a flat fluctuating tumour, about the size of the palm of the hand, on the inner side of her right knee between the patella and condyle of the femur. It had existed for several years, and was increasing. It gave her no particular uneasiness, except apprehension as to its consequences.

"This patient was one of the first cases in which I cut out the elbow-joint, and was a very unpromising one, as may be seen from the account I have given of it in the first of these Reports. The cure is nevertheless so complete, that she can use the arm (the right one) for sewing or knitting the whole day long, and when she was adjusting her dress, or arranging the applications to her knee, it was difficult for a stranger to decide which arm had been the subject of operation. I have repeatedly seen mistakes committed in doing so.

"I may here remark, that a girl who came from Auchtermuchty, to have a small encysted tumour removed from her cheek, stated that her brother, James Page, who had his elbow-joint removed last spring, (see Quarterly Report for February 1830), now uses both arms equally; thus, for going to the well for water he carries a pitcher in each hand, and that when he requires only one hand, he uses the arm operated upon, as it is the right one."

Dr. Shortt's paper on the treatment of amaurosis by strychnine, is an interesting practical detail of the results of this peculiar treatment, of which he, it appears, was the first to make trial. As we before noticed, the effect of his memoir has been not a little diminished by the greater part of its substance having already appeared in print (the meanness of the act will sufficiently demonstrate where) through the low and impertinent officiousness of an empty understrapper connected with the Royal Infirmary. Scarcely had Dr. Shortt set his train of experiments in motion, before, with their anticipated conclusions, they were

hurried to the press, without the sanction or knowledge of their deviser. Such contemptible interference is, it is true, almost beneath reprobation, but it is really too bad, that the merits of a skilful and scientific man are to be filched from him by such a medical puppet as figures on this occasion. Of these cases Dr. Shortt now furnishes us with an ample and satisfactory detail. He asserts his belief, that the Endermic method of treating amaurosis by strychnine is only efficacious when the disease depends on functional paralysis of the nervous apparatus of vision, but that in this form it is a method of unquestionable power. The success of the treatment is rendered not the less valuable, that in all his cases the application of the strychnine gave rise to no serious constitutional disturbance, as might have been apprehended in consequence of the terribly virulent effect that poison is capable of exerting under appropriate circumstances. It will, besides, be noticed, in the case we select for the illustration of Dr. Shortt's practice, that blisters had already been applied without effect, so that the cure cannot be referred, as some have imagined, to the counter-irritation which they by themselves would have produced.

"CASE IK.—Janet Barclay, *ætat.* 28, admitted June 18th, 1830. Two years ago symptoms of incipient amaurosis commenced in her right eye. These continued gradually increasing till a few months ago, since which time the amaurosis has been almost perfect, a small portion only of the retina retaining its sensibility, so that at the distance of six inches from the eye, the sphere of vision does not exceed a circle of half an inch in diameter, and in that small space sight is very imperfect, from a constant appearance of *muscæ volitantes*.

"The left eye became similarly affected, but in a much less degree, three months ago. In it the *visus reticulatus* is now very perfect, rendering her unable to see objects distinctly at a very short distance, or to read the largest print.

"The pupils are moderately dilated, and slightly sensible to light. The posterior part of both eyes seems somewhat opaque. The amaurosis, at its commencement in the right eye, was accompanied with deep-seated pain in the eyeball, which, after a short time, disappeared, but recurred when the left eye became affected, and has continued more or less since. Bowels irregular; other functions natural. Blisters have been applied to her temples and nape of

neck, without effecting any improvement in the vision.

"The application of extract of belladonna to the eyebrows produced its usual effects. The system was affected slightly by mercury, and purgatives administered without any beneficial effect. Blisters were then applied to her temples, and one grain of strychnine sprinkled on their surfaces. This application was continued till it occasioned considerable vertigo, headach, tremours, &c. Vision rapidly improved under the above treatment, which was at different times repeated with the same success, so that on July 26th, the sphere of vision in the right eye was restored to almost its natural size, and the appearance of *muscæ volitantes* removed. The *visus reticulatus* in the left eye had likewise almost completely disappeared. Had no pain in the eyeballs, or headach, and she was dismissed cured."

Notwithstanding the apparent safety of this application, we still think that Dr. Shortt has underrated its dangers. There are many poisons, it is well known, which act with much more deadly energy when applied to a bleeding surface, than when taken into the stomach or great intestines. This has been especially noticed with regard to wounds of instruments poisoned by the juices of the *Upas anliar*, and other plants closely allied to the *Strychnos nuxvomica*, from which the strychnine is obtained; even in Dr. Shortt's cases some approach to their peculiar effects was observed, though never, as we before observed, amounting to serious or alarming indications. On this point we do not think Dr. Shortt has sufficiently dwelt, and we therefore think it necessary to advise such practitioners as would imitate his treatment, to be especially cautious never to apply the strychnine but to a suppurating surface, and to disturb the granulations as little as possible while renewing their dressings.

In conclusion, we have to notice another *coincident* corroboration of Dr. Corrigan's opinions, namely, the brief memoir of Dr. William Stokes and Mr. Hart on this subject. It appears that about the same time that Dr. Corrigan remarked the non-synchronism of pulse and impulse, that Dr. Wm. Stokes made the same observation, and, assisted by Mr. Hart, submitted the matter to experimental investigation. The result of this inquiry was, that, without any knowledge of Dr. Corrigan's opinions, they sent their conclusions to the "blue journal" for publication,

which conclusions we subjoin, and which were just in time to be committed to press. Just as the whole impression was struck off, Dr. Corrigan's paper appeared, and Messrs. Stokes and Hart immediately wrote to the editors, requesting the suppression of their article; but this being, under the circumstances, utterly impossible, the memoir now stands an almost irresistible proof of the truth of Dr. Corrigan's views on this important subject. We present our readers with the conclusions of these gentlemen in their own words:—

"1st. That in a state of health the impulse of the heart precedes that of the arteries.

"2d. That the interval between the impulse of the heart and the pulse in the arteries is in the direct ratio of the distance of the vessels from the centre of the circulation. Thus the interval between the impulse of the heart and that of the arteries in *innomina* is often so slight as to be scarcely perceptible; the pulse of the carotid presents a longer interval, and so on with the rest.

"3d. The pulsations of arteries in different parts of the body, but at equal distances from the heart, are synchronous. Thus between the pulsations of the femoral and the radial artery, as felt at the wrist, no difference could be observed.

"4th. The greater the distance the longer will be the interval; thus the pulsations of the radial artery always precede those of the tibial.

"5th. That, although the actual pulsations depend on the systole of the left ventricle, yet the diastole of the vessels does not occur synchronously in all parts of the body, but is progressive.

"All these observations are most easily made on a healthy adult subject, whose heart is acting slowly, but at the same time strongly."

We congratulate Dr. Corrigan sincerely on the corroboration thus afforded to his talented, original, and deeply-interesting opinions. Dr. W. Stokes is known to be the most accomplished stethoscopist in Britain, and Mr. Hart's reputation as an anatomist and experimentalist, is also entirely unrivalled. To us further confirmation appears totally superfluous, and we shall accordingly, in a subsequent number, devote a sufficient portion of our pages to the consideration of the new diagnostic and pathological data which Dr. Corrigan's researches have thus supplied.

## ST. BARTHOLOMEW'S HOSPITAL.

## LEPRA VULGARIS.

THOMAS MARIGOLD, ætat. 21, admitted into — Ward under Mr. Vincent, 25th of September, 1830.

The scalp, trunk, and extremities, are thickly covered with a scaly eruption, varying in intensity in different situations on the thorax, loins, and flexures of the great joints; it forms one general uninterrupted coating of a deep-red colour, and sprinkled with small whitish scales; the skin is stiff and wrinkled, and from its dryness, causes considerable uneasiness on the motion of the respiratory muscles. On the thigh and arms the spots are more distinct, strictly circular, varying in size from a quarter of an inch to an inch in diameter; in some places the spots are entirely covered with scales; in others, in which partial desquamation has taken place, the margins alone are scaly, and the centres of a deep-red colour.

He states that the disease is of sixteen years' duration, and appeared at first in the form of minute scales of the scalp, and spots over the trunk and extremities; since then the eruption has progressively increased, and though occasionally rather less in quantity, has never for any period been entirely absent. He has been, before admission, subjected to various plans of treatment without relief, especially to a course of the liquor arsenicalis about twelve months, since which he thinks the disease has been rather aggravated.

His previous health has been good, and his functions are generally well performed, but his bowels are habitually costive; his tongue on admission was foul but moist; skin natural; and he states that sweating is readily induced by exercise or warmth. His grandfather, father, and brothers, have all been affected in the same way. There is no evidence of any syphilitic contamination.

Since admission he has been treated with mercurials and the warm-bath, but as yet no improvement has taken place; on the contrary the eruption appears, Sept. 30, rather increased, and no additional desquamation has taken place.

October 6. Some tenderness of the gums; no change of symptoms.

"*Habt. pil. hydr.*, gr. v, mane et vespere descendatim balneum tep." To have soda water and milk diet.

## WESTMINSTER HOSPITAL.

## FATAL CASE OF ERYSIPELAS IN A DEBILITATED SUBJECT.

FRANCIS WARREN, ætat. 27, admitted March 31, 1830, a gentleman's valet, has

lived rather freely, but has generally had good health. During the wet weather, some weeks back, he got his feet very wet, but felt no inconvenience until about seven days ago, when his throat became sore, which occasioned difficulty in swallowing. On Sunday evening (March 29th) he observed his throat much swelled externally, just under the base of the lower jaw at the right side; the next morning he felt exceedingly unwell, and he was obliged to keep his bed; in the afternoon he found his right ear red and swollen, and suffered a burning pain in the part; the redness gradually spread over the right side of the face and some part of the neck.

On his admission, the right side of the face and nose were uniformly of a dingy-red colour; the redness extended about half way down the neck; the pain he suffered was of a pungent kind; the parts were much swelled, especially beneath the base of the right side of the lower jaw; the ear was vesicated. He complains of difficulty of swallowing, but has no headach, or any other mark of increased action in the brain; surface of the body heated; pulse 110, soft and oppressed; tongue much furred; his bowels had been freely opened by jalap, which he took of his own accord. The patient was seen by Mr. Guthrie in the morning; was ordered to take antim. tartar. gr. vi, pulv. ipecac. ʒj, immediately, and afterwards calomel, gr. x, to act freely on the bowels, and to follow it with a mixture of liq. ammon. acetatis. Dr. Roe saw him afterwards, and the man was taken in under the physician's care. Dr. Roe ordered hirudines no. xii, faucibus externis, warm-bath fomentations, and hydr. submur. gr. v, pulv. jalap gr. x. He was not put into the bath on account of the depression which he manifested.

10 P.M. The redness of the face less; swelling somewhat reduced, but the inflammation had extended further on the neck to the left side; pulse weaker than it was in the morning.

April 1. He is this morning very low; pulse 120, and feeble; vomits frequently, and answers questions in a low tone of voice. The redness, which is of a paler hue, now occupies the ear, the whole of the right side of the face and neck, extending to the left side, and also to the breast; the surface is not vesicated. He passed a very restless night, talked incoherently, and was purged by the powder. Ordered, by Mr. Edwards, a tablespoonful of brandy occasionally, and to take the following:—

*Conf. aromat.* ʒii;

*Sp. amm. aromat.* ʒiv;

*Decoct. cinchon.* ʒi, ʒi 4tis horis.

The inflamed surface to be powdered with flour.

10 P.M. Pulse 140; excessively feeble; has great difficulty of swallowing; the neck more swollen.

*App. emp. lyttæ callo.*

Continue the brandy.

April 2. Has passed a bad night; he took his brandy regularly during the night, which he says composed him for a time; the parts are not so much swelled, nor so red; complains of great soreness of his throat and inability to swallow; voice scarcely audible; there is a great discharge of muco-purulent matter from the eyes and nose; pupils dilated; tongue dry, chopped, and brown pulse 126; has more fever; vomiting somewhat subsided; bowels not opened since yesterday morning.

*Cap. hydr. submur. gr. v;*

*Pulv. rhei, gr. xv, statim.*

Four P.M. The powder opened the bowels freely; surface of the body much heated; pulse has risen; it is now firm and fuller, beating about 100 in a minute; complains of not being able to swallow, from the great collection of mucus in the throat; external inflammation diminished. Omit the brandy. Continue medicamenta.

*Gargarisma ex liq. potass. liq. ammon. aa ʒii. Aqua thi.*

10 P.M. Not so well; pulse 120, and very feeble; surface cool; countenance anxious, and he talks incoherently.

April 3, 10 A.M. The nurse states he was very restless all night, was affected with delirium, and she could not get him to take his medicine. The external inflammation has quite disappeared without vesication; internal fauces more affected; is delirious at times; the patient is more debilitated; pulse 130, very feeble; bowels not open since yesterday evening.

*Appl. emp. lyttæ nuch. Hydr. submur., gr. x, statim.*

Apply fomentation to the face, in order to restore the superficial inflammation.

Two A.M. Ordered by the physician to discontinue all the remedies hitherto exhibited, and to be immersed immediately in a warm bath, and to take the following:

*Decoct. aloes, ʒss, o. h. donec, alvus respond.*

*Ammon. carbon. ʒi;*

*Aq. menth. pip., ʒvi. M. ft. haust.*

*Cujus cap. ʒss, 4tis horis.*

*Enema commun. injic. stat.*

The warm bath was not used, and Dr. Roe ordered it to be postponed until seven P.M. At that time the patient was in a state of great depression; pulse frequent and weak; surface of the body cold, especially at the extremities. When the ammonia draught was administered, the patient was almost thrown into convulsions, by the suffering which the attempt at swallowing so

strong a stimulant excited; the power of deglutition, however, was previously so much impaired, that he was incapable of swallowing, without great difficulty, even the aloetic draught. The ammonia mixture was now diluted, and the patient succeeded in swallowing a little, but this produced so much disturbance that it could not be repeated.

As the patient's vital force was rapidly ebbing, it became necessary to apply stimuli of some sort, and the apothecary accordingly had brandy administered in arrow-root, and fomentations assiduously applied to the part; the patient's difficulty of deglutition, however, prevented any great quantity of brandy being given. A great quantity of black fetid matter was ejected from the bowels.

Nine P.M. Dr. Roe visited the patient; the brandy to be continued, as well as the fomentation.

Ten P.M. The superficial inflammation appearing to decrease, the surface was covered with mustard plaster, which remained on for some time. Fomentations were afterwards resumed, and the patient was well covered up with blankets, and an injection of brandy, laudanum, and tinct. assafoetid. with gruel, was thrown up the rectum, but not retained.

The patient was persuaded to take ʒiss of the liq. op. sedativ. or lump-sugar, and it is supposed the greater part of it found its way into the stomach; the surface, however, was still cold, and the patient offered the most violent resistance to every attempt at giving stimulants, in consequence of the pain the act of swallowing excited. These applications were continued from ten till two o'clock A.M. At this time Mr. E. introduced, with some difficulty, a gum-elastic tube into the œsophagus, and injected by this means ʒvj of brandy, mixed with hot water; qualified with sugar and spices. The temperature of the patient at this time was a little augmented, but the pulse unimproved. In consequence of the restlessness of the patient, a difficulty was experienced in making the fomentation efficient, and about twelve o'clock a large poultice was applied over the whole inflamed surface of the head and face.

Two o'clock A.M. The patient evinced a disposition to rest, which was attributed to the effect of the opium, and he was consequently left, with appropriate directions, to the care of the nurse. He afterwards continued in a quiet state, and no change was evident to the nurse until near seven in the morning, when he expired without a struggle.

The patient had formerly suffered a good deal from syphilis, both in its primary and secondary stages, and had been in the habit, up to the moment of his admission into the

house, of taking daily quantities of opium. The post-mortem examination exhibited a highly-diseased state of the larynx, especially at its upper parts, the natural characters of the glottis, epiglottis, and chordæ vocales, being nearly obliterated. A high state of inflammation existed in the pharynx and internal fauces.

### ROYAL WESTERN OPHTHALMIC HOSPITAL.

#### GONORRHOEAL OPHTHALMIA.

JAMES HALE, ætat. 21, living at No. 2, Kendal's Mews, George Street, Portman Square, was admitted Thursday, April 1st, having gonorrhœal ophthalmia. Contracted gonorrhœa three weeks since, and has suffered from ardor urinæ and discharge from the urethra for about fourteen days. Has taken balsam of copaiba, and lost the running and other symptoms on Friday last. On the Saturday, and the early part of Sunday, he considered himself quite well, but towards the evening he suffered from slight irritation at the inner corner of the right eye, but was entirely free from pain till the Monday evening; he then complained of a burning pain in the eye, suffered some inconvenience from light, and perceived the upper lid to be swollen. This continued to increase during the night, and on the following morning was attended with a copious clear discharge. During the day the pain and swelling increased, and towards evening the discharge became thicker. He passed a bad night, suffering from great pain; was gradually becoming worse on the Wednesday, and presented himself this morning for relief. There is considerable swelling of both lids, especially the upper one; great inflammation of the conjunctiva and chemosis, so that the cornea appears quite depressed, but it is perfectly clear, and the pupil is regular. Complains of increase of pain in the eyelids and eye towards evening, or on exposure to light; sight of this eye very dim. He has had gonorrhœa before, without any affection of the eye; is not aware of having transferred any of the morbid matter from the urethra to the eye. Had three leeches applied last night, but without any relief. His pulse is regular, tongue slightly furred, bowels confined.

A large quantity of the fresh-made, or strongest, nitrate of silver ointment was applied to the eye by Mr. Guthrie, and the lids then gently rubbed, so that it might be diffused equally over the conjunctiva. He was then cupped on the temple to twenty ounces, and ordered to foment the eye constantly.

*Hydr. subm.*, gr. v. h. s.

*Pulv. jalap.*, c. ʒi. mane.

April 2. The ointment caused considerable pain in the head and eye, which was, however, entirely removed by the cupping. Passed a good night; suffers no pain now in the head, and but little in the eye; Bowels well acted on by the medicine; tumefaction of the lids greatly reduced; chemosis less, cornea clear, pupil regular; discharge continues, and is of a thicker character; on the whole, great improvement. The application of the ointment was repeated in moderate quantity at twelve o'clock.

3. Was very easy last night, and free from pain; can open the eyelids himself, and see a little with the eye; the chemosis is less, but the cornea not so transparent as it ought to be, and the iris is slightly affected; has no pain in the brow; discharge still great. The ointment repeated; to be well purged, and cupped to twelve ounces in the evening.

4. Slept well, and had not any pain in the night; discharge less; can open the eye better, the upper lid being much less swelled; less chemosis; cornea shows signs of commencing ulceration in the centre. Says that he feels greatly better in every way. Ointment applied, and twelve ounces of blood taken from the temple.

#### *Haust. aper.*

5. Better in every respect. The ointment and purgative medicines repeated.

6. Has passed a good night; less pain and uneasiness; can now open the eye easily; ulceration has ceased to spread; chemosis whiter and diminished; cornea more transparent; discharge very much diminished; pupil dilated; iris a little discoloured.

#### *Rep. unguentum;*

*Cupiat hydr. submur.*, gr. ij. *sextis horis;*  
*Ung. hydrar.*, ʒss, *illin. fronti o. n.*

7. Feels better, and is so in every respect; the ulcer is flat and broad, but not deep, and is slightly opaque. To continue all the medicines.

8. Ulcer presents the same appearance, with the exception of slight increase of opacity; bowels open; mouth unaffected; complains of slight superficial pain.

#### *Rep. med. et ung.*

9. Has had a good night; is entirely free from pain, and the discharge has ceased. Pupil natural; iris discoloured, and acts sluggishly; ulcer appears rather deeper, and there is some increase of redness at the lower part of the conjunctiva; mouth rather sore; slight salivation.

#### *Omitt. pil.*

#### *Rep. ung. arg. nitr.*

10. Slept well last night, and is quite free from pain; pupil rather dilated; iris natural; ulcer has not spread; the inflammation of the conjunctiva and chemosis much the same as yesterday. Says that his eye

feels easier to-day than since his admission. Mouth still sore.

*C. c. ad 3xij.*

*Pulv. jalap. c. 3i, statim sumen.*

*Omitte alia.*

11. Slight discharge of cold water from the eye, but no purulent matter; ulcer in the cornea is in the same state.

*Ung. arg. nitr.*

12. *Empl. canth. nucha.*

13. No pain; sight very little impaired.

*Lotio aluminis.*

14. Improving.

*Ung. arg. nitr.*

*Pulv. jalap., c. 3i.*

15. Free from pain; no discharge; inflammation of the conjunctiva disappearing; ulcer healing.

*Gutt. arg. nitr., gr. iv ad 3i.*

16. *Ung. arg. nitr.*

27. The nitrate-of-silver ointment has been repeated regularly every other day since the last date, and he is now well enough to return to his occupations. The slightest possible opacity only remains where the ulcer of the cornea was, and that does not in the least interfere with his sight.—*Med. and Phys. Jour.*

## BOROUGH SCHOOLS.

THE whole machinery of lecturing, demonstrating, and "walking round," is in motion in the Borough. For whose advantage the wheels will chiefly work, whether mostly for that of the teachers, the pupils, or the patients, the end of the session will best show.

The introductory lectures were well attended by the new pupils, who are gradually settling themselves according to their tastes. Mr. Grainger has a good class, and has engaged a new demonstrator, who was much wanted last season, and who appears to possess the talent and industry necessary for the office. Dr. Gordon Smith read an introductory lecture on medical jurisprudence on Monday evening, which was listened to with great attention.

On Tuesday Mr. Key operated on two boys, aged, each of them, about thirteen years. The first case was attended with some difficulties. The operator employed the straight staff, and made the incisions as usual. A gush of urine followed the incision into the bladder. After repeated attempts to extract the stone, a small portion was broken off, in consequence, as Mr. Key said, of his inability to seize the stone beyond its axis, from the strong contraction of the bladder. A little warm water, however, having been injected, the operator succeeded in extracting the whole calculus, which

was of the mulberry kind, and of irregular shape. The operation in the second case was performed with great celerity and adroitness; very little more than a minute was occupied from the first incision. The urchin made a very great outcry at the commencement of this terrible operation, but in a few seconds recovered sufficiently from the agony into which the process had thrown him, to exclaim, "b— — your eyes, make haste."

Mr. B. Cooper, on the same morning, performed the operation for popliteal aneurism on a man *ætat. circiter 35*, in a cool and careful manner. The pulsation in the tumour ceased immediately on the application of the ligature.

It is impossible to regard the crowded state of the floor of the theatre during operations, without regret. With so many gentlemen at the elbow of the surgeon, the pupils have not the least chance of seeing the various steps of the different operations.

Mr. Morgan has this season adopted the plan of placing the name of the disease above the bed of each of his patients.

## HOPITAL DE LA CHARITE.

### STAPHYLOBAPHE, FOLLOWED BY DEATH.

A YOUNG girl, who had from birth been affected with divided palate, was, on the 28th of August, operated on by M. Roux. On the evening she was suddenly seized with a violent pain in the throat, with cough, and all the symptoms of violent pneumonia, which proved fatal on the eighth day. The post-mortem examination was unfortunately opposed by the parents; and it is accordingly doubtful whether the case was one of bronchitis or pneumonia. M. Roux, however, candidly admits, that the operation is to be considered as the cause of the fatal result. He has performed the operation fifty-one times, with various success, but never lost a patient before. In one case, where the operation was twice performed during six months, bronchitis came on after each operation, and thus hindered its success; the inflammatory affection was, however, subdued.—*Lan. Franç.*

## LONDON HOSPITAL.

MR. HEADINGTON AND SIR WM. BLIZARD.

To the Editor of THE LANCET.

SIR,—As pupils of Mr. Headington, we think an apology quite needless for the intrusion of a few remarks in your publica-

tion, relative to the foul and malicious letter signed W. A. Walford, which appeared in *THE LANCET* of the 25th of September. We distinctly notice the term "degradation" applied to our worthy and upright teacher, Mr. Headington, and would ask the author of the base aspersion, in what way and manner that gentleman has degraded himself. Is it because he differs in opinion from W. A. Walford, and stands opposed to a medical gentleman as coroner? We flatter ourselves, that Mr. W. A. Walford's ignoble soul can find no other cause for the asperity of language contained in almost every line of his letter. We would tell Mr. W. A. Walford, that in this age of liberty, no man has a right to defame the character of another, merely because he holds a different opinion, and that the attack on Mr. Headington proves the author's mind at once pitiful and mean, and deserving the utmost contempt. Though pupils of Mr. Headington, we are not ashamed to acknowledge publicly, that had we possessed a voice at the late election, it would have been in favour of a medical coroner; and although this difference of opinion may exist between the worthy surgeon and ourselves, yet we feel a pride in being under the tuition of such a master. We cannot refrain from noticing at the same time the hostile feeling expressed by Mr. W. A. Walford towards the venerable Sir Wm. Blizard, and in reply to this part of his letter, we would sincerely wish that every member of our profession may possess at the advanced age of ninety-two years the same soundness of mind and intellect still developed in Sir William's character, proving,

"If such the eve, how great the morn has been."

London Hospital, Sept. 27th, 1830.

John Richards.	A. Barnett
W. J. Little	J. Emery
J. S. Darby	J. L. Clarke
T. S. Robertson	W. C. Vaudrey
S. Welch	Horatio Blomfield
Richard Prior	S. Swinnerton
J. Crocome	Philip Havens
L. Lewis	James Wallace
F. S. Frost	William Ponder
Richard Tidmarsh	G. F. White
Thos. Llewellyn	C. H. Bennett
John Rogerson	W. S. Glanvill
R. Jas. Howad	T. Dyer
W. J. Moore	C. E. Garman
R. E. Davies	G. N. Watson
J. K. Parkinson	N. F. Simmons
G. T. Glisson	S. Nicholson
Thos. A. N. Purton	Robert Mateby
Thos. Barnett	Geo. Hayward.

QUACKERY.—"In the year 1782, that extraordinary empiric of modern days, Dr. Graham, appeared in London. Among the furniture of Dr. Graham's temple 'was a celestial bed, which, he pretended, wrought miraculous effects on those who reposed in it; he demanded for its use during one night, one hundred pounds, and such is the folly of wealth that several personages of high rank acceded to his terms.'"—*Hone's Table Book*.

## TO CORRESPONDENTS.

We cannot advise *A Gentleman* whose letter is dated from Southampton, to place his child under the care of the gentleman to whom he has referred. We know nothing of his talents, but his habits seem to be rather quackish.

If Mr. J. M. Walker of South Shields will get his drawing executed with more care, we shall be happy to insert a sketch from it. The foot should be fore-shortened. It ought to be copied by an artist.

*A West-end Student*. Certainly. Mr. KING held the office of house-surgeon in the Hotel Dieu, and he is particularly well qualified for teaching the principles and practice of surgery.

*Delta*, of Alnwick. Reply to question first,—Yes. Second question,—Two winter sessions of six months each. Third question,—With the exceptions he mentions, not less than 130l.

If *W. W.*, on his arrival in London, will call at *THE LANCET* Office, 210, Strand, he shall receive the fullest information on the subjects mentioned in his letter dated Sept. 10th.

## BOOKS FOR REVIEW.

*A Practical Treatise on the Diseases of the Eye*. By WILLIAM MACKENZIE, Lecturer on the Eye in the Univer. of Glasgow, and one of the Surgeons to the Glasgow Infirmary. London, Longman. 1830. 8vo. pp. 861.

*A Demonstration of the Nerves of the Human Body, consisting of Four Parts; Part I. The cervical and thoracic portions of the sympathetic, and the nerves of the thoracic viscera; Part II. The lumbar and sacral portions of the sympathetic and the nerves of the abdominal viscera; Part III. The cerebral nerves; Part IV. The spinal nerves*. By JOSEPH SWAN. Part I. Price two guineas. London, Longman and Co. Imperial folio. Eight Plates.

# THE LANCET.

VOL. I.]

LONDON, SATURDAY, OCTOBER 16.

[1830-31.]

## INTRODUCTORY LECTURE

ON

## MEDICAL JURISPRUDENCE.

DELIVERED AT

*The Theatre in Webb Street, Tuesday,  
October 5th.*

By JOHN GORDON SMITH, M.D. &c.

I AM of opinion, that the object of an introductory lecture is frequently misunderstood, not only on the part of the audience, but on that, likewise, of the author. It is wrong to expect, and still more to attempt, the communication of details; and it is advisable to avoid, if possible, the illustration of particular points; for the attention should be directed to general and comprehensive views of the utility and importance of the study upon which the parties are about to enter. It is my impression, therefore, that we shall do better upon the present occasion, by indulging even in something of an excursive nature, than if I were to offer a formal and systematic account of the business which will come before us hereafter. That I purpose to enter upon while the class is forming, and, in the execution of such an attempt, to submit (at our next meeting) an outline of the topics which it will be our duty to investigate, as well as of the order in which it is my design to bring them forward.

GENTLEMEN,—It is but a short time since one of the most distinguished members of our legislative body asked me, what was meant by MEDICAL JURISPRUDENCE? Were such a question to be put now, one might, with tolerable safety (though certainly not with perfect politeness) refer the inquirer to the bill-stickers of London and Middlesex. To some in my situation, it might appear to be a dream, or merely a picture drawn in the imagination—that a branch of medical study, unrecognised by any of the medical authorities in this kingdom,

should have raised such a ferment in society as we have just seen it do; should have roused the attention of men of all classes; should have caused the assembling of 50,000 sensible and well-conducted persons, for no other purpose than to listen with eagerness to one of our profession, while he described the nature, the vital importance, even I may say, the *political* importance of *medical jurisprudence*; should have induced the expenditure of 10,000*l.* or 12,000*l.*, and led to a trial of intellectual strength and moral influence, between the mighty profession of the law, and the modest pretensions of the sons of *Æsculapius*. Yes, gentlemen, all this, and much more than this, has been already accomplished, and there is yet more to be done in pursuit of the particular object, concerning which there may have occurred a difficulty, but it is almost unnecessary to inform you, that there has been no defeat. I have said that all this might, to some standing in a situation similar to that which I now occupy, appear to be a vision, an unreal thing; but I foresaw it long ago; and although many of my friends are ready to testify that my own expectation as to participating in the advantages had long been faint enough, they are able also to declare, that my language on the subject of others reaping where certainly it had been my task to sow, had all along been confident and convincing.

In the course of those unusual studies to which for many years my attention has been prominently directed, I began to discover what, while devoted to the ordinary duties of my profession, I had overlooked—that there were many and some very great anomalies in medicine. Perhaps my want of attention was chiefly, if not entirely, owing to the circumstance of my early professional life having been spent at a distance from the scene of those abuses, and under circumstances which precluded their encroachment where I was—I mean in the hospitals of the army. But I had not long returned to the pursuit of professional literature, and to habits of association with my professional brethren, before I observed some of these defects existing in a most glaring and preju-

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dicial manner—prejudicial even to the true interests of those in whom I thought they were even most conspicuous. More particular allusions it is not my intention at present to make; and you will consider it more interesting, as well as more pertinent to the occasion, if I go on to inform you that, as I made progress in this line of observation, I began to discover a sure and certain method of correcting every-thing, or, at least, of making medicine as perfect as any-thing human (if it be not more than human, which for one, I consider that it is), any-thing confided to human management is capable of becoming; and this I saw was to be done by MEDICAL JURISPRUDENCE. And now, gentlemen, *medical jurisprudence* is at work; it has done! it is still doing. It wanted but a station, and that station it has got. From that station all the powers of earth cannot now move it. Our force is mighty, and *shall* prevail.

Before going farther, let me tell those young friends, to form an intimate acquaintance with whom, by joining their respected teachers in the pleasing duty of pointing out their truest interests, and securing their future welfare, is the purpose of my coming here: let me endeavour to tell them of something that has been done for *them* within the few past months; and I shall introduce the subject by quoting the first paragraph of a letter I have recently received from one of the greatest, if not the greatest, of the philosophical physicians now adorning the profession. This gentleman expresses himself as follows:

“Sept. 28, 1830.

“My dear Sir,—On your account, as well as on account of the community at large, I rejoiced in the decision of the Apothecaries' Company respecting medical jurisprudence. It will, I am persuaded, give a new aspect to medical men when they appear before the public; and it will improve their reasoning powers, which certainly will give to them a new aspect at the bed-side.”

Such is the opinion of a great man, of a good man, of a celebrated physician, with whose name I would make you acquainted, but for the circumstance of the communication which contains this passage not being intended to meet the public ear. If, however, I know any-thing of him, I know this, that he would not refuse the sanction of his name, or the full exercise of his best services, were public benefit to be thereby promoted, or professional respectability enhanced.

And what, it may now be asked, is this advantage which, within a few months, has been reaped by the young members of, or aspirants to, the profession? Why, gentlemen, some of your anxious and industrious seniors have done more in the course

of that brief space to render your prospects, as medical men, inviting, than has been achieved since the revival at least of letters, and the admission of physic to the level of a scientific and liberal pursuit. We are no longer behind the clergy, and we have already taken our place by the side of the lawyers. It used to be divinity, law, and physic; it will soon be arranged in another manner; and, ere I die, I confidently expect to see our noble occupation standing at least as high in the estimation of the worthy, as the sacred functions of the priest. So was it among the dignified sages of antiquity; so was it with the Lord and Saviour of mankind—he went about doing good, preaching righteousness, calling all men to repentance and remission of sins, and exhibiting the sincerity of his designs, as well as the divine purity of his motives, by relieving suffering humanity—by *healing the sick*. These were his occupations; but we hear nothing of his countenance or co-operation with legal proceedings, or any sort of litigation. Property he declined the possession of; rights and privileges he never contended for; insults and injuries he not only endured with patience, but also forgave; and he wrought miracles,—brought down the celestial powers to the aid of sinful mortals in order to alleviate those distresses which were sometimes the consequence of their own misconduct. Such is, and ever has been, the true source of medical dignity; and they who lose sight of this splendid claim which our profession has over *almost* every other, must possess but an imperfect knowledge of the privileges and advantages to which they might and ought to aspire.

The duties of medical men have been hitherto performed in the secrecy of sick-chambers, or observed only in the wards of an hospital. It is hardly worth while (and shame be to us that it should be so) to quote the occasions upon which we have been exhibited to the public. There are passages in medical history, of which, for my own part, I should be glad were it possible to remain ignorant, and it has been to me a painful task to give them more publicity than others have been compelled to do; but painful as it has been to become acquainted with failures on the part of predecessors, and even of cotemporaries, I have gone through it with some degree of fortitude, because I was conscious that there was a remedy of easy application; and you are aware that no physician can apply a remedy until he has acquired a competent knowledge of the disease.

This reminds me that *medicine* is a word of more extensive signification than it has been hitherto usual to assign it. Its long-established meaning seems to have been restricted to the art of alleviating pain and

curing diseases ; but, even under this limitation, a contemplation of the constituents of medicine is almost beyond the reach of human intellect. The true physician is, in the opinion of all candid and enlightened men, the greatest benefactor to society, and the most respectable of the intellectual and cultivated orders. Clergymen have said so ; lawyers say it now ; poets and philosophers, to whose opinions the world has been accustomed most justly to defer, have sung or promulgated this praise, in expressing which there could never have been an interested motive, and which we do not accept as a compliment. You are all aware of the extensive scope of medical education, even under the restrictions just spoken of. I may, therefore, go over this ground in a speedy, and, comparatively, careless manner. None but the vilest quack can look society in the face, professing even the minimum of medical knowledge, unless he can exhibit some acquirements as a linguist and as a natural philosopher, besides a perfect acquaintance with the numerous sciences which more peculiarly belong to the medical art. When I speak of *medicine*, I desire it may be clearly understood that I make no distinction either between diseases occurring in particular parts of the body, or among those members of the profession who make a selection of the evils they are competent most successfully to remedy. We have, it is true, a division of labour among us ; some are called physicians, and others surgeons ; but the real physician is the man who can recognise disease in whatever shape it may appear, or in whatever part of the body it may be displayed. Let such a man be designated this or that, according to law, or be entitled to any step according to usage in the scale of precedence, such a one, if a good man, stands in the first rank of real worth and excellence.

Gentlemen, I am a friend to order, and I approve of distinctions in society. Anything of this nature which may belong to myself I am sufficiently proud of, and will not part with. After much up-hill work, I do not feel disposed to come down ; but if my position be one of eminence, I invite all rightly-disposed candidates for admission into the profession to come up and associate themselves with me. There is room enough, and to spare ; and allow me to add, that if the rising generation of medical men encounter degradation or grovel in the dust, the fault will be their own. The first duty of a medical student is to make himself thoroughly acquainted with the fundamental branches of education upon which medicine is built. As belonging to these I may specify *anatomy*, both human and comparative ; *physiology*, *chemistry*, *classical literature*, *natural philosophy*, and as many of what are

called *accomplishments* as he can acquire. Having laid this foundation, he will enter with advantage on the investigation of the nature of diseases, and find it an easy matter to form an acquaintance with remedies. He will even be delighted on discovering the facility with which he can do good by the practical experiments which he may safely undertake ; he will find that those very events which have established the imperishable fame of so many eminent men, are incessantly soliciting (if I may use the expression) *himself* to do as they have done to and fare as they have fared ; in short, there is no person whom I now address who has it not in his power to become the *Hippocrates*, the *Galen*, the *Hunter*, or even the very *Bacon* of his own day.

Such is a cursory reference to the constitution and character of the practising physician, a term under which I am anxious you should understand that I include all honourable members of the profession, whether they be designated doctors, surgeons, or apothecaries, according to law. The times in which we live are so much altered—so much improved—from those in which the greater part of laws and usages affecting medical interests were instituted, that these have become, in many instances, sources of irritation, and absolute impediments to utility. Such evils, however, must inevitably correct themselves, and some of them are even now in progress of correction.

The greatest improvement of recent date which I can quote, has emanated from a body which deserves the gratitude of every well-wisher to our order, and will receive the acknowledgments of many who do not belong to us. The Court of Examiners of the Company of Apothecaries (the only branch of the profession which possesses a legal power of directing what is to be attended to on the part of the medical student, in order to qualify him for practical duties), has added to the curriculum formerly prescribed to the candidates for their license, the branch which it has long been my object to teach. The importance of this to yourselves I have it not in my power to describe on the present occasion ; but it is evidently true that, if other bodies, which profess to have similar authority, do not follow this example, or, in other words, do not keep pace with their progress, the license from Apothecaries' Hall will signify that the proprietor is the best-educated member of his profession ; and the candidate will naturally hesitate about putting his friends to so great an expense as must be incurred for what, after all, will be nothing. What, indeed, is the state of the case now ? The *physician*, *par excellence*, so called—the doctor in medicine—considers the general and inter-

nal diseases of the body to be quite enough for him; and the *surgeon* keeps upon the outside, according to his own avowed pretensions, though neither of them can avoid crossing the path of the other; and it is impossible for any man to be either a good physician or a good surgeon, who has not an extensive knowledge of the duties of both. Then we have the accoucheur, who says that the uterine system, and its derangements, furnish enough for him to attend to. Others again confine themselves to the treatment of sore eyes; while a distinct class finds ample occupation in the management of the teeth. All this is honourable and advantageous, and the division of labour is one of the means of ensuring excellence. But besides these we have the *general practitioner*, the *apothecary*, who professes all this, and not only so, but performs it; and why? To speak the honest truth, because he is very competent to it, and because he *must*. London does not, and never will, contain more than a small proportion of the population of England and Wales, and in the country we seldom hear either of the physician or surgeon, while even in the metropolis they are seldom resorted to in the first instance. I am not, Gentlemen, prepared to go the length of saying, that such things are exactly as they *should* be—but *so they are*, and it is our duty to turn their state to the best advantage.

This I am convinced of, that the body of which I have just made, and ever shall, make honourable mention, is alive to the importance of their responsibility to the state, and of their duty towards you. Let me recommend to your careful consideration the remarks prefixed to their recently-promulgated regulations. These breathe a spirit worthy of upright men and medical philosophers, and upon one or two of them I cannot refrain from introducing an observation. They point, with expressions of disapprobation, to a system of teaching which has been a degrading characteristic of too many of the London medical schools; places which would never have gone by such a name, had not inexperienced youth been clapped into the measure of supporting them. The evil, now so decidedly condemned by the sentence of authority, is that of one man pretending to teach every thing! Who can be sufficient for this? For my own part I shall find enough to do in my own department, if I perform my duty in any degree even to my own satisfaction. It is impossible for students to acquire true qualifications, where the means of instruction are limited. I am, from honest conviction, formed after nearly thirty years' observation, decidedly hostile to these private undertakings in all branches of science, but most especially in medicine. They are, no

doubt, valuable as subordinates or auxiliaries; but they are dangerous to the last degree as prominent and reputedly sufficient seminaries for professional education. There is little *art* in teaching. The talent for imparting knowledge is, in great measure, a *gift* of nature; that gift, however, must be improved by assiduous application to fit the possessor for the peculiar business before him. In fact a man must be educated, or (what is the same thing, and indeed a better thing) must educate himself for this business. He must possess certain personal qualifications, or, at least, be free from certain personal defects in the first instance; and upon this favourable foundation he may, with great advantage and facility, raise a superstructure. But it may amuse *you*, while it illustrates this point, if I quote an observation made by a very learned friend of mine, and one who possesses, in a remarkable degree, the faculty of making every body comprehend clearly what he understands himself. We were conversing in a familiar manner upon the motives and pretensions of men in becoming lecturers, when my friend expressed himself to the following effect—"It is quite an infatuation. If a man be remarkable for a disagreeable exterior, an unmannerly and ungentelemanly deportment, if he labour under a gross defect or impediment in his speech, and most particularly if he do not understand the English language, or the very elements of elocution, he is sure to conceive the notion of becoming a lecturer." It may be said that it signifies comparatively little *how* a man imparts his knowledge, provided he possesses it. I am of a different opinion, and so are most of you. It is requisite that in those who undertake the duty of the teacher, whom the inexperienced alumnus naturally regards with a sort of reverential eye, should present, in almost every respect, a model for ethical imitation; and now, Gentlemen, I shall leave you in the possession of established professional acquirements, for the purpose of telling you something concerning an application of these, to which I must suppose that you are as yet strangers.

It is not my business to make, or to help to make, you anatomists, physiologists, or even physicians, in the enlarged and true sense of the word. All that is admirably provided for in the respective departments of those able men with whom I am associated. I am to point out to you the nature of certain public duties which, in your professional capacity, you will be often required to discharge. I am to make you, as far as I may be able, and you shall be willing, *medical jurists*; in order to become which, you must first be made *medical men*. I profess to qualify you for the honourable and impor-

tant task of vindicating the honour of the profession to which you are about to belong, before an observant world, and under the most critical circumstances; to show how it will be in your power to substantiate innocence, or direct the arm of justice where to fall upon the guilty; to enable you, on many occasions, to protect reputation and property, and to maintain the peace and happiness of society. This is a grand scheme, but far indeed from being an impracticable one. Often in the seclusion of my cheerless sick chamber, a place with which, in the middle of my preparations, it pleased Providence to render me painfully familiar, has the thought of what all this must lead to brought the tears into my eyes, and caused my heart so to palpitate, that I could not have uttered a word to my dearest friend. But that is, I trust, over; and our duty is to apply vigorously, steadily, and patiently, to what is before us, out of which I cannot myself tell what will come.

You are to be introduced to an acquaintance with medical jurisprudence, and more especially with that branch of it which we recognise under the title of forensic medicine. Medical jurisprudence is not the most eligible name by which the science at large ought to be known; I should prefer calling it state, political, or public, medicine; but there is no occasion to be captious on this point. Under whatever general title we may prefer to designate it (and certainly medical jurisprudence is the most familiar to English ears), it comprehends two great divisions, which are known by the names of medical police, and forensic medicine. More precise ideas of their respective objects will be imparted to you hereafter; I shall, therefore, now restrict myself to saying, that under medical police is comprehended, whatever information or assistance the medical man can give to the government of his country for the conservation of the general health of the community, and the removal of endemic or epidemic maladies. Upon the topics which more strictly belong to this department, I believe there is no very material difference of opinion among the members of our profession; and I do not consider that there is an urgent necessity for entering upon the formal consideration of them at present. Medical police, therefore, though not to be overlooked, is not to form an ostensible or prominent object in our projected course of study. To that branch, consequently, designated *forensic medicine*, our attention will be more particularly turned; and it is pregnant with matters of the deepest interest, not only to all of you, but to the community at large. It is that application of medical knowledge which brings the practitioner before his country, and in fact before the world, as the guide of tribu-

nals for the administration of law and justice. To the citizen in general the performance of so important a part is of the most interesting nature, and to the medical practitioner it is also of consequence. Every thing which he ought to hold dear is perhaps at stake, when he goes forward in the capacity of a medical witness; and no wonder if, unacquainted with the proper method of discharging these duties, he should falter, and even fail in the undertaking. There is nothing of a nature at all parallel to the dread and insufficiency which have long clung to medical men upon those solemn and momentous occasions. It is a situation in which the great Hunter himself broke down; and it is a lesson which one of the most celebrated of his successors inculcates upon his pupils, not many yards from where I am now standing, that medical witnesses should be *prepared*, while the same learned authority cites the personal admissions of the great man whose name I have quoted, as a warning; and yet, my friends, there does not exist the slightest occasion for all this, either in the nature of things, or in the nature of men. But the attention of our order has not been directed to this object. They have borne their perplexities as some persons bear their ailments, the best way they could—seeking no remedy, for, in fact, they knew not where to have found one; but—as a Jenner succeeded in propagating the knowledge and application of an antidote to one of the severest scourges of human nature, which had for centuries baffled the resources of medical art—so the medical jurist has at length shown his agitated brother how to encounter the solemn face of the judge, and the painful anxieties of the jury, with perfect coolness and satisfaction—has grasped him, as it were, by the hand, and led him to the altar, where he has enabled him to take that oath fearlessly, which he has, at the same time, instructed him how to fulfil religiously.

Now, it will be his own fault if a practitioner in such circumstances, does not *enhance* his reputation by similar displays on future occasions; and, as illustrations which come home to the feelings and circumstances of every one, are the most conclusive and instructive, I shall read to you an extract from a letter recently received by me from a person of whose existence I was previously quite unaware. After some remarks on a paper written by me upon the coronership, my correspondent thus expresses himself.

“With your paper I perfectly agree; and individually return my thanks for your unremitted exertions to place medical jurisprudence on its proper station in our professional education. In your researches you have not been able to discover more

than *three* cases of unalloyed credit to our profession for their satisfactory and intelligent evidence. Will you pardon me if I present myself before you, as having, in my own person, *three* times received judicial commendation; once from a bench of magistrates on a case analogous to the Gardiner peerage; and twice from his Majesty's judges; from Mr. Justice Littledale at the Somerset summer assize 1826, on surgical evidence arising from injury inflicted by the bursting of an iron safe containing gunpowder, removed in an act of burglary: and lastly, at the last Wilts assize from Mr. Baron Vaughan, in a case of infanticide." My correspondent after relating some particulars of the case, which I shall take a future opportunity of detailing to you, goes on to say, "But, my dear Sir, to whom am I indebted for this success?" you perceive that this gentleman appreciates the importance of professional publicity as it ought to be; "and from whom but yourself obtained I the means of *exalting* our profession? To your works on medical evidence and forensic medicine am I solely under obligation. I hereby present you with my most sincere thanks."

But although I am not, on the present occasion, about to enter into the merits of the trial (reserving it as an illustration when we come to the subject to which it more especially relates), I must gratify you, and do justice to the writer of this letter, by quoting the compliment which the newspaper published in his own neighbourhood tells me he received from the learned judge, who is brother to the president of the Royal College of Physicians. "At the close of his cross-examination the learned judge highly complimented him upon his skill and science, and told the jury in summing up that he never heard a more sensible and satisfactory evidence given by a professional man in a court of justice." Ought not such a thing as this to make any man's fortune, and is not this true brilliancy? But bright as it is, I am going to eclipse it all by an allusion to another act of beneficence which the profession has received through the medico-legal department.

I have myself, Gentlemen, received such handsome compliments from the judges of the land, that I have, for the last twelve months, abstained (out of modesty) from going to the Old Bailey, and yet I disregard it all, when I call to mind what has recently been done for you, and must be done henceforward, if you please to accept of it.

While "*stalled theology*," as Dr. Young\* says, has been keeping its eye upon a seat in the upper house of parliament, and behaving according to circumstances, in

order to obtain, first consecration, and afterwards translation, under the title of a right reverend father; while the busy *lawyer*, who, through the iniquities and perverseness of human nature, is really of such a degree of utility that we ought to deplore the fact, has been labouring away with applause and approbation, in order to become an hereditary peer of the realm; what has the *doctor* been doing? Allowing these people to make game of him in public, while their very existence, and consequently the successful issue of their ambition (laudable ambition, certainly), depended often in an exclusive manner, upon his advice and services. How finely *we* have been *humbugged*, if I may use so uncouth a term! The church is full of scholars no doubt, but sadly destitute of philosophers; and the energies of the lawyer, every-body knows, who knows any thing, are directed to objects of great magnitude; while the medical man, educated perhaps even more expensively, and certainly with more extensive liberality, concentrates equal powers, and devotes even superior acquirements, to the almost ridiculed purpose of prolonging for half an hour the life of some tiresome, and perhaps abominable, old woman, or devising the means of making an uninteresting and nasty brat go to the close-stool. Do not suppose, however, that I underrate these occupations: no man whose heart is in its right place can do so; and I have myself found it imperative upon me to perform with my own hands, relying upon my own skill, what may be termed the very meanest offices of the profession.

But we have now devised a method of raising ourselves from the low estate which I have rather alluded to, than truly and circumstantially described. We have at length opened to our brethren, and I should say to the *younger* class of them, glorious prospects through the *coronership*; and we shall neither rest satisfied, nor keep quiet, till the principle be in *all* quarters recognised, that the *CORONERSHIP* is an office for a medical man. Not that I consider every member, or even many members, or any but a very few members at present, *fit* to fill that situation; but I have come here, and I go elsewhere, professing to fit every rightly disposed medical man to become perhaps the most important of all judges. Take my word for it, that we have gained possession of this commanding post, and take this along with it, that we know how to maintain it.

I should retire from this place under an impression that I had not discharged my duty to its full extent did I not advert to a subject of the highest importance to every living man. It has, I am grieved to say, not been customary of late to introduce it in a formal manner; but it once was otherwise; and we cannot close an introductory dis-

\* Night Thoughts.

course, upon the character and qualifications of a medical man, in a manner more appropriate to the occasion, than by following the example of the learned, the amiable, and the celebrated author of the lectures on the duties and qualifications of a physician; better known perhaps to the majority of my audience as the elegant writer of the *Father's Legacy* to his Daughters. I mean, of course, Dr. John Gregory.

Can it be necessary, after this, to pronounce the word which is at the end of my tongue? You know what I mean—It is RELIGION. Let medicine, all the known mysteries of which are about to be disclosed to you, be associated with that *sublimity* which is already revealed, you know where, and medicine *must* rule the world. Why should the notion ever have been entertained that medical men are prone to infidelity? I deny it. The nature of our occupations may, it is true, have had a very general influence in separating us from the observance of certain duties of a religious, as well as of a political nature; but I am certain of this, that with the exception of clergymen, who live by the knowledge of the Scriptures, there is no class of men which possesses either so intimate an acquaintance with them, or more strictly regulates their lives and conversation according to the precepts there laid down. Indeed we cannot make a livelihood if we entertain other rules of conduct; and I am persuaded of nothing more firmly, however paradoxical it may sound, than that there are many men both in and out of the profession who are Christians without knowing it. But as I may perhaps be accused of wandering from my proper province, if I dwell much upon this subject, I shall go on to say that I mean by religion, the Christian religion. In fact there is no other in which a man of real sense can seriously believe. Some there are who perhaps do imagine that they believe in some other; but they are even ridiculously mistaken. It is CHRISTIANITY they believe in, if they have any belief at all. The morality, perhaps, of all prevalent systems is good, though it may be found here and there tainted with inconsistencies, and deformed by perversions, but whence is it derived? From the same source as our beautiful system, and through that channel. No man can disbelieve the Scriptures if he will turn his attention to one remarkable, to the most prominent, circumstance connected with them. Setting aside their style and composition, paying little attention to the well-established arguments with which so many able and good men have thought it necessary to confute the conceited *pseudo* philosophers, who have attempted to cut a figure in every age of the world, while I respect and reverence their labours, I say

that I set much of this aside; because there is another and a most entertaining source of confirmation, which has not been overlooked, though I am inclined to be of opinion that enough has not been made of it. We are misunderstood and unappreciated. We have a jealous world to deal with; and, at the present juncture, they are afraid of the distinction we are daily and justly acquiring. Let me entreat you to bear in mind that you aspire to belong to an order, dignified indeed; not forgetting that although you may be unable to accomplish the duties of religious observances so regularly as others have it in *their* power to do, you are the more strictly bound to respect them, because you are in a distinguished manner the servants of a God who has declared that he prefers mercy to sacrifice, or in other words, looks with higher approbation upon the **PHYSICIAN** than the **PRIEST**.

ON

## THE PLACENTA.

By WILLIAM DOBSON, *Surgeon*.

THE nature and use of the placenta have never been ascertained. The anatomist has dissected to unravel its structure, and the physiologist reasoned to develop its function, but after all their endeavours, nothing decisive is known of either.

It is the prevalent opinion, that the placenta effects some change in the blood in its passage to the *fœtus*,—that it purifies the blood,—that its purpose is to the *fœtus* what the lungs are to the adult: but of the *mode* in which this operation is performed, no explanation is offered. Does the placenta separate from the blood some of its elements, and are these returned into the circulation of the mother, while the remaining substance proceeds to the *fœtus*? Or, are the globules of the blood diminished in size, and the blood attenuated in this organ, so as to be adapted to the calibre of the minute fetal vessels? We have not one solitary fact, nor any well-grounded analogy, in support of either of these assumptions. Nor does there appear a necessity for any modification in the blood. And we possess a strong negative fact, that a change in the *elements* of the blood going to nourish the *fœtus*, is not required. The *fœtuses* of quadrupeds seem to be nourished in the uterus like the human class, yet a quadruped has no placenta; the communication between the mother and *fœtus* being established directly by vessels. And were it necessary in the one for the fulfilment of those objects, it is fair to conclude its necessity in the other.

The fetal blood differs little in its physical characters from that of the adult. The colour, however, both in the umbilical arteries and vein, is dark. This circumstance would seem to invalidate the idea universally entertained, that "the scarlet quality of blood is essential to nutrition and growth."

From the following position, that "the blood acquires a dark colour when detained from the lungs," it is analogically presumable, that on the long continuance of the blood (in the umbilical vein) from the maternal lungs, the dark hue depends. Hence an *opposite change* is induced on the blood by the placenta, to that by the lungs in the adult. It will be understood, however, that it is not from any *special agency* of the placenta that the blood is darkened, but simply dependent on its long detention from the lungs.

In a recent publication,\* I have adverted to the beautiful harmony subsisting between the vascular apparatus and its contents during health. But in the subject of the present inquiry, we find this equilibrium disturbed. During utero-gestation, the uterine vessels have their action increased,—they are carrying to the uterus an increase of blood to build up a new being, whilst the other parts of the body are deprived of their ordinary quantity. The system is in a state of excitability; the circulation is readily disturbed by a physical shock, or by mental emotions, which, in the unimpregnated state, would be received with impunity.

In the first few weeks of gestation the placenta is defective; the connexion between the mother and fetus is established nearly without the intervention of this organ. But the now imperfect placenta gradually increases in bulk, its union to the uterus becomes successively more firm, so that, near the latter part of this period, it requires considerable force to separate them; and it is in the early part of this process that abortion most commonly takes place. For at this time, the vascular connecting medium is easily destroyed; but subsequently the system can bear very considerable shocks, without injury resulting. The placenta at the ninth month is a large spongy mass, a span in diameter, and about an inch in thickness when uninjected, but can be considerably augmented by injecting the vessels; indeed the organ appears very elastic,—attached on its external surface to the uterus by means of the decidua vera; on its internal surface to the fetus by means of the funis. The structure of the placenta consists of branches of the uterine arteries and veins (*or of new vessels*), the two umbilical arteries and vein, all united together by cellular membrane. The manner in

which those vessels communicate is not understood. When the placenta is injected by the umbilical arteries, the injection returns by the vein, and only the fetal surface of the organ is injected. When injection is thrown into the uterine arteries it returns by the corresponding veins, the uterine portion of the placenta being injected. Between the maternal and fetal portions there is an appearance of cells, which are filled when the former portion is injected; there being no visible communication between the two circulations.

It seems obvious, that the placenta forms a bond of union between the maternal and fetal circulations; yet it appears not essentially necessary, for we find in quadrupeds as intimate and firm a connexion as in women: then, does it serve any other purpose in the human female economy? Here analogy is the only means to resolve this inquiry. When we contrast the human frame with that of brutes, we find a remarkable disparity; we perceive brutes to be little susceptible not only of mental, but of physical impressions; not easily influenced to that degree of excitement which would materially disturb the circulation of the fetus in utero; yet severe exercise will occasionally produce abortion, as is well known to breeders of cattle. But the human female during gestation has her mind and body highly susceptible, readily influenced by surrounding agencies; every little infringement on her rights disturbs the circulation; hence how necessary it is that quietude of the mind should especially be preserved, and that the physical frame should be guarded from every severe concussion! But these circumstances are familiar to all who have experienced, and those who have thought. Since the placenta does not appear requisite for effecting any change on the blood, nor essential for affording a bond of union between the maternal and fetal vessels, we may now conjecture, *that the placenta is for the purpose of receiving any undue quantity of blood which may be sent to the ovum, during excited circulation of the mother.*

Though we cannot obtain demonstrative proofs to substantiate this notion, analogical evidences ought to be admitted. In inquiries on the living body, we must often be content with these, the former being difficult to attain. The arcana of nature cannot always be developed in a palpable form.

It would appear, that in the first few weeks of the gestative period, only an imperfect placenta exists; but afterwards, it acquires a very considerable size; and it would seem that the liability to abortion is in an inverse ratio to the magnitude of the organ; and, as a negative fact, we may mention, that abortion in quadrupeds is most readily

\* On the Spleen.

produced in the latter months. These circumstantial evidences afford strong presumption of the placenta being a safeguard to the fœtus during excited circulation of the mother, probably receiving and detaining, in its cells, a quantity of blood, which otherwise would have been transmitted to the fœtus, and necessarily have injured its delicate organization, or the vessels between the uterus and ovum have become ruptured from over distension, and thus a separation produced, and the consequence, abortion. As collateral evidence it may be noticed, that when the system is disturbed, any part in a state of unusual action will be more readily influenced than a healthy part, as in the subject of examination—the uterine organs.

An argument might be advanced, and which would “*a priori*,” invalidate the general conclusion, viz., that in the early period of gestation, the ovum will act as a foreign body—as an excitant to the uterus by its distention, producing that tendency to expel its contents, and at a subsequent period, the sensibility of the uterus becoming blunted so as not to feel the impression. But in opposition to this view, we may state, first, that it is unphysiological to refer the enlargement of the uterus to distention; it ought to be considered a natural growth; and, secondly, that when quietude is maintained, abortion seldom occurs; it is only, *ceteris paribus*, when the woman has received some moral or physical impression, that a separation of the ovum from the uterus results.

We have here an example of that wise ordination of the Creator; though woman at this period is so susceptible to be influenced by surrounding circumstances, an apparatus is added to avert their agencies. The poor little fœtus, chained in its cell, would otherwise be doomed to suffer at every shock on its irritable parent, without either will or power to effect its escape.

Some apology may appear requisite for deducing this conclusion from so few premises; but the total impossibility of producing demonstrative evidence, will shield me from censure! Analogical testimony is, I conceive, too little appreciated, in physiological inquiries; I believe, if this principle of reasoning were oftener applied, we should arrive, with greater facility, at a more correct knowledge of the different phenomena in the human system; for when we find analogy in structure, we must look for analogy in function.

14, Arabella Row, Pimlico,  
October, 1830.

CASE OF  
RABIES IN THE DOG,  
CONNECTED WITH VIOLENT SPASM IN THE  
ATTEMPT TO SWALLOW.

By W. YOUATT, F.Z.S.

(From the *Veterinarian*, Oct. 1830.)

ON the 4th of last month I was sent for to Ealing. A cur had bitten a fine Newfoundland dog belonging to Mr. Anderson, and some other dogs and two pigs. It had been destroyed and buried, but was exhumed to be examined by me. A small quantity of dung and straw was found in the stomach, the cardiac portion of which was much inflamed with spots of extravasation. The whole of the pharynx, larynx, and mucous membrane of the windpipe, were highly inflamed, and the pleura pulmonalis was inflamed in patches.

On my declaring it to be my opinion that the cur was rabid, the Newfoundland dog was ordered to be destroyed. I, however, begged hard for him; and he was sent to my hospital for experiment. Various circumstances, over which I had no control, prevented the commencement of any experiment.

On the 19th, he did not feed as usual, and appeared dispirited. Fifteen days only having occurred since the bite, I did not dream of rabies, and ordered a physic ball to be given to him.

On the 20th, he had an anxious depressed look, with the lower jaw slightly dependent. Spasms stole over the face, and were particularly observable in the right eyelid. He was continually shifting his posture, and scraping his bed together; he slightly staggered behind; eagerly gazed at and attentively followed the path of some imaginary object. There was a great discharge of saliva, which he was frequently endeavouring to detach from the corners of his mouth with his paws; a grating choking noise in breathing. He was perfectly harmless; immediately came from his cot when called; offered his paw, and rubbed his head against me. He had not quarrelled with any of the dogs (likewise for experiment) with which he was confined; but being led near to another part of the hospital in which were the cribs of the sick dogs, he growled savagely at them. He was separated from the rest, and water put within his reach. He advanced towards it, looked at it, and turned away; he immediately returned, looked stedfastly at it, almost touched it with his muzzle, and suddenly started back: this he repeated several times.



I inoculated two dogs from him, which are well at the present time (Sept. 23d), and determined to try on him the power of the scutellaria. I boiled half a pound of the dried leaves in a quart of water half an hour, and straining off and expressing the liquid, I purposed to give two-ounce doses every three hours. He struggled most violently against the first dose; and when a portion of it, certainly not half, was got into his mouth, the attempt to swallow it produced convulsion of the whole frame; the eyes were distorted, and every limb was stretched out like the last struggle of expiring life. Being forcibly held, and unable to get it from his mouth, he, after the expiration of half a minute, swallowed it; but the gulp was peculiarly loud and violent. Being liberated, he fell on his side exhausted, and dreadfully panting. After the lapse of five minutes he came a little to himself, and crept to the further part of his bed, gazing intently upon me, suspiciously watching every motion, but faintly wagging his tail, and offering his paw when spoken to.

Our after-attempts to force him with the liquid were even less successful than the first. His resistance was most determined. He never, indeed, attempted to harm either me or my assistant; but he seized the butter-boat which we first used and crushed it to pieces; and he attempted to catch at the spoon which was then substituted. We could not contrive to get more than a third or fourth part into his mouth; that we retained there by forcibly holding up his head; but the spasm at the attempt to swallow became more and more horrible, and the exhaustion more complete at each attempt. I would not pursue the experiment, except to exhibit to a few medical gentlemen this unusual similarity to the characteristic symptom of rabies in the human being. At the suggestion of one of them, I substituted water for the decoction, when the effect was precisely the same. Every symptom rapidly increased; the eyes became red, with the expression of anxious wildness; the choking noise in respiration was greater; the heaving at the flanks became every hour more laborious, and was aggravated with every alarm, and almost at every motion; the lower jaw hung down more, and the tongue protruded discoloured. He frequently approached the water, and gazed wishfully upon it, and then retreated, and returned again to it. His strength rapidly wasted; and, on the morning of the

21st, he reeled as he walked, and in the early part of the afternoon was unable to stand. I forced the medicine once more upon him, when the effect was similar in character, but the spasm not so violent. He still knew me, and even when he could not rise faintly wagged his tail, and after many

an effort gave me his paw. He frequently looked at the water, which induced me to put it close to him; but, although he still frequently looked at it, he made no attempt to drink. A pan of clean water was placed beside him the last thing at night, more than a pint of which was gone in the morning, and the poor fellow was dead.

Circumstances delayed the examination of the carcase until decomposition had commenced. The stomach contained a small quantity of straw and hair, and half a pint of olive-coloured fluid. It presented one uniform mass of violent inflammation. The pharynx exhibited an intensity of inflammation which I had never before witnessed. The trachea was seemingly unaffected, and also the intestines; but the pleura of the lungs had the patchy character so often seen in rabies. The brain was one pulpy mass.

This experiment cannot be considered as elucidating any-thing decisive as to the effect of the scutellaria, for a small portion only of each dose could be got down, and the exhibition of it was soon suspended.

I purposely refrain at present from making any observations on the case,—they will better belong to a work which I have in contemplation, although it probably will not appear until a far-distant period: in the mean time, I thought that a case so unusual, standing almost alone as it regards the dog, should not be altogether withheld from the medical public.

DRS. RYAN AND GORDON SMITH.

“Audi alteram partem.”

To the Editor of THE LANCET.

SIR,—I trust you will allow me to offer a few words in reply to Dr. Gordon Smith's communications relating to me, which have recently appeared in your Journal. Had Dr. Smith adopted the usual course, which every candid man would have done, I should not be under the necessity of troubling you with this communication. As many of your readers, however, have seen his letters only, and not my journal which has given rise to them, I owe it to my own character, especially from the tenor of his articles in your last Number, to explain the real cause of the differences between us. The facts then are as follow:—

In the Medical and Surgical Journal for September, 1, as editor, made some comments on the medical evidence of *all* the witnesses who appeared at the inquest on the body of the unfortunate Miss Cashin, and among whom was Dr. Alexander Thomson. Dr. Smith, though he had not the ac-

quaintance of Dr. Thomson, with his characteristic impetuosity, rushed into the affair, commented upon my remarks on Dr. Thomson's evidence, and impatient to wait for my next number, inserted his reply in your Journal; and not content with scientific discussion, he deemed it proper to indulge in many sharp personalities against myself. It is right to state that for many months previously he and I were in constant correspondence, even to the day previous to his attack, when I received a note from him, apprising me of the forthcoming article, and assuring me that he intended it for my journal, but that the parties it most concerned would have it in yours. Here I must observe, that Dr. Thomson, to whom he alluded, denies that the article was sent to you under the circumstances stated. Dr. Smith was well aware that I could scarcely find time to conduct my own periodical—a monthly one, much less contribute to yours—a weekly one; and under such circumstances I must maintain, that he, or whoever transferred the article from my pages to yours, acted uncourtously and unfairly, by endeavouring to implicate me in a controversial correspondence in your Journal, and not in my own, to which, according to professional usage, the article ought to have been sent. Here I must pause and inquire, What right had Dr. Smith to comment upon my remarks, with which he had no concern, and more especially in a journal in which they had not appeared? He who had repeatedly professed the greatest respect for my advocacy and knowledge of forensic medicine, privately and publicly, to proclaim through your widely-circulated Journal, that I knew nothing about it. He who addressed a letter to me to be read before the Medico-Botanical Society, when the noble and scientific president, Earl Stanhope, and distinguished council, proposed me to the society as professor of toxicology, in which letter (and it was publicly read, though now denominated a private communication) is the following passage:—"If the expression of my opinion as to your eligibility can be of the slightest use to you, it is at your service in any shape, and I hope the day is not far distant when we shall be fellow-labourers, in the strictest sense of the word, and for the benefit of society, in a department of science hitherto known almost (I grieve to say it) *only to ourselves*." Yet this is the writer who denies that I know anything upon the subject. I must explain the cause of this very remarkable change in opinion.

A few days before the writer changed his mind, he requested my opinion on a memorial which he was about to forward to the Apothecaries' Company, on the necessity of enforcing the study of forensic medicine.

He observed, "I will give any alterations you may propose the most candid and deferential attention;" and he further requested my signature to the document, as the only lecturer on forensic medicine in London besides himself. On this, though not on former occasions, I forgot the story of Gil Blas and the Archbishop of Toledo, and did suggest many alterations, which my opponent admits, and *hinc illæ lachrymæ*. He states, however, that he did not adopt all, or scarcely any of my alterations; "this is most true," but he adopted enough (and it would have been better had he adopted more) to enable me to affix my signature, which I had refused to affix to the original memorial. The declaration that a very few words of my version were adopted, because Dr. Smith had made a promise to that effect, very well accords with the former promise of giving the most candid and deferential attention to my alterations. The truth is, had I acted in unison with my own feelings, I should not have signed the document at all; for I believed it an application which could have little, if any, influence on the Apothecaries' Company; and that opinion is now verified by Dr. Smith.

He states that I published his *private* communications; this accusation I have answered already, but must further remark, that no inducement whatever could justify me in so doing, not on my own account, but on his. This charge is so serious that it must be fairly met, however unpleasant to the feelings of both parties. Not one of Dr. Smith's letters, which contained his laudatory phrases, was marked private or confidential; and even if these letters were so marked, I ask any candid, honourable man, was I not justified in publishing extracts which solely referred to myself, and expose the writer, who, under the mask of friendship, contradicted in public what he so often stated in private? Dr. Smith fell into a serious mistake, when he considered that he might play this double part towards me. His complimentary remarks were never sought by me, they flowed entirely from himself, and he ought to have recollected this, when he penned his vituperative observations for your Journal. The fact is, and I record it with pain, had I published his private communications, they would place him and me in a very unenviable situation in the eyes of the profession, and in the eyes of some of the most scientific physicians of this metropolis. No; the "editorial guise," so far as I am concerned, shall never be a shield for the protection of those who are fond of personality. The less therefore that is said about private communications the better.

In the October Number of the *Medical and Surgical Journal*, I replied to Dr.

Smith's first letter, and confuted every one of his arguments from his own original works, and from many other works of authority. Instead of extricating himself from the dilemma in which I have placed him, he publishes two letters, one proclaiming that his acquaintance and mine had ceased at his desire, the other about the emended memorial. He has forgotten however to state, that he had written to me after the publication of his first letter, to which communication he received no answer, contrary to the punctuality which I always had observed towards him, and one would think he ought to have discovered that our acquaintance had ceased; yet several days afterwards he called on me, and renewed his large professions of friendship as usual, notwithstanding his letter in *THE LANCET*, "which upon his honour was intended for my journal, and sent elsewhere contrary to his wish and consent." I coolly informed him, that I had endeavoured to refute his statements in my next Number, chiefly from his own works. The journal appears, and then he writes the note dated 1st instant, informing me that our acquaintance had ceased, though I had considered it at an end on declining to answer his letter received several days previously; and as this event is of such great public importance, he has recorded it in your pages.

In the last Number of the *Medical and Surgical Journal*, Dr. Smith is refuted by himself; and there I have defied him, and I now repeat the challenge, to cite one author out of ten thousand on forensic medicine, who supports the doctrines he defends in his first letter; and I repeat the question I asked him at parting, "Does he seriously believe there is one eminent physician or surgeon in this empire who agrees with him in opinion?" Like all defeated disputants, he has the usual recourse to the *argumentum ad hominem*, and not *ad rem*; but this kind of logic is long since exploded. I now call upon him to confute my arguments against his heterodox doctrines, either in my journal or in yours.

M. RYAN, M.D.

Member of the Royal College of Physicians in London.

Hatton Garden, Oct. 11th, 1830.

#### WESTMINSTER HOSPITAL.

To the Editor of *THE LANCET*.

SIR,—In your Number of this evening (October 9th), I read a notice relative to the Westminster Hospital special general meeting of the 6th instant, in which you apply the term "jobbers" to one of the parties, and threaten or rather promise to

publish two or three documents that will, you expect, upset all their supposed machinations. Now "jobbers" is, whether justly or not applied, a very offensive term, and if not justly applied, is further calumnious and unwarrantable; I cannot, therefore, avoid entering my protest against the use of such injurious language in the pages of your powerful periodical, as I believe you have ignorantly applied it to gentlemen who constitute the majority, as the event will prove to you, "of the intelligent and independent governors;" gentlemen who, as you humanely hope, "will not fail to perform their duty to the subscribers and afflicted poor." Standing on a very high eminence in the field of medical politics, and having your attention divided amongst multifarious avocations, it is not probable that you can inform yourself accurately on a great variety of circumstances and transactions, which would naturally furnish matter for the critical pen of the editor of *THE LANCET*; and it is quite impossible that your information in numerous instances on interesting questions, can be derived from personal observation or inquiry; and I am not more fully satisfied of the truth of the general position just stated, than I am of that of the particular fact—that with regard to the views and proceedings of the influential party of the trustees of the Westminster Hospital, you have been grossly misinformed. It is with this conviction that I call on you, as in one sense a trustee of the interests of "the subscribers and of the afflicted poor," to suspend your judgment, or at any rate to hold your columns open with "equal and indifferent justice to all parties." It is my intention, with your permission, again to address the public on this subject, after I shall have read the documents of which you promise me the perusal in your next Number. Meanwhile I respectfully request that you will insert this in your next Number, and that you will believe me to be a sincere friend to publicity, and a friend, as well as subscriber, to *THE LANCET*.

C. R. M. S.

October 9th, 1830.

#### DERBYSHIRE INFIRMARY.

CASE OF ELLEN COPE.

To the Editor of *THE LANCET*.

SIR,—In offering a few observations on a case, the report of which is contained in your last Number under the head of "Derby Infirmary," I beg to state that I had an opportunity of seeing the patient daily, from the time of her admission to her death; and

as the minutes of the case, and *post-mortem* appearances, were recorded without any view to their being rendered thus public, I transcribe them from my case-book as they there stand; in order that they may not be regarded as "cooked up for THE LANCET," or biased in their details by a partiality which might lessen their claims to fidelity.

#### Case.

Ellen Cope, æt. 45, admitted Sept. 14, 1830, has a large and defined tumour in the abdomen, the upper and right side of which is hard and irregular; single woman; has menstruated regularly; general health does not appear much affected; says that she first perceived the swelling about two years ago, which has now attained an enormous size, giving to the abdomen the appearance of that of a woman far advanced in pregnancy: has a large bronchocele, which has been forming for the last four years.

*Hab. pil. hydrarg. c. rheo*, ij; o. n.

Common diet.

17. Ordered to rub in the unguentum hydriodatis potassæ every night over the abdomen.

21. Has slight headach, apparently from indigestion.

22. Headach better; pergat.

24. Was attacked this morning with an epileptic fit, which recurred whilst I was in the hospital; this attack was preceded by acute pain in the back, and sickness; pulse slow and feeble; tongue clean, but the breath is offensive; never had any-thing of the kind before. Discontinue the ointment.

25. Had a fit this morning; symptoms as yesterday.

26. After another epileptic attack she died rather suddenly.

#### Autopsy, twelve hours after death.

*Head.*—There is a slight effusion of transparent fluid between the arachnoid and pia mater; about half an ounce of similar fluid, contained in the cavity of the arachnoid, collected towards the base of the skull; no thickening of the arachnoid tunic, or deposit upon its surface; on lowering the head, a small quantity of serous liquid escaped from the spinal canal; about a tea-spoonful was found in the ventricles.

*Thorax.*—The lungs were generally of a dark-colour, and excessively gorged with blood; on cutting into their substance a quantity of frothy fluid escaped, with which the bronchi appeared filled, and which flowed copiously from the mouth. The left lung appeared in some parts impervious to air from excessive congestion; the heart and large arteries were healthy; the venous side of the circulation was generally loaded with dark-coloured blood, of which a considerable quantity was contained in all the cavities of the heart.

*Abdomen.*—The stomach appeared, externally, healthy, but, on opening it, the mucous coat was found very red, especially towards the cardiac extremity, and the villi generally minutely injected. The other viscera were apparently healthy. Attached to the uterus was an enormous tumour about two feet in circumference, rising into the abdomen, and occupying the situation of the womb during the latter months of gestation; two other tumours similar in texture, but not larger than a walnut, projected into the uterine cavity, covered only by its lining membrane. These tumours were formed in the substance of the walls of the uterus, which were expanded over the larger one for some distance unaltered in texture, but became gradually attenuated, so as not to be distinguished from the peritoneum, which likewise invested it. In structure these tumours very nearly resembled cow's udder, having all the characters of the mammary sarcoma of Abernethy. The ovaries were healthy, but the two layers of peritoneum forming their broad ligaments were separated by a small quantity of clear fluid.

Such, Sir, is the case, and such the *post-mortem* appearances, which seemed to Philanthropist sufficiently important to demand that the treatment adopted should be submitted to a coroner's jury as one in which the patient had been labouring under intense inflammation of the mucous membrane of the stomach, without its having been detected by her medical attendant; but I would just hint, that had Philanthropist known a little more about the appearances frequently presented by that organ, it would have saved him and some other *literati* of Derby much uneasiness, to which their *anxious care for the welfare of the patients in the Derby Infirmary* has, no doubt, given rise.

To remove therefore the impression, that wherever a "crimson stomach" is found, acute inflammation of that viscus has necessarily been the cause of death, even where a succession of epileptic fits had occurred prior to the decease of the patient, I will briefly refer to one or two authors from whom it may be learned that this is not the first case in which the stomach has been found of a crimson tint, without such a state being indicated during life; but, first, I will say a few words upon the luminous report which has called for these remarks. As a specimen of the candour of this *gentleman*, it is only necessary to point out that the fits, the immediate cause of the woman's death, are not mentioned! In proof of his veracity, I would remark that the statement that the woman "was extremely sick for a day or two before her death, in short, that nothing would stay upon her

stomach," is false. She stated to me as the cause of her fits (and certainly with much probability) that she had eaten some barm-dumpings, which "lay very heavy upon her stomach," nor did she ever complain of the slightest pain or tendency on pressure being applied over the abdomen.

I now proceed to the questions propounded by this reporter for elucidation:—What caused the inflammation, and why were no remedies used to subdue it? The inflammation, or rather the suspicion of inflammation, arose in the ignorance of Philanthropist, and means were not used to combat it, because it had no other existence. In conclusion, for the benefit of Philanthropist in particular, and of the governors of our Infirmary in general, I will refer to authors from whom some remarks on this important subject may be extracted. In Boyer's *Traité d'Anatomie*, we find the following salutary caution:—"Le grand nombre de vaisseaux qui se distribuent dans cette tunique (la veloutée) lui donne souvent une couleur pourpré obscur; c'est à quoi il faut faire la plus grande attention lorsqu'on est chargé de faire l'examen des corps de personnes que l'on soupçonne mortes de poison."

In the "Medico-Chirurgical Transactions," vol. iv, we find recorded twenty successive *post-obit* examinations of patients dying in the London Hospital between the 1st of April, 1813, and the 27th of May in the same year, in which the mucous membranes of the stomachs were found in all states of vascularity, from the rosy tint (given by Bichat and Cloquet as the most natural appearance) to shades of scarlet and even crimson, without such a state being at all indicated by symptoms during life; in this valuable paper, written by Dr. Yelloly, the result of that gentleman's observations is stated as follows:—"In the villous coat of the stomach, appearances of vascular fulness, whether florid or dark-coloured, in distinct vessels, or in extravasation of various sizes, are not to be regarded as unequivocal marks of disease; they occur in every variety of degree and character, under every circumstance of previous indisposition, and in situations where the most healthy aspect of the organ might be fairly expected. It would be useless to multiply authorities. I refer to the book last quoted for full information on the point under consideration; and merely hint that the "crimson stomach" is not "put under the sod" as Philanthropist asserts, but still remains a monument of his ignorance, better worthy of being concealed by silence, than of standing emblazoned on the pages of your extensively circulated Journal.—I am, Sir, your obedient servant,

T. M. JONES.

Dorby, Oct. 6, 1836.

#### MR. WALFORD AND THE PUPILS OF THE LONDON HOSPITAL.

"There's never any of these demure boys come to any proof; for thin drink, and making many fish meals, doth so cool their blood, that they fall into a kind of male green-sickness; and then, when they marry, they get wenches; they are generally fools and cowards."—SHAKESPEARE.

#### To the Editor of THE LANCET.

SIR,—I was advised to forbear acknowledging the favour of the Whitechapel manifesto, on the grounds of the insignificance of the declarants, and the helplessness of their idol. "What maist the priests be whers the god is a monkey?" was the traveller's reply to a question after the sythe legion of a Pagan people. I should certainly adopt the advice, were it not for some peculiarities in a letter from the innocents of Whitechapel.

In the letter which provoked the wrath of the "harmless little men," I made honourable mention of Sir W. Blizard; him did I blaspheme, as well as vituperate Mr. Headington: why, therefore, did they not defend the knight as well as the squire? I can solve the problem. Of the *eight-and-thirty*, who have so handsomely done Mr. Headington's business, and set him up with a character, a few will present themselves for examination during the presidency of the object of their lick-spittle adulation; and, should some trembling idiot break down, does he not hope that the remembrance of his servility will stand him in good stead? Of course he does.

I perfectly agree with the *thirty-and-eight*, that no man has a right to defame the character of another, because he differs in opinion; and I ask these discerning youths, if there is no difference between the record of a fact and a defamatory falsehood? They feel a pride in being under such a master; of course they do, and doubtless the master is proud of such pupils; the pleasure is reciprocal, and the pupils are worthy of their preceptor. They say they flatter themselves that Mr. Headington's differing in opinion from me is the sole cause of my hostility to him. In this they do flatter themselves, and that is all. I pronounced Mr. Headington's degradation, not because his opinions were opposed to mine, but that his principles are. Mr. Headington has long been a member of a body whose acts have ever been opposed to the best interests of the profession and humanity; whose laws are the dictates of a sordid love of gain; and whose gains are the fruits of the most unprincipled rapacity.

The *thirty-eight* reap over my hostility to Sir William Blizard, and content them-

selves with piously wishing that every man may possess, at ninety-two, the "mind and intellect" of that atrabilious examiner. The wish is a good one, but, considering the wisdom of the *eight-and-thirty*, I marvel much the they did not wish every member of that profession the knight's "soundness of mind and intellect" during the whole of their natural lives. The "soundness of mind and intellect" of the *thirty-and-eight*, even Sir William need not envy. Is a wish for the mental prostration of their fellow creatures all the sympathy they can bestow on the sorrows of Sir William? Is a wish that every man of ninety-two may be so weak as Sir William, all the pity they can bestow on a poor old man? I am ashamed of them. Even Sir William, were he young enough, would blush for his apologists. They affirm that they would not be ashamed to advocate a medical coroner; perhaps not, for as they are not ashamed of themselves, it is very clear they could not be ashamed of anything. Why do they not say, that like their master they would be afraid to support one?

They are not happy in their tail piece. Were it not better to adopt an alteration, and, instead of tacking it to Sir William, apply it to themselves? For instance,—  
"If such the morn, how dull the eve must be."

I am, Sir, your faithful servant,  
W. AUGUSTUS WALFORD.

October 9th, 1830.

## LONDON MEDICAL SOCIETY.

October, 1830.

### TREATMENT OF ERYSIPELAS.—SUPPRESSION OF UTERINE HÆMORRHAGE.

THIS Society resumed its sittings on the last Monday in September, but so quietly, that we were not, at the time, aware they had again commenced. On attending this evening, Oct. 11th, the discussion proved to be a continuation of that with which the meeting on the previous evening had closed, when a case of erysipelas of the face was read, in which puncturing, with the exhibition of opium and ammonia, had produced a favourable result. Some of the gentlemen then present had given their testimony in favour of, and some against, the practice of making punctures; and according to their several views of the exciting cause of erysipelas, a variety of treatment was recommended. Many of the members now detailed other treatment which their experience had determined to be successful, and this, as commonly happens, was very various. Opium was recommended and condemned; the

acetate of lead, as a lotion, was approved and depreciated; quinine and sherry were extolled and censured; and after many other plans had been declared both successful and injurious, as circumstances seemed to warrant, tartarised antimony, and antimony alternated with the liquor potassæ, were finally referred to as very advantageous and rational modes of subduing the disorder.

A letter was afterwards read from Mr. Samuel Miles, of Runcorn, in Cheshire, on the subject of a new belt for the suppression of uterine hæmorrhage; the letter was addressed to Dr. Merriman, by whom it was laid before the Society, together with the apparatus to which it referred. Mr. Miles stated, that he was a pupil of Dr. Merriman in 1817; and communicated his design to the Doctor as a mark of his regard. The letter briefly stated, that it had been the writer's lot to see so many fatal cases of uterine hæmorrhage, that he had turned his attention to the best mode of arresting it. External and equal pressure appearing to be the most rational, though but ill effected by the employment of books, towels, pillows, and the hands, he had designed the present instrument, which he begged to distinguish as "Miles's uterine tourniquet." It consisted of a belt nine or ten inches broad, to be fastened round the hips with straps and buckles, permitting pressure to be made on the abdomen by means of a circular plate, also nine or ten inches in diameter, covered with leather, over the centre of which were a brass frame and screw, permitting the pressure to be increased or diminished at pleasure. The apparatus might be regarded as a common tourniquet on an extended scale.

Dr. MERRIMAN, on being asked for his opinion of its efficacy, stated, that he had only had the opportunity of placing it on his own body, which, however, had enabled him to ascertain, that it was capable of exerting great pressure, but whether sufficient to restrain uterine hæmorrhage or not, he could not tell; certainly, unless the uterine were empty, pressure either by that or any other means could be of no use. There was, he thought, one essential objection to the instrument; if the hæmorrhage began before the bandage was resorted to, the attempt to place it on the patient would very probably do more harm than the good which could afterwards result from its use. It would not be easy to put it on and buckle the straps without raising the woman, a very dangerous proceeding at the best. The only case in which it could be useful would be where it could be known beforehand that the patient was liable to profuse hæmorrhage in child-bed. To any female of that kind it would be serviceable.

It was objected by Mr. KINGDOM, that the compressing pad did not descend suffi-

ciently below the level of the circumscribing belt to make the pressure effective on the uterus, as at present the strain would be almost equally made on the bones of the pelvis. Mr. Kingdon mentioned a belt made by some poor woman, which was worn before delivery, and effectively tightened immediately after by strings, attached for that purpose. Dr. Blicke bore testimony to its advantages. Mr. DENDY considered that Mr. Miles' instrument, by compressing the uterus between the pad and the promontory of the sacrum, would prevent, and not assist, the action of its muscles. The subject led to a discussion of the merits of the various modes in use for suppressing hæmorrhage of the uterus. Dr. Blicke thought plugging of the uterus and vagina the most effectual; Mr. Browne extolled the cold affusion; Mr. Shearley, the acetate of lead; Mr. Waller, bandaging, if it were only for the comfort it afforded; and Dr. Walshman, the insertion into the uterus of a sponge and tape, after clearing out all coagula, keeping the sponge in the uterus three or four days.

## LAWS RELATING TO THE PROFESSION OF MEDICINE.

*To the Editor of THE LANCET.*

SIR,—Permit me, through your medium, to draw the attention of the profession to a subject of the greatest importance: it has been frequently stated, and is pretty generally believed, that the Royal College of Surgeons has no power to hinder any individual from practising for his own benefit; this however is erroneous; and to prove this I will quote a passage from a work just published, and which should be in the possession of every medical man.\* It is from Mr. Willcock's truly valuable treatise on "The Laws relating to the Medical Profession," &c.; and at page 82, sect 11, is the following:—

"Every person, except a *physician*, however learned or skilful he may be, is liable to a penalty of 5*l.* for every time wherein he may practise surgery within the cities of London or Westminster, or within seven miles of London, for his private lucre or profit, before he has been admitted to practise by the College of Surgeons; one half of this penalty is given to the king, and the other to the public use of the commonalty or society; and the masters or governors for the time being are empowered to recover

the same by action in any court held within the city of London." "I am not aware," observes Mr. Willcock, "that any proceedings have ever been instituted under this clause of the charter of Charles the First, which is, by way of reference, incorporated in the act 18 Geo. II. c. 15, by section 8.† And there may be some doubt whether, notwithstanding the words of that section, such penalty can be recovered in any manner, *except* by an action in a court of record, or other public court of the country; for although the charter proposes to give the corporation the power of distress, such power cannot be exercised without making the College both judge and party, and giving some, or the whole, of the members of it, authority to hear and decide in their own cause, which neither the charter nor the statute pretends to give them, and which Lord Holt has said the Legislature cannot give."

"Every person, except a *physician*, however competent he may be, is liable to the penalty of five pounds for every month during which he may continue to practise surgery in any part of England, *except* London and Westminster, and seven miles around the former city, unless he has been admitted by the College of Surgeons, or approved of by the *ordinary*, or, in his absence, by the *vicar-general* of his diocese, and the other appointed persons by 3 H. 8. c. 11. The proceedings under this act against a person practising surgery are similar to those which may be instituted by a common informer against an unqualified physician."

This being the case, and from a perusal of the act of 18 Geo. II. c. 15, and of the charter of the 22d of March, 40 Geo. III., I find the above, together with divers other privileges, confirmed in the most positive manner; and although the president and council of the Royal College of Surgeons have not yet thought proper to put these penalties into force (which in the case of some empires that could be named they ought), yet I, as an humble member of the profession, consider it to be my duty to give this information, and thus afford those liable to the penalties, the power of avoiding any actions which, from this work, it appears the College has the power of instituting against them. And thus let the old adage be borne in mind, that "*a preventive is better than a cure.*" And I would strongly advise every professional man to peruse the work in question, as it contains much judicious advice, combined with a mass of valuable medico-legal information. I have to apologize for the length of this letter, but the subject would not admit of

\* Vide Charter, 15 Aug. 5 Car. I. clause 9, inserted in the same work, p. 181.

† Ibid. p. 186.

curtailment, and trusting to your kindness to admit this in your Journal,

I remain yours obediently,

H. W. DEWHURST, Surg.

Grosvenor Terrace, Oct. 1830.

We shall say a few words on the work of Mr. Willcock in our next Number. Medical law is now the universal topic. It is an error, however, to suppose that the College of Surgeons has the power to prevent unqualified persons from practising surgery. The Corporation of Surgeons, which existed under the act of 18 Geo. II., expired, or was dissolved, about 1790. The present College of Surgeons, therefore, is, comparatively speaking, a new institution, and was founded under the charter granted by George III. That charter, as it has not been confirmed by Act of Parliament, could not confer upon the members of the Council the privileges that were enjoyed by the Corporation under the Act of Geo. II. If the College of Surgeons possess the powers which Mr. Willcock the barister has conceded to them, why did the Council apply for a *protecting* Act of Parliament in the year 1816? The College took the best advice on the subject. It was well understood that it had not the power to prevent the intrusion amongst the public of unqualified surgeons; therefore it was anxious to obtain an act from the Legislature which should compel all persons who were about to practise surgery, to purchase a diploma from the College. Lord Gifford, the then attorney-general, and the present Lord Chancellor, the then solicitor-general, both stated as their decided opinion, that the College had no power over unqualified practitioners. Hence the application to Parliament; but the Legislature having, in 1815, been nauseated by the Apothecaries' Company, the members of the House of Commons, persons not possessing the most sound constitutions in the world, could not find stomachs for any more physic. The job therefore was rejected, and principally through the exertions of Sir Robert, at that time Mr., Peel. We want one, general, comprehensive law, which can be easily obtained if the members of the profession will only exert themselves in a proper way. We shall endeavour to assist forthwith in the goodly undertaking.

## THE LANCET.

London, Saturday, Oct. 16, 1836.

UPON a further inspection, we are not inclined to give publicity to the documents referred to in our last number, concerning the affairs of the WESTMINSTER HOSPITAL, because they are of a nature to place the question upon too narrow a basis, and because they involve many private matters which ought not to be introduced in the discussion of an important public question.

A Correspondent, whose letter we insert at page 108, takes exception to the term "jobbers," which we applied to the promoters of the scheme for rebuilding the hospital at Charing Cross. The expression is certainly a harsh one, and the more so because it is felt to be appropriate by the persons for whom it was intended. At the same time we are most willing to confess that it would be scandalous if we were to insinuate, even for an instant, that the whole party of Trustees, who advocate the removal of the hospital from its present site, are influenced by any motive other than a most ardent desire to uphold the best interests of the charity. It is not right to impute improper intentions to any governor who may support the proposition for removing the hospital to Charing Cross, even if it should be demonstrable that his own private interests would be materially benefited thereby. Neither is such evidence conclusive that the undertaking would be detrimental to the poor, prejudicial to the public interests, or unjust towards the founders of the hospital. The reasons that are advanced on both sides of the question should be carefully considered, and imputations upon motives ought to be studiously avoided; but an opinion delivered on either side of the question, if unsupported by argument, should not have greater weight in deciding the question, than a mere silent vote. What, then, are



the alleged reasons for rebuilding the hospital at a distant place? They are all comprehended in two brief propositions:—

1st. That the removal of the building from its present situation to Charing Cross, would lead to an increase in the amount of subscription, and, therefore, the hospital would be enabled to accommodate a larger number of patients; and,—

2ndly. That the removal is likely to be attended by a very considerable increase in the number of medical students.

A very few words will be sufficient to show, that the arguments in support of this last proposition, if they have any weight at all, press decidedly against the projected removal; for the scheme contemplates neither more nor less than the conversion of a Hospital, established in Westminster for the benefit of the poor in its immediate vicinity, into a medical school in the neighbourhood of Charing Cross, for the benefit of the medical officers. The treasury of the hospital possesses 74,000*l.* of funded property. Now we ask,—Was this money bequeathed to the necessitous sick poor, or to the projectors of a medical school? As no one will have the temerity to contend that the terms of any one of the bequests refer, in the most distant manner, to the latter undertaking, the appropriation of even five pounds of the hospital funds to such a purpose, would be a precedent of most dangerous tendency,—would be such an outrageous perversion of the intentions of the benevolent donors, that it might not only prove destructive to the existing property of the charity, but might prevent all future subscriptions, by causing a just apprehension of a want of discretion and capacity in the trustees.

From the whole tenor of the discussions which have taken place in this Journal upon the subjects of hospital discipline and medical education, we hope it will be admitted that we have not, on any one occasion, been unmindful of the interests of medical students; but we have never yet been enabled

to discover in what manner the patients of a hospital are immediately benefited by the bustle and confusion constantly created in the wards by the presence of large crowds of young gentlemen, whilst the pupils themselves, thus collected by the monopolizing and mercenary by-laws of our colleges and medical companies, are utterly incapable of acquiring that information of which they are so anxiously in search, and for which they so dearly pay. The governors, therefore, have little reason for believing that the unfortunate patients will be benefited by converting their hospital into a “large” medical school, and even the medical officers themselves must admit, if they speak truly, that, with regard to affording adequate clinical instruction to the student, the pupils of the Westminster are already sufficiently numerous; for it were idle and monstrous to suppose that a hundred and fifty, or two hundred gentlemen, can approach near enough to the bed of a patient to hear either questions or answers, or even to obtain, in the majority of instances, a glimpse of the characters of the disease under treatment. Hence, if the medical officers were men of talent, regular in their attendance, and punctual in the delivery of judicious commentaries, on the diseases and their treatment, the *Westminster*, from the very circumstance of its having only such a number of pupils as are enabled to see the sick, to hear the lecturer, and observe the effects of the remedies given to each patient without obstruction or molestation, it might be esteemed the best, the most efficient, hospital for clinical instruction in this metropolis. Enough has been advanced, then, to demonstrate that the interests of the public, as connected with the education of medical students, and the comfort of the unfortunate patients, as affected by the inconveniences arising from a large medical school, loudly demand that the hospital should be re-erected in its present situation.

The arguments by which it is endeavour-

ed to maintain the first proposition, are equally as unsubstantial and baseless as were those advanced to support the second. It is conjectured by the "removal" party, that if the hospital be removed from its present "obscure" neighbourhood, it will be more liberally supported, and, consequently, that it will be enabled to relieve a numerous assemblage of patients, *Obscure neighbourhood!* Why it is situated in the high road from the western part of the county—from Chelsea, Putney, Hampton, Hammersmith, Kensington, and Knightsbridge?—Why it is situated in the high road from Hyde Park Corner to the Houses of Parliament, to the Abbey and the Courts of Law!—Why this "obscure" hospital in an "obscure neighbourhood," is within a hundred and fifty yards of the King's Palace, upon which a million of money has just been expended. In this situation, according to the annual reports of the governors, according to the yearly gratulatory addresses of some of those very gentlemen who are now so boisterous in their demands for a removal, it has existed and flourished one hundred and eleven years; it has relieved upwards of two hundred thousand diseased poor persons; it has accumulated seventy-four thousand pounds of funded property, and there are twenty thousand pounds which have been liberally subscribed by the public for rebuilding the hospital. In the same reports it has been invariably alleged that, in the management of the funds of the charity, there has been no jobbing, no peculation, that the patients have been most scientifically and liberally treated, and, in a word, that there has not been a better conducted hospital in London. Under these circumstances it really would appear that none but the ignorant or the designing would hazard the welfare of the poor, by demanding for this institution a new situation. But, it is contended, that were it erected at Charing Cross, it would be enabled to support double the number of patients. Fudge! The persons who urge

this argument must be short-sighted indeed, or they would perceive that it goes to support the erection of the Charing Cross Hospital, an undertaking for which a fund of ten thousand pounds is already collected, and not to prove a necessity for the removal of the Westminster. Large hospitals, it is well known from painful experience, are advantageous, comparatively, neither to patients nor to pupils. The talk of "junction," therefore, between the two institutions is, we trust, a mere idle rumour. Charing Cross doubtless will have its hospital without the removal of the Westminster, and as it is a spot whereon no hospital has stood for so many centuries, why has it become necessary that two should be erected there all at once? In truth, any hospital is less required there now than it was some few years since, as the foul courts and alleys have been all swept away in effecting those splendid improvements, which are every-where observable in that neighbourhood. The Westminster Hospital at present stands upon its own freehold; but, if erected at Charing Cross, it will incur a ground-rent, we hear, of eight hundred pounds *per annum*! Is this just? Is it politic, thus to swallow up four-fifths of the present annual contributions in *rent*, when the whole might be reserved, and employed in adding to the comforts of the afflicted patients? The hospital can be erected upon its own ground, in a situation that will prove far less noisy than near Chandos Street; and, as to salubrity, there is no comparison between the two places, for it is now at the very border of the Park. The medical officers have never yet complained to the public, that erysipelas, hospital gangrene, and hospital fever, are common in the wards of the "old Westminster." It has spread no contagious diseases in the neighbourhood, and these circumstances afford strong grounds for believing, that as far as pure air is to be obtained in this metropolis, there is no hospi-

tal in London more fortunately circumstanced.

From the considerations which we have here briefly enumerated, we confidently hope and expect, that the governors will faithfully discharge their duty to the poor, the public, and the profession, by re-erecting the hospital upon the freehold estate, which they hold in trust for the benefit of the institution.

#### INQUEST AT HAMPTON.

MR. JEWEL has addressed a note to us in which he denies that he approves of the employment of considerable force in the practice of midwifery. Mr. Jewel will excuse us for inviting his attention to the following evidence\* :—

ANN ELLMAN. Mr. Bowen used his instruments with very great force; he put his back against the wall, and his feet against the bed, and pulled with a napkin with all his force. Something then gave way; the sound was like a bit of stick breaking, and the witness saw a child's arm pulled off.

MARY ANN ELLIOT.—Mr. Bowen asked for the boot-hook, which he used, placing his feet against the bed, and pulling with violence. I saw him take off both arms; one he pulled off.

SARAH CHILMAN. When the arm came off, he had got a napkin round it, and was pulling very hard, and witness said, "The Lord have mercy on us."

GEORGE JEWEL examined. Do you think that Mr. Bowen acted *properly* in this case? —I DO."

This is the way to strip evidence of its useless verbiage.

*Practical Observations on Leucorrhœa, Fluor Albus, or "Weakness," with Cases illustrative of a new mode of Treatment.* By GEORGE JEWEL, Surgeon, &c. London: Wilson. 1830. 8vo. pp. 108.

Of all the "new" works it has ever been our melancholy duty to examine, this affords the most instructive specimen of the craft

and mystery of writing a book. Throughout its one hundred and eight pages we are prepared to prove that the author can only lay claim to two ideas peculiar to himself; the first of which is, that local irritation, determination, or inflammation, is the immediate exciting cause of leucorrhœa; the second, that the application of the solution of nitrate of silver is a specific by which, under all its forms, it may invariably be cured. Within this narrow space resides every merit of the treatise, notwithstanding all that has been said and sung in its celebration; and even in these two points we have some reason to believe that priority of printing is the utmost to which he can pretend, for we have long known the nitrate of silver to be used as an injection in this disease, and we also know that the exciting cause was ascribed to local irritation or inflammation, by a great number of practitioners, long before Mr. Jewel favoured the public with his views on the subject. Inexperienced authors will doubtless imagine that out of such a meagre text it must have been difficult to construct a book of seemly dimensions, and certainly no little credit is due to the artist in the present instance, for the success with which he has spun out his grain of gold into a lengthened wire. We admit that even after an attentive perusal we are still ignorant of his method of amplification, the distinguishing characteristics of which are, a very bad style of composition, and numerous ill-digested opinions and statements, which it would not be very easy for the author to justify, were the critic to press him hard for his defence.

On the source of the increased secretion Mr. Jewel's book affords no information derived from the author's own necrotomic inspections, but he has contrived to perplex the subject a little by expressing the following opinion, which he presently disproves in a most satisfactory manner. "I believe," he says at p. 9, "that the discharge seldom issues from the uterine cavity;" while at p. 39, we find him noticing the following important data, from which we believe his first conclusion can scarcely be legitimately derived. "Here," he proceeds, "it may be necessary to state that M. Blatin examined the bodies of twenty-four females who died from excessive leucorrhœal discharge, with

\* LANCET, No. 371, page 76.

a view of ascertaining the seat of the disease. In nine of these cases, the morbid secretion was found to arise from the *uterus*, in thirteen from the *neck of the uterus* and *vagina*, and in two from the *fallopian tubes*. At p. 34, Mr. Jewel alludes to M. Lisfranc's operation of the removal of a part of the *cervix uteri* when affected with carcinomatous disease; he mentions the report communicated to the *Académie Royale* of forty cases of operation, *three* of which only terminated fatally; yet a few lines further on he states, as an objection to excision, that "the operation gives a shock to the system sufficient in itself to destroy life."

In his enumeration of remedies, he omits the *cubeba*, which, by report at least, have been tried with great success in this disease; he also commits the pharmaceutical error of prescribing together the carbonate of potass and sulphate of magnesia, as the basis of an effervescing draught. We declare with regret, that, from all these circumstances we cannot recommend the book to the notice of the profession. As we have already stated, all that is valuable in it resides in so narrow a compass, that with the exception of a few illustrative cases, it would scarcely form an admissible article for any journal of repute. Of the practical value of the nitrate of silver, we can offer no opinion, and its utility can alone be proved by extensive clinical experiments.

We are glad, however, that under the same cover, though not a part of his "Practical Observations on Leucorrhœa," Mr. Jewel has afforded us an opportunity for noticing him in a favourable manner. We allude to two cases of gonorrhœa, with excellent preliminary observations, which he has given in a brief appendix, and without subscribing our assent to his doctrines, we cheerfully subjoin the following abstract of his opinions on the possibility of secondary symptoms arising from gonorrhœa, and one of the cases treated by the injection of the nitrate of silver.

"There is one question which I conceive to be of infinite importance, and which is still considered by many to remain undecided. Can gonorrhœa give rise to secondary symptoms? Whether gonorrhœa and syphilis are two diseases widely distinct from each other, or one and the same, I have every reason to believe, from facts and observations, that secondary symptoms, such

as papular eruptions, blotches, and sore throat, do occasionally appear after the former disease, when it has been unusually severe or protracted, and especially when it occurred during utero-gestation. A modern writer\* has stated his belief, that as long as sound surfaces remain, to which the matter has been applied, no secondary symptom of a specific character follows, that in fact no poison is formed. It would therefore appear, that in order to the production of secondary symptoms, the mucous surface must be broken, or that there necessarily must exist a gonorrhœal sore or excoriation, in which case the matter would be absorbed into the system. Upon this point of the subject I would remark, that I have always been carefully minute in my inquiries into the history of such cases, and that in the majority I have not succeeded in ascertaining that a sore had been detected at any period of the disease, although the fact of the gonorrhœal complaint had been most readily admitted. I have so often observed secondary symptoms following gonorrhœa in pregnant women, that I have long since thrown aside all doubt upon the subject, and have for several years invariably had recourse to the alterative action of mercury, as in the exhibition of the *hydr. cum creta*, with a view of suspending the disease, and preventing secondary symptoms from taking place."

The annexed case of gonorrhœa, "cured" by the nitrate of silver, we think is highly deserving the attention of practical men.

"Dec. 9. A. R., a poor woman, 25 years of age, states, that she has been infected with gonorrhœa about three weeks. The vaginal secretion is highly acrid, and there is a glandular enlargement in the right groin. The living membrane of the urethra is particularly sensible, and she complains of great soreness in the pudendum; bowels confined.

R. *Infus. sennæ*, ʒvss;  
*Pulv. jalapæ*, ʒi;  
*Potass. supertart.* ʒij;  
*Syrup. zingib.* ʒss. *M. ft. mist.*  
*sumat partem quartam pro dosi.*

To take diluents plentifully, and to abstain from all stimulating food and drinks.

11. *Argent. nitrat.* gr. xxiv;  
*Aq. distil.* ʒviij. *M. ft. Injectio*  
*ter in die utend.*

*Hydrarg. cum creta*, gr. v. *bis quotidie.*

14. The symptoms are relieved, except the pain which is felt when the patient voids her urine.

*Continuentur remedia.*

17. The vaginal discharge has disappeared, but the local irritation continues.

\* Mr. Travers.

To increase the strength of the injection, (nitrate of silver, gr. iv, ad ʒi aquæ.)

*Cupiat mist. parv. ut antea.*

23. In every respect much better. There is no vaginal secretion, and she voids her urine without pain. To continue the injection.

26. There is still a hardness in the groin, but, with this exception, the complaint is entirely removed.

These cases, which I have selected from others, merely from their having been almost the first of the kind of which I had taken notes, illustrate two practically important points; first, that the nitrate of silver will prove a therapeutical agent of great value in the cure of gonorrhœa in the female; and secondly, that it may be employed with perfect safety and advantage, notwithstanding the presence of inflammatory symptoms."

### INQUEST AT HAMPTON.

LETTER FROM SIR ANDREW HALLIDAY.

*To the Editor of THE LANCET.*

SIR,—In the report which you have given in last week's LANCET, of the evidence taken at the inquest at Hampton, on the 2nd inst., there are two errors, which, though perhaps of little moment, I hope you will do me the favour to correct in your next number.

First,—Mr. Bowen did not call upon me to explain the reports that were in circulation. He came accidentally into my room about half an hour after I had first heard of the report from Mr. Sells of Kingston. I repeated to him (Mr. Bowen) the statement as made to me by Mr. Sells, and in the very words in which it had been made, and as he *unreservedly assured me* that that statement was not true, I wrote the words down upon a slip of paper, told him the name of the person from whom the report had come (a Mr. Russell of Hampton), and said he ought to go instantly and have it contradicted. My words were, "*Take this paper, and tell Mr. Russell that you have my authority for saying that he has been propagating this false report, which you can read to him.*" So fully was I impressed from what Mr. Bowen said, that on meeting Mr. Sells about half an hour afterwards I stopped him in the village of Hampton, and in a manner exclaimed, "*I am delighted to be able to assure you that the report you have heard about Mr. Bowen is all lies!*"

Secondly,—that however the evidence may have been taken down, my answer to Mr. Guy's first question was, *that Mr. Bowen*

*had never told me that he had taken off the child's arms.* Had Mr. Bowen been examined, as I conceive he ought to have been, and as I fully expected he would have been (as he certainly was the only person that could give the coroner and jury any information), I should have had the opportunity of making him explain the now apparent inconsistency between my assertions in the first instance to Mr. Sells, and subsequently to Mr. George Taylor of Kingston; and my reply to Mr. Guy's first question as stated in your report of the inquest.

My own feelings would have induced me to have troubled you at much greater length on this unfortunate business, in which great efforts have been made to implicate me personally; but I cannot expect that your valuable pages are to be occupied with such private concerns, however important they may be considered by,

Sir, your very faithful servant,

ANDREW HALLIDAY.

Hampton Court,  
Oct. 13, 1830.

LETTER FROM MR. JEWEL.

*To the Editor of THE LANCET.*

SIR,—My surprise was not a little excited, on perusing THE LANCET of Saturday last, to find an article stating that I had given opinions favourable to the employment of great force in obstetric operations. I presume that the statement originated in some misconception on the part of your reporter, as in the whole of my evidence upon the occasion of the inquest at Hampton, not one word was said upon the subject. With a view of removing from the minds of the jury the unfavourable impression made by the manner in which the witness Ann Ellam detailed the particulars of the operation, I simply asked her whether she had ever before been present at such a case, and whether she was aware what degree of force was necessary upon such an occasion; to which she replied in the negative. The principle so ably laid down by Dr. Davis with respect to the amount of force, and its being applied by degrees in the operations of midwifery, has appeared in almost every obstetric work from the first dawning of midwifery as a science, and I presume, in the present day, is strongly inculcated upon the mind of the student by every teacher of midwifery in Europe. Your giving insertion to this letter in your next week's LANCET, will oblige, Sir,

Your very obedient servant,

GEO. JEWEL.

24, Sackville Street, Piccadilly,  
Oct. 12th, 1830.

QUESTIONS TO MR. JEWEL.

*To the Editor of THE LANCET.*

SIR,—The Inquest held at Hampton before a coroner who was miserably incompetent, because not an intelligent member of the medical profession, has suggested to me the following questions, which I trust you will give me permission, through the medium of your most valuable publication, to put to Mr. Jewel, one of the medical witnesses on that very melancholy occasion.

I have the honour to be, like yourself, a friend to the cause of public justice, and

Sir, your  
CONSTANT READER.

In the state of mutilation in which the child was found upon inspection of the body of the deceased Frances Clark, how could Mr. Jewel take upon him to say, that "the only part which could have been felt during the labour had been the cheek?"

On what principle does Mr. Jewel presume the removal of the arms of the child, its mother having had a full-sized pelvis, and having previously given birth to living children at the full period of gestation, to have been "perfectly justifiable?"

Where has Mr. Jewel seen the practice in cases of cheek presentation, of "bringing down the breech with a blunt hook?" Does he teach this practice in his lectures, or has he heard of any other teacher of midwifery, either in this country, or in any other, who has ever directed or adopted it? Will he also be kind enough to refer me to any authority for the practice of "breaking the spine of the fœtus with a boot-hook, or even with a common blunt hook," in cases of presentation of the cheek?

In any case of presentation of the arms, however large the child might be, is it usual, or has it ever been recommended by a competent authority, to remove such presenting arms, by wrenching, or even by the more decorous operation of excision? If not, how came Mr. Jewel to give his opinion on oath, that the Hampton practitioner "was not to blame in the treatment he adopted?"

If the head of the child had not engaged in, nor entered deeply into, the cavity of the pelvis at the commencement of the operation, what was there to prevent the attempt of effecting the delivery by turning, an operation which, Mr. Jewel should know, consists in the bringing down of the child's feet, and not the arms, as was practised in this unfortunate case! If, on the other hand, the head, cheek or face foremost, had got down into the pelvis, and there (in consequence of the incompetency of nature to effect its expulsion, or of art its safe delivery with the forceps) had become strongly and immovably impacted, is there a com-

petently-educated practitioner in the kingdom who would not have had recourse to the operation of cephalotomy, or is there any teacher besides Mr. Jewel who could have approved of any other practice?

Having asserted on oath that the Hampton practitioner had acted properly in this case, why did Mr. Jewel decline to answer the question, whether "in the position in which he found the fœtus, he himself would have pursued the same course?"

Did Mr. Jewel ever receive instructions in the art of midwifery? If he did, it may be useful to the students of the present day to be made acquainted with the name of his teacher. If not, how could he dare to set up for a teacher himself?

It is in evidence, that the medical attendant on Frances Clark used very great force, "that he put his back against the wall, and his feet against the bed," that "something then gave way, that the sound was like a bit of stick breaking, and that both the witnesses saw a child's arm pulled off;" does Mr. Jewel still persist that the medical man who could do all this, was not to blame in the treatment he adopted? If not, he should forthwith publish an honest recantation of his error, as some small, but the only, compensation now in his power, to the cause of humanity and public justice, which he has so deeply injured.

## ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Oct. 11, 1830.

## PARALYSIS AGITANS.

GENTLEMEN,—The physician whose turn in the hospital it is on any week to make a selection of the cases which are admitted, generally takes under his own care those which are acute, and having made choice of a sufficient number to fill the vacant beds in his own wards, distributes to the other physicians the remaining cases, which are, for the most part, chronic, though now and then, as you may suppose, an acute case is amongst them. Of the medical patients admitted last Thursday under myself, six were men and six were women. Among the men is a case of shaking palsy, and another of palsy of the wrists arising from lead; one of a very curious nature,—hemiplegic palsy, in which half the body only is affected, and that only for a certain number

of hours every few days; one of periodical palsy; one of convulsions of the lower extremities on an attempt at motion, a case of anasarca and diseased liver, and one of rheumatism. Among the women is a case of hysteria, syphilis, scalled head or porrigo, chronic inflammation of the stomach, tumour of the abdomen, and inflammation of the membranes of the spine. Of these I shall select one for your consideration this morning, the case of shaking palsy, which, in medical language is called *paralysis agitans*.

The best account of this disease which I have seen, is one given by a general practitioner, now deceased, of the name of Parkinson, a highly respectable man, who wrote an essay upon the subject in 1817, from which I have derived nearly all I know upon the complaint. The subject of the present case is F— E—, a man aged 38, received into William's Ward, No. 20. The disease, according to Mr. Parkinson, consists in involuntary tremulous motions, in more or fewer of those parts of the body which are naturally under the command of the will, with diminished muscular power; and the tremulous motions occur in parts, which are not at the time in voluntary action, and even when they are supported. There is likewise a propensity to bend the head and trunk forwards, and a strong inclination, when walking, to commence a running pace, into which pace the lower limbs frequently pass from the former, the individual appearing as though in great haste, and anxious to get onwards. At the same time, the senses and intellect are quite unimpaired. The words of Mr. Parkinson in describing this disease are, "Involuntary tremulous motion, with lessened muscular power in parts not in action and even supported, with a propensity to bend the trunk forward, and to pass from a walking to a running pace, the senses and intellect being uninjured." Now this disease usually commences in some one part of the frame, as, for instance, in the head; but it more frequently begins in one hand, or in the arm; there it will sometimes remain for many months, and even for years, before it spreads, and perhaps it never spreads at all. Sometimes, however, it increases in degree and extent, and other parts become affected, until, at last, the whole body is in a constant shake. Though the tremulous motions in this disease are involuntary, yet they may be checked by an effort of the will. The effort exerted, however, must be of a powerful nature, and then it will for a few moments stop the shaking. As the disease extends, first one extremity and then another becomes affected, at length the head and trunk bend forwards, the individual walks in some measure upon his toes, the motion of walking becomes gradually quickened, at last it is

altogether lost, and the man unconsciously gets into a trot, and has all the appearance of a person in a most violent hurry. This change is owing to the disease being slightly under the will. The individual who is afflicted, finds that a powerful exertion of the muscles will stop the tremors, and as running requires more effort than walking, running answers better to control them; or we may say, that when he is walking, the same effort which he makes to check them, forces him to run, which state he continues, because he finds that he thus partly conquers the tremulous motions,—that they do not so much get the better of him and impede him. The same effect is produced in St. Vitus's dance,—a powerful effort will sometimes stop the convulsions for a moment. A curious circumstance observable in this disease is, that if it happen to remit in one part of the frame, it soon increases in another. Thus if the leg shakes more, the arm may shake less; and so remarkable is this, that if you take hold of the arm, for instance, and prevent it from shaking, the leg will begin to tremble immediately; if you steady one part, the other is sure to shake more violently, or perhaps begin to shake, though quiet previously. This also is often observed in St. Vitus's dance. It sometimes happens, that a change of posture will arrest the trembling in the part. The disease agrees in another respect with *chorea*, or St. Vitus's dance, that the shaking ceases during sleep, though when very strong indeed, the shaking continues, whether the patient be asleep or awake,—a circumstance also occurring in violent cases of *chorea*.

In the usual progress of *paralysis agitans*, the voice is not affected until the muscles of the upper extremity and head have been so for a long time. At last, however, speech becomes involved, and the muscles employed in the acts of deglutition and mastication are affected, and speaking, chewing, and swallowing, are extremely difficult to be performed. By and by the urine and fæces pass away involuntarily, general emaciation ensues, entire decay of the powers, and ultimately death. Such is the melancholy progress of the disease when it continues to extend beyond the part originally affected, though frequently it does not increase at all. You may often see persons with the head constantly shaking, while no other part is affected, and in whom the disease has existed to the same degree and extent for many years. Sometimes, also, you may observe persons, one of whose hands only is, for many years, agitated. Mr. Parkinson relates a curious case in which there was also hemiplegia, but one only of the two diseases was present at a time, for when the hemiplegia commenced in the agitated parts,

the shaking ceased; and on the cessation of the hemiplegia, the shaking recommenced.

This disease is to be carefully distinguished from the tremulous motions with which drunkards are affected. It is entirely distinct from the effect produced by habitual intoxication. You are well aware of the effects which spirituous and vinous liquors, tobacco, tea, coffee, and other narcotics, will produce when used in excess. If the indulgence in any of these is habitual, then the shaking is continuous, and it is only by discontinuing their use that the tremours cease. This trembling, too, will be produced temporarily by occasional strong doses only. It generally, also, affects both hands, and is seen chiefly when any effort is made by the individual; if, for instance, a pen is taken in the hand, a shaking comes on the moment an attempt is made to write; or if a cup or glass be lifted, the contents are spilled over. The greater, too, the effort which is made, the more excessive is the tremour that follows. But in paralysis agitans exactly the reverse of this is observable, for a strong effort will, for the time, overcome the disease. By this, and by the affection occurring pretty equally in both hands, you may distinguish nervous trembling from paralysis agitans. You are aware that strong passions, as fear and rage, will also, like strong tea, coffee, or tobacco, produce a trembling,

It does not appear that the disease of which I am at present speaking, was well characterised or distinguished before Mr. Parkinson wrote on the subject. The peculiar characters which mark the shaking of drunkards, as different from the diseases of muscular agitation, had been pointed out by Galen, and many others since his time, but paralysis agitans was not well defined before the essay of Mr. Parkinson. Having then described to you the usual course of the disease, I shall revert to the particular case before us.

The patient, F. E., is 38 years of age, and has had the disease eighteen months. He has been accustomed to drink hard at different periods of his life. He is a school-master by profession. It is the right upper extremity which is now affected; but though the right lower extremity is not in agitation, it is occasionally retracted as he walks,—experiences solitary catchings, though it does not shake. The disease began in the head and tongue, but when the right upper extremity was affected, it left the head. This peculiarity distinguishes the present case, that the tongue is one of the parts that were first affected. In general this is not the case, and the tongue is not affected, after many other parts have suffered severely. The head now shakes very slightly only. The affection of the tongue is at-

tended by the following very curious result. Whenever the man attempts to speak, the tongue begins to quiver like the tongue of a serpent; presently a confused murmur is heard, and then suddenly he brings out his words with extreme rapidity; and such is the effort that he cannot stop himself, but repeats the few last words again and again. It is a phenomenon analogous to the running which occurs on the attempt to walk. He cannot manage the muscles at all, without a violent effort, such an effort that his tongue gets as it were into a run; the common expression of the tongue running, when we describe a person who makes a good use of it, is really applicable to this patient. I have written down in the case-book, "Before he can speak he makes a confused and inarticulate murmur, and then speaks rapidly, slurring his words together, and repeating the last words several times. The effort makes the tongue and right upper extremity shake violently." He sleeps very well, his appetite is good, and in all other respects, except this shaking of the body, he is in tolerable health. Sometimes after a good night's rest he does not shake at all for a few minutes after waking in the morning, but then it is not long before the trembling commences. Any excitement or attempt to do any thing at once, greatly increases the tremours, but by a strong effort he can at length arrest them for a few moments. The only other symptom present is costiveness (he has but two stools a week), and a pain in the head whenever he is anxious.

With regard to the nature of the disease, in many cases it depends, no doubt, on organic affection of some kind. Mr. Parkinson gives a dissection after the disease, in which the lingual and brachial nerves were found indurated, and the medulla oblongata very firm.

When patients get from bad to worse, and nothing whatever makes an impression on the disease, it is impossible to avoid supposing that an organic change has taken place in the nerves of motion, the medulla spinalis, or the medulla oblongata. In many cases the disease is controllable by art; it ceases on active treatment. In young persons I have often seen it cured. In such cases there has always been great costiveness. In old persons I have not remarked this, and the disease is most remediable in young persons, in whom it usually arises, in all probability, from mere congestion or inflammation, or some state of the nervous matter of a peculiar nature, not understood, but independent of organic change or inflammatory action.

As to the cause in this man, it is not very certain. It appears that about two years ago he had a fall, by which his head was slightly contused; but it is impossible to say



whether this has had any share in producing the present disease. This circumstance is very likely to have had some effect at a subsequent distant period; for it is quite surprising how often medical men see organic changes or chronic inflammation produced, and especially in the head, by a very little accident that happened at a long period previously. Eighteen months ago, too, he informs me he was mercurialized. He has also suffered great anxiety. The fall might have produced it; indulgence in drinking, anxiety, and the effect of strong mercurial action, may have all co-operated. From the circumstance of the disease having followed a fall, I should be less sanguine in my prognosis, as chronic inflammation and induration, or other changes of structure, may have been produced.

As regards the treatment in a case of this kind, if I ascertain that there is any inflammatory state, or fullness of the head, I employ bleeding generally or locally, or both, setons, issues, moxas, and also purging and low diet, and mercury. If there is mere fullness of habit, I should employ antiphlogistic measures. But if there is no reason to suppose that any fullness or inflammation exists,—if the patient is not of a plethoric habit, if no local pain or tenderness is felt, then remedies which exert a peculiar action on the nervous system, different altogether from that of narcotics, are the best means. Almost all nervous disorders whatever, and convulsions of various kinds, may arise from inflammation, from fullness, congestion, or a peculiar condition, the nature of which we do not understand, but which we do not consider to be necessarily inflammatory. I do not know how to distinguish between the propriety of adopting either of the two modes of treatment, but by observing whether there be fullness of habit or not, local heat or pain, and whether there has been a local cause—an external injury. When there is nothing of this sort observable, then stimulants and tonics, and those peculiar medicines, are the most useful things you can employ. Iron, nitrate of silver, arsenic, sulphate of zinc, and preparations of copper, are in this class, and frequently do great good in all kinds of nervous cases, though we do not know how. As to this man, he has been both in St. George's and the Middlesex Hospitals before coming here, and in both he was very properly, though unsuccessfully, treated. What was done in St. George's I may as well inform you. He was bled and cupped; counter-irritation by blisters was employed, a discharge was kept up from the back of his head, and he was put upon a low diet,—a plan which it was very reasonable to pursue in the first instance, for he is in the prime of life, of rather full habit, and had suffered a mechanical

injury. I found, likewise, that in the Middlesex Hospital, stimulants were subsequently allowed him; he had porter and camphor, and good nourishment, as the previous plan had failed; and though not cured by this treatment, he was rather better. Judging from these facts, I have determined to support him well, and exhibit tonics and those remedies which peculiarly control some diseases of the nervous system. Had I seen him long ago, I should have begun with the plan followed in St. George's, and after a full trial, and failure, had recourse to the method pursued at the Middlesex. The present state of the man induces me to follow up the latter plan. Among the various remedies of the kind now spoken of, iron is one of the most powerful, and certainly the safest. I have been more successful with this medicine than any other in nervous affections, and it is safer than arsenic, and does not irritate the stomach and bowels as arsenic and copper do; it is pleasanter than nitrate of silver, for it occasions no risk of blackening the skin. I have accordingly ordered two drachms of the subcarbonate of iron, to be taken three times. He informs me he is always better when stronger, and better with a certain allowance of porter, and I believe him, both because the strengthening plan frequently does answer much better, and because he is a respectable man, apparently very anxious to get well. I need hardly say how necessary it is to attend to the state of the bowels. Whenever there is any approach to inflammation, or congestion in the nervous system, purging is sure to effect good; and nervous diseases may sometimes arise from torpor of the bowels. Altogether, however, I have been disappointed in the use of purgatives in chronic disorders of the nervous system as curative, or materially mitigating remedies; but on account of the costiveness in this man's case, I have ordered the croton oil every day, in order to keep the bowels open; for though purging might do no positive good, and by debilitating might in this case increase the morbid irritability of the nervous system, yet constipation would certainly do harm. Also the iron, being a bulky medicine, would accumulate if costiveness were permitted, and prove troublesome. Generally speaking, if given with treacle, the composition has a tendency to open the bowels, and no aperients are required. But costiveness should always be carefully avoided when it is exhibited.

It is not very often that we have a case of this disease in the hospital; but I have cured many in private practice; in young persons, by bleeding, cupping and leeching the head, and by purgatives. I had, however, one in the hospital, in which all these were perseveringly employed,—I cannot say

how long or often,—and in which subsequently I gave sulphate of zinc in large quantities, all without effect; but on having recourse to iron, the disease instantly and permanently gave way. Iron here certainly acted specifically, and yet I may mention that the head was hot and painful. Still I have prescribed it as well as all the other remedies of that kind, and all the remedies of chronic inflammation, in many cases of elderly persons, who derived not the least advantage from the treatment, and most probably because there was organic disease,—some change of structure in the nerves of motion, and those parts of the brain and medulla, with which they are immediately connected.

#### DISEASE OF THE HEART.

Before we separate I have a few observations to make on a very interesting case of disease of the heart which has just proved fatal, and the morbid changes of which I have now before me. The patient was a young man admitted into the hospital on the 8th of July last, William's Ward, F. S., No. 4, aged 25. The history of the disease was this:—he had been ill between three and four months with ague, which, he said, had begun two days after arriving, on the 31st of March, at a place called Figuera, which is four days' sail from Lisbon. He said that he had a paroxysm generally every day, and rheumatic pains in the limbs during wet weather. Let me observe to you, while on this subject, that there is nothing more common than a combination of ague and rheumatism in the same individual. Sometimes they co-exist, sometimes they alternate,—curiously enough, the ague ceases when the rheumatic pains commence, and when the rheumatic attacks are over the ague comes on again. We cannot see any connexion between the two diseases to produce this, but so it is. In the present case I observed a swelling of the lower extremities, which were always very cold. There was also tenderness of the abdomen, especially in the region of the umbilicus, and on the right side of the chest. It is common enough for the abdominal viscera to become diseased, and dropsy of the abdomen, or general dropsy of the body at large, to occur with, and subsequently to, ague. The dropsy in this case was shown by soft, pale swellings of the legs, pitting upon pressure; and the tenderness all over the abdomen, without manifest disturbance of the functions of any of the abdominal viscera, showed more or less of inflammatory affection of the peritoneum. The fulness also of the abdomen probably arose partly from ascites, though there was not sufficient fluid to occasion fluctuation. The pulse was sharp and

strong, and beating 104. This fact, with a little difficulty of breathing, led me to suppose that the heart was affected, for there was evidently no inflammatory disease sufficient to account for the state of the pulse. There was no feverishness of body. He had dyspnoea certainly on lying down, and quick motion, but hardly any cough; and there was nothing in the mode of breathing to lead to a belief that the lungs were affected. I applied the stethoscope. The action of the ventricles of the heart was morbidly strong, particularly in the left region of the organ, and extended over a considerable space. A bellows sound could be very plainly heard on that side, and in a lower degree indeed to some extent. Now ague itself is generally cured with the sulphate of quinine, but here the tenderness of the abdomen, the state of the pulse, and the force of the heart, led me to have recourse also to bleeding. The ague was presently cured by five grains of the sulphate of quinine three times a day. A pint of blood was also taken from the arm, and I gave him two grains of calomel twice a day, and put him, of course, on a low diet. He was, in the progress of his treatment, continually cupped and bled by leeches over the region of the heart and abdomen. He shortly got, as he considered, much better, and wished to leave the hospital, and return to his occupation; but however much his health might be improved in other respects, the state of the pulse, and the force and sound of the heart, led me to advise him to remain. He soon after became dropsical again and died, the pulse being, to the day of his death, nearly as sharp as it was at first. On the post-mortem examination, I ascertained that a most important disease of the heart had existed, and this I will now show you. First of all, both ventricles are dilated, and I should observe, that when this happens, the heart acquires a very considerable size, and becomes nearly round at the apex, the angle of the apex becoming so obtuse that the apex is really almost effaced; this alteration in the heart may be seen in the plate before you. (Plate VI. of Dr. Elliotson's work on Diseases of the Heart.) There is exactly the same appearance in this heart (showing it) as in the engraving. Observe here that the left ventricle is considerably increased in size. The right is larger than usual, but not so large in proportion as the left. The heart itself, notwithstanding its great dilatation, is at least of its natural thickness; indeed, the walls of the left ventricle are more than that,—it has lost nothing in thickness by its enlargement in capacity. There must, consequently, have been a great addition of substance made to it, or it would have become thinner. This thickening and dilatation together of

the heart is called *eccentric hypertrophy*. We shall, in the course of the winter, see instances decidedly the reverse of this, where the cavity of the hypertrophied walls is diminished; and those are distinguished by the term *concentric hypertrophy*. I told you that there was a strong bellows sound heard in this case; I will now, therefore, show you in the same heart a most remarkable specimen of disease of the valves of the aorta—an extraordinary growth like venereal warts. I do not recollect having ever seen excrescences of such a length as are here, one is nearly an inch and a half long. There are excrescences from each valve of the aorta. Now these did not present much impediment to the circulation; they are quite soft and flat, and not greatly in the way of the course of the blood, and we need not, therefore, wonder that the pulse was sharp and really very full to the last. Taking into consideration the size of the left ventricle and its thickness, the muscular force which propels the blood into the aorta must have been immense. The inconvenience which the patient must have suffered from the violence it exerted must have been very great. Though there was no material impediment to the circulation from the excrescences, yet examination by the ear sufficiently showed, by the strong bellows sound, the existence of impediment. In this other plate there is a view of excrescences proceeding from the valves, of a globular form, and another of excrescences with minute growths of bone. To show you how little disease of the heart may be suspected in a case of this kind, without the intervention of the ear, I may mention, that in one of these cases, the man was admitted into the hospital for some other disease, and he neither complained of, nor appeared to suffer from, any affection of the heart, and we were not a little surprised, on examination after death, to discover the excrescence. Probably, if there had been any reason for listening in that region, we should have found a bellows sound. In the present case I did examine by the ear, and discovered impediment. I have no doubt, that the minutest impediment is sufficient to produce the bellows sound. In the present case there was general dropsy, tenderness of the abdomen, slight chronic peritonitis, slight difficulty of breathing; and on striking with the hand over the region of the heart, a dull sound to a great extent was perceptible. On opening the pericardium, about half a pint of perfectly clear serum was found, with a few flakes of lymph. Fluid also existed in one pleura. The heart had become so large, that it had distended the pericardium greatly, and there was, in consequence, little room for any effusion; but what space there was, was entirely filled

with this serum. The flakes of lymph were probably the result of inflammation of the pericardium, connected with his rheumatism. In the course of the winter I shall give you reason to suppose, that hypertrophy of the heart is generally the result of an inflammatory affection, when not of mere impediment; and that most inflammatory affections of the substance of the heart and the lining membrane, begin with, or arise subsequently to, more or less inflammation of the pericardium.

## ST. BARTHOLOMEW'S HOSPITAL.

### FRACTURE AND AMPUTATION OF THE FINGER.

JOHN FROST, æt. 33, was admitted into Colston's Ward on the 22d of September, with a severe wound of the middle-finger of the left hand, occasioned by the fall of a heavy piece of timber. The second phalanx was fractured, the soft parts were much lacerated, and the periosteum was denuded to some extent. In consequence of the exceedingly contused state of the parts, amputation was deemed advisable, and was accordingly performed in a particularly neat manner by the dresser, Mr. Bullmore. The incision was commenced about an inch from the phalangeal extremity of the metacarpal bone, and carried forwards on each side. The metacarpal bone was then divided in a transverse direction to facilitate the contact of the severed edges, and the remaining fingers were brought together by means of a small roller.

The wound has now nearly healed. There is very little deformity, and it is to be hoped that the utility of the hand is but slightly diminished.

We notice this case chiefly for two reasons; first, to show the pupils the little deformity of the hand that arises from the amputation of a finger through the metacarpal bone, and, secondly, for the purpose of bestowing on a scientific and zealous dresser that approval of his conduct which it certainly deserves.

### EXTENSIVE DISEASE OF THE ANCLE-JOINT— AMPUTATION OF THE LEG.

J. REEVE, æt. circ. 30, admitted into Darker's Ward on Sept. 30. The left ancle-joint was much enlarged, and on each side there were fistulous openings, from which a considerable quantity of matter was continually discharged.

The patient says that he was in this hospital with disease of the same joint about six years ago. He is a newsman, and he imagines that the continual walking to which he was subjected was the cause of this

second attack, which made its first appearance about two years since. A twelvemonth ago discharges of matter took place, and these continued until his admission into the hospital. The foot has become œdematous, and his general health seems much impaired.

On Saturday last Mr. Vincent amputated the leg below the knee by the double flap operation. Little hæmorrhage occurred, the vessels were quickly secured, and a neat stump was formed.

The patient, since the operation, has been doing well. Tongue clean; pulse natural.

At the conclusion of his Saturday's lecture, Mr. Stanley produced the amputated leg, and made a few remarks, which we here insert:—

“With regard to the *duration* of this disease, Gentlemen, I know nothing; but looking at the condition of the limb, I should be led to infer that it was of some standing, perhaps twelve or eighteen months. The disease is obviously seated in the ankle-joint, but it is a question whether it originated in the bone, or the soft parts. That it was not in the *bone* I may pretty safely affirm, because diseases commencing in the bone in affections of the joints, are of exceedingly rare occurrence. You observe these abscesses on either side of the limb; it is most probable that the matter having formed within the capsule, ulceration took place, and it found vent through these openings, which have been filled with unhealthy spongy granulations. (Here the lecturer commenced the dissection.) Look, Gentlemen, at the excessive thickening of the soft parts, and observe the enlargement of the cellular tissue. Now we come to the joint—or rather, I should say, that of the *joint* there is scarcely a vestige left. You observe that the cartilages of the ends of the bones are completely destroyed; the bone is rather soft, and there are granulations on the surface of the astragalus, so that had the limb remained attached some time longer, bony matter would have been thrown out, and complete bony ankylosis would have taken place. This is the only process we could anticipate. Next let us look to the commencement of the disorder. What is its essential character? Did it originate in common inflammation, or are these to be regarded as the effects of scrofula? Where the disease began, of course we cannot determine, but most probably in the synovial membrane, since that is the point of attack in the majority of cases of inflammation of the joints. But has any change occurred in the structure of the bones? We find it soft—a little softer than natural. If, however, the affection were of a scrofulous character, we should find soft matter in the middle of the bones, which is not here the case. Here

then we have the capsule ulcerated, the bone soft and ulcerated also, and the cartilages completely destroyed.

## WESTMINSTER HOSPITAL.

### PLEURITIS.

JAMES RACKHAM, ætat. 19, admitted 26th Sept. 1830, with pleuritic symptoms, which had existed four days; he suffered from a violent cough, with pain of right side over the short ribs, increased on each inspiration.

*V. S. ad deliquium.*

*Bolus calom. et antim. mist. diaphoret. 6tis horis.*

27. Ten ounces of blood were abstracted, much buffed. Respiration more frequent, 40 per minute; acute pain on pressure in the short ribs; tongue furred; occasional cough, inducing acute pain across the chest; pulse 86, feeble, undulating; bowels open.

*Mist. diaphoret. c. c. tempor. ad 3x.*

This man was subject to epileptic fits; was exposed to cold a few days since, which seems to have brought on this attack

*Emplast. lyttæ lateri.*

Sept. 28. Six ounces of blood taken away, a blister afterwards applied, which has risen well; breathes much more easily; countenance tranquil. Pulse 70, soft; tongue clean in its circumference; bowels open; slight cough; expectorates mucus.

*Emplast. lyttæ lateri.*

29. Continues to improve; a feeling of constriction across the thorax, but to a less degree than yesterday. Cough, not much expectoration.

30. All the symptoms alleviated; functions natural.

Oct. 1. Tongue still furred; bowels open; cough frequent, and producing pain in the lower part of the right side of the thorax; pulse 75, soft, full.

*Rep. mist. diaphoret.*

3. Considerably better; slight cough, but producing uneasiness on the right side, the old seat of pain; tongue much cleaner; pulse quick; bowels free.

*Bolus calomel : haust. purgans.*

5. A slight relapse; breathing labours; pain of side augmented by coughing, which is frequent; expectorates little; difficulty of swallowing; internal fauces swollen; tongue furred; shiverings alternating with flushings; skin hot; bowels scantily open; headache; eyes dull; countenance heavy.

*V. S. ad 3viii;*

*Bolus calomel et antim statim, et haust. purgans 2da hora postea.*

Respiration *puerile* on the left side of the thorax, dull on the right, and on the lower part a slight *râle crepitant*.

7. No buff on the blood, countenance natural; cyanche increased; no pain in any part, not even on a full inspiration; cough is frequent, and he expectorates a frothy and mucous secretion; respiration quite natural; cough excites a little uneasiness on right side; tongue furred, but clean round the edges; pulse about 90.

*Gargarrisma commune.*

9. Convalescent.

### HOPITAL ST. ANTOINE.

#### AMPUTATION OF THE RIGHT THIGH—TORSION OF THE ARTERIES.

D., *âgé* 15, was admitted on the 16th of September, 1829, with white swelling of the right knee, in consequence of a fall. Leeches, blisters, and moxas, had been applied, but without any success; and on her admission the diseased knee was three times as large as the other; the skin over it was much distended, and at the outer side there were two superficial ulcers; the tumour was very firm, fluctuating, and extremely painful on pressure, or the least movement of the limb. The patient's general health was much affected; she was emaciated, feverish, restless at night, &c. After having watched the case for some days, M. Velpeau decided on performing the amputation of the thigh. On Sept. 21st, in order to obtain the immediate re-union of the wound, two lateral flaps were formed, and hæmorrhage was arrested by the torsion of the arteries. On the femoral and two smaller vessels, this method was applied with success; on a fourth however it failed, so that it was necessary to apply a ligature. The wound was carefully dressed, and a *tourniquet d'attente* applied to the upper part of the thigh. No secondary hæmorrhage occurred. On the 24th the dressings were removed for the first time; the stump looked very well, but was rather tender and irritable. On the night of the 25th the patient was seized with vomiting and colic pain, the cause of which could not be ascertained. The wound began to suppurate in some places; there was much fever and slight diarrhœa. On the 20th she had an attack of shivering, followed by high fever, delirium, and great restlessness during the night. On removal of the bandage on the 27th, the bone was found protruding an inch from the wound, a small part of which only had united; it discharged a very large quantity of purulent matter, which, during the following days, became of an unhealthy kind, and was accompanied by a typhoid

state, discoloration of the skin, &c. The patient died on the 4th of October, after a long and painful struggle. On examination the bone was found denuded to an extent of three inches; the muscles, at the external side of the thigh, had a large quantity of matter between their interstices, almost as high up as the great trochanter. The hip-joint was also filled with pus, but without any morbid alteration of the articular surfaces. The coats of the femoral vessels did not exhibit any trace of inflammation, but the vein contained a large quantity of semi-coagulated blood, mixed with a greyish puriform substance. The lungs were filled with small tubercles.—*Journ. Hebdom.*

In a former Number of THE LANCET a similar case was related, in which, instead of the ligatures, torsion was applied with nearly the same effect as in the one above; hæmorrhage also occurred, though to a small extent; but the only assignable cause of the fatal termination, was a large deposition of matter between the muscles of the limb.

#### AMPUTATION OF THE LEG AT THE KNEE-JOINT.

In our last Number we alluded to a paper of M. Velpeau, which he read on the above subject, and mentioned the cases observed by him, in which the operation terminated successfully. We have since received a more detailed account of one of the cases, a more accurate description of which will, perhaps, be read with interest.

In January last a young man, 19 years of age, was admitted under the following circumstances:—Six years ago he had sprained his right foot, and having neglected the injury and continued his usual occupation, swelling of the ankle acceded, accompanied by violent throbbing pain, which altogether prevented him from walking. The leg gradually increased in size, and at its inferior portion ten or twelve abscesses formed, which opened and discharged a great quantity of matter and pieces of bone, and left a number of sinuses; the tibio-tarsal articulation continued in a state of chronic inflammation, and the patient had, for the last three years, been entirely deprived of the use of the limb. His general health was, however, not affected. The disease did not appear, after close examination, to extend to the knee, and M. Velpeau accordingly decided on amputation of the leg immediately below the joint. The operation was performed on the 14th of January. A circular incision having been made through the skin and muscles the tibia was laid bare,

but being found to be diseased and denuded of its periosteum, the operator was placed between the alternative of performing the amputation of the thigh or exarticulation at the knee-joint; and as by the circular incision part of the latter operation had already been performed, he, without much hesitation, decided on completing it according to Sabatier's method. An anterior flap was formed, containing the patella, and a posterior one, with the popliteal vessels. The articular surfaces were quite healthy; ligatures were applied to the popliteal and articular arteries. The posterior flap, which is almost exclusively destined to cover the stump, was unfortunately rather small, in consequence of the circular incision at the commencement of the operation, and could not be made to cover the wound or to meet the anterior one, though it was of course brought as near to it as possible. The wound was simply dressed with lint and cerate, and a circular bandage was applied round the thigh. The dissection of the removed leg was rather interesting; the tibia was very much enlarged, of considerable weight, and almost ivory hardness; the upper three-fourths of its medullary canal were completely obliterated; the inferior portion necrotic, carious, and filled with purulent matter, which communicated with the fistulous openings; the astragalus, tibia, and fibula, were completely ankylosed; the periosteum of the tibia was much thickened and changed into a whitish cartilaginous mass, and for the greater part separated from the bone.

On the second and third day after the operation, the patient complained of much pain in the stump; his general state was very good, and there was hardly any fever. On the 17th the bandage was removed for the first time; the wound was of a greyish-red colour; the cartilages began to lose their natural smoothness. The 18th passed without any unfavourable symptom. On the 19th, the pain in the stump, though not so great as before, extended up the thigh and hypogastrium; the tongue was coated, the pulse rather feverish, and the patient complained of restlessness at night; his bowels were rather costive. Both flaps, but the posterior in particular, were swelled; granulations of healthy appearance were beginning to shoot up from the wound. After an emollient glyster, all unfavourable symptoms disappeared; and on the 21st the patient was so entirely free from pain in the stump, that the flaps could be brought nearer to each other. On the 23d some ligatures came away; granulation continued to be of a healthy kind; the cartilaginous surfaces exhibited in some places a greyish brown colour. On the 26th, the interval between the flaps did not exceed an inch, and was

rapidly filling up; all the ligatures had come away. On the 4th of February, the interval between the flaps had further decreased. Adhesion began to take place on numerous points, and on the 18th it was completed, and the cicatrization proceeded rapidly. During the following days the wound began to assume rather a torpid appearance, and required the repeated use of the nitrate of silver. At the same period, two or three small abscesses formed at the side of the stump, and after having been opened, left some fistulous ulcers, which within a short time spontaneously healed. At the beginning of April cicatrization was completed; the patella was immovable, and did not cause any impediment to the application of a wooden leg.

### HOPITAL DE LA CHARITE.

#### HOSPITAL GANGRENE.

In a lecture which M. Roux lately gave on gun-shot wounds, he mentioned the extreme rarity of the above affection, compared with what was observed in former times. Since 1814, he has observed it only three or four times at the Charité, and as these cases occurred in patients occupying the two corner-beds of one of his wards, it occurred to him, that a fountain in the wall between them might be the cause of this singularity. He accordingly ordered the fountain to be removed, and since that time, no other instance of hospital gangrene has been observed there.—*Lanc. Franç.*

### LITERARY INTELLIGENCE.

An "Encyclopædia of Practical Medicine," comprising Treatises on the Nature and Treatment of Diseases, including Pathological Anatomy, and such parts of Materia Medica and Medical Jurisprudence as are of a more strictly practical character, is preparing for publication in London. The following gentlemen are amongst the contributors whose assistance has been secured:—Drs. Carswell (Paris), James Clark, Conolly, D. D. Davis, Darwall (Birmingham), Forbes (Chichester), George Gregory, Marshall Hall, Roget, A. T. Thomson, Alexander Tweedie, Barlow (Bath), and Prichard (Bristol). It is to be published in parts, royal 8vo, with double columns, to form a volume of 1800 pages when complete.

An Address Introductory to a Course of Lectures on the Principles and Practice of Physic, by Mr. James Baker, has been published at the request of the Members of the City of London Medical and Chirurgical Society.

## BOOKS FOR REVIEW.

The Journal of a Naturalist. Third edition. London, John Murray, 1830. pp. 440.

The Laws relating to the Medical Profession, with an account of the Rise and Progress of its various Orders. By J. W. Willcock, Esq., Barrister at Law. London, J. and W. T. Clarke, 1830. 8vo. pp. 449.

A Treatise on Poisons in relation to Medical Jurisprudence, Physiology, and the Practice of Physic. By Robert Christison, M.D., &c. Edinburgh: Black. 1829. 8vo. pp. 698.

The Principles of Forensic Medicine, systematically arranged, and applied to British Practice. By John Gordon Smith, M.D., &c. Third Edition. London: Underwood. 1827.

A Treatise on the Natural and Chemical Properties of Water, and on various British Mineral Waters. By Abraham Booth, Op. Chemist, &c. London, G. Wightman, 1830. pp. 196.

An Account of the Trial between J. Stancliffe, Plaintiff, and T. Chorley and G. Bulmer, Defendants, for neglect and inattention in the Dislocation of an Arm; tried July 31st, 1830, at York. Leeds, 1830, pp. 61.

An Introductory Address, delivered at the Belfast Mechanics' Institution. By Henry M'Cormac, M.D. London. Longman. 1830. pp. 24.

Lithographic Representations of an Invalid Carriage, constructed on a new and improved principle, for the express purpose of conveying patients to and from hospitals, &c., with as little pain, inconvenience, or delay, as possible. G. Morton, inventor. Engelmann and Co.

Description of the Pettrisseur or Dough-kneading Machine;—an apparatus for making bread by machinery. J. Clements. 1830.

Robert Montgomery and his Reviewers, with some remarks on the present state of English Poetry, and on the Laws of Criticism. By Edward Clarkson. Second Edition. London: Ridgway. 1830. pp. 188.

## TO CORRESPONDENTS.

*A Mutual Friend.* The accusation concerning the "mean act" was not directed against the *Medico-Chirurgical Review*. Dr. Johnson acted a most honourable and manly part in the case of Miss Cashin, and we shall not apply the torch of discord to the olive-branch of peace. Dr. J., probably, is not the only editor who has discovered that

"party is the madness of many for the gain of a few."

The letter of *Mr. Wharton* reached us too late for our present number. It shall appear next week.

The suggestion of *A Constant Reader, Norwich*, is one upon which we cannot act, and if it were practicable we fear it would be unsightly.

*F.* A great number of the coroners of England, including those of Norfolk, Suffolk, and Essex, petitioned parliament about four or five years since, for an increase of fees. The prayer of the petition was not complied with, but there is certainly no body of men in the kingdom whose services, if adequate to the duties of the office, are so ill rewarded. Mr. Edward Clarkson, about the time that the petition was presented, quoted some of the articles in *THE LANCET* into the *Sunday Times*, and was one of the first public writers who acknowledged and insisted upon the validity and force of the arguments which from time to time we had employed in the pages of this Journal.

We may state generally that the Dublin schools of medicine possess great merit. A person on the spot, by making the proper inquiries, can easily discover the best of them. As we are not personally acquainted with any of the hospitals or schools of Dublin, it would be invidious to attempt to institute comparisons in this place with the, probably, deficient information we possess.

The publication of the letter of a *Constant Reader* relative to the inquest reported in the *Hampshire Telegraph*, would subject us to an action for libel.

The supposed occurrence which appears to have given *M. H.*, so much "horror," is a physical impossibility.

The "uncivil, sneering, contemptuous," conduct of a certain secretary complained of by *A Medical Student*, cannot be noticed unless the letter of our correspondent be properly authenticated. We cannot, indeed we will not, attack the characters of public officers, merely upon the authority of anonymous writers, or, rather, upon no authority at all.

We have received a great number of communications respecting St. John Long, but we cannot use them, nor pass any opinion upon them, until he has been either acquitted or condemned in a court of justice. Let not this notice, however, deter other correspondents from transmitting communications relating to this individual, because they may ultimately prove useful to ourselves, and advantageous to the public.

ERRATUM:—Page 95, for Roy. *Western* Ophth. Hosp., read Roy. *Westminster* Ophth. Hosp.

## DEATH OF MR. HUSKISSON.

THE CASE OF THE LATE MR. HUSKISSON,  
DRAWN UP BY HIS SURGICAL ATTENDANT,  
MR. WHATTON.

*To the Editor of THE LANCET.*

SIR,—I observe, in your publication of Saturday, Oct. 9, a letter from a Doctor Wetherill of Liverpool, animadverting, in no measured terms, on the surgical treatment of the late Mr. Huskisson, to which I think it quite necessary to reply. Several anonymous observations on this subject, indeed, have appeared in the public prints, drawn up from erroneous information, and concluded upon principles entirely inconsistent, and at variance with the plain facts of the case; but this was perhaps to be expected, on the occurrence of an accident, like the one in question, to an individual of the rank and talents of Mr. Huskisson, and the very circumstance of their being anonymous was, in my opinion, sufficient to preclude the necessity of any reply. When, however, a sweeping and unqualified charge of ignorance and imbecility is openly brought against the surgical attendants who were entrusted with the case, and when that charge is authenticated by the genuine signature of a physician of Liverpool, and declared to be confirmed by the "*general opinion of the faculty there*," the matter assumes a very different complexion, and it becomes highly proper, for the satisfaction of the public mind, that some further notice should be taken of it, and that the profession should be put in possession of the facts of the case, in order to enable them to judge correctly of the merits of the question.

Mr. Huskisson received a compound fracture of the leg and thigh, on the 15th of Sept. last; both bones of the leg were broken at the upper third, and much comminuted; their splintered ends exposed, and the soft parts lacerated to a considerable extent; the femur was fractured somewhat above its middle, and both ends exposed; there was here also much comminution, and an extensive laceration of the muscles and integuments,

and the femoral vessels were distinctly visible at the bottom of the wound. As the accident happened midway between Manchester and Liverpool, considerable delay took place before one of the carriages could be detached from the train, and the necessary arrangements effected; but as soon as this could be done, Mr. Huskisson was carried forwards to the vicarage at Eccles, and the same engine passed on to Manchester for surgical assistance.

Mr. Ransome, Mr. Garside, Mr. White, and myself, were on the rail-road when the engine arrived; and having learnt the particulars of the accident from Lord Wilton, who came up from Eccles, the necessary instruments for amputation were procured from Manchester, and we set off as quickly as possible for the vicarage, where we arrived at about half past two o'clock, two hours after the accident.

Mr. Ransome and myself were introduced by Lord Wilton, and found that Dr. Brandreth of Liverpool, and Dr. Hunter of Edinburgh, who had accompanied the procession, had arrived in the carriage with Mr. Huskisson, and had remained in attendance upon him from the period of the injury.

The patient was laid on a sofa; there had been great hæmorrhage, not only on the receipt of the wound, but afterwards, by constant draining from the veins; countenance pale and ghastly, forehead covered with cold perspiration, cold and stiffened extremities, and sickness and oppression at the stomach, with frequent convulsive shudders, difficult respiration, and great constitutional alarm.

Although an immediate amputation was every way desirable, yet, to have operated under these circumstances, would have been madness in the surgeon, and certain death to the patient. Small quantities of warm cordials were given at intervals as the stomach would bear them, bottles of hot water were applied to the hands, feet, and sides of the chest, and every thing was had recourse to, with the view of calming the constitutional disturbance, and of restoring some little power, to enable him to endure the additional shock of the operation.

These efforts were in vain. The anxiety and oppression still remained, the pulse



fluttered occasionally at the bend of the arm, the difficulty of breathing increased, the convulsions became gradually more violent, and we witnessed his departure, with feelings of the deepest sympathy and regret, at 9 o'clock, 8½ hours after the accident.

Dr. Wetherill, in arguing upon this case, has suffered his decision completely to precede his judgment; he has gathered his information from the hearsay of any person who has felt inclined to gossip with him, and, when he has thought himself sufficiently furnished, has straightway indited a letter upon a case which he never saw, and drawn his conclusions from premises which never existed.

He says "it is the opinion of the faculty in Liverpool, that the treatment of the case was *unscientific, inefficient, and imbecile*;" I do not believe him. I do not believe the faculty of Liverpool are in the habit of acting so inconsistently, as to give a public, unqualified, censure on a case which they have not witnessed; nor do I think, from the knowledge I have of some of them, that they are at all likely to do so, from any additional light which Dr. Wetherill may think he has thrown upon the subject, by his letter of the 27th of September.

The Doctor says, that "an army or a navy surgeon might have saved the life of Mr. Huskisson, and so might any other surgeon, whose head and hands knew how and when to do their duty." Sir, I take leave to say that Mr. Ransome, my colleague in attendance upon this case, has been for the last five-and-twenty years one of the surgeons of a general infirmary, which, for extent of practice, and for surgical talent, may vie with any in the united kingdom; and I believe him to be as respectable, as sound, and as able a practitioner as any in the country. For myself I have merely to say, that as Dr. Wetherill so poignantly laments the absence of naval or military experience in this case, it may soften his distress to be informed that I was bred in the army, and that, in the Peninsular Campaign, I have witnessed the practice of many of the first military surgeons of the day; and I can assure him that not one of them would have ventured upon an operation, where the chances were so decidedly against its success; but, instead of inflicting an additional injury, would have waited until the patient had somewhat recovered from the great constitutional derangement incident on such an accident, and had shown, at least, some hope of outliving the operation.

I shall quote a short passage or two on the question of immediate amputation from Mr. Guthrie. At page 24, he says, "If a soldier, at the end of two, four, or six hours after the injury, have recovered from the general constitutional alarm occasioned by

the blow, his pulse becomes regular and good, his stomach easy, he is less agitated, his countenance revives, and he begins to feel pain, stiffness, and uneasiness in the part; he will *now* undergo the operation with the greatest advantage, and if he bear it well, of which there will be but little doubt, he will recover in the proportion of nine cases out of ten, in any operation of the upper extremity, or below the middle of the thigh, without any of the bad consequences usually mentioned by authors as following such amputations." "If, on the contrary, the operation be performed before the constitution have recovered itself, to a certain degree, from the alarm it has sustained, the additional injury will most probably be more than he can bear, and he will gradually sink under it and die."

"At the storming of Ciudad Rodrigo I amputated a thigh in a convent close to the breach, within an hour after the accident, at the anxious desire of the patient, the leg having been destroyed by the explosion of a shell. There was not more than the usual loss of blood, or of delay in the performance of it; my patient did not however recover the shock of the operation, and at daylight I found him dead, without the bandage being stained with blood."—page 25.

"When the thigh is destroyed by cannon shot, above or at its middle, the injury is very great, and the danger proportionate. The shock is frequently more than the constitution can bear, and the patient dies in a few minutes without much hæmorrhage. The loss of blood is sometimes great; and whenever this has occurred, it very much destroys the chance of success of the operation. The influence, however, of the injury on the *nervous system* is most to be dreaded; and this is so great that many, indeed the greater part of these kind of injuries, are generally fatal, without coming under the observation of the surgeon. An operation under these circumstances would only hasten the dissolution of the patient."—p. 27.

"A cannon shot struck an officer in the middle of the upper half of the right thigh at the battle of Toulouse. He was carried into a house a short distance from the place of accident, and I saw him a few minutes afterwards; the soft parts were torn to the groin, the femur shattered to the trochanters, the femoral artery, vein, and anterior crural nerve, fairly divided. He had lost more blood than is usual after a limb being torn away, but not any great quantity, and the hæmorrhage had ceased. He was pale, ghastly, and little able to move; showed great anxiety of countenance; the pulse small and quick; the skin clammy; his face bedewed with a cold sweat; he could articulate, but with difficulty, and did not ap-

pear to suffer much pain. *Here any operation would have been instant death.* As the fire of the enemy was very smart around the house, I remained in it with him and some other wounded, with the hope of being able to rouse him sufficiently by cordials and stimulants to bear an operation. He at first swallowed a little wine, but the constitution could not recover itself, and in about two hours he was dead."—p. 28.

"When the surgeon is satisfied there is no chance of saving the limb by prudent delay, the operation is to be performed as soon after the receipt of the injury as the state of the patient will permit; the only point to be considered is, if the patient have so far recovered the shock of the injury, as to be able to bear the additional one of the operation."—p. 47.

Now let us see what Dr. Hennen says: "The propriety of amputation on the field being admitted, the question naturally suggests itself, What is the proper period? *instantly*, on the receipt of the wound, or *consecutively*? The practical reply is, *With as little delay as possible!* While hundreds are waiting for the decision of the surgeon, he will never be at a loss to select individuals who can safely and advantageously bear to be operated on, as quickly as himself and his assistants can offer their aid; but he will betray a miserable want of science indeed, if, in this crowd of sufferers, he indiscriminately amputate the weak, the terrified, the sinking, and the determined. While he is giving his aid to a few of the latter class, encouragement and a cordial will soon make a change in the state of the weakly or the terrified; and a longer period and more active measures will render even the sinking, proper objects for operation. If, however, he is disappointed in his hopes, surely the dictates of common sense will point out the necessity of *procrastination*, and will restrain the surgeon from performing what he knows must *ultimately* be done, at a period where it is manifestly counteracting the object he has in view, to do it *at once*. When, therefore, he finds a patient with a feebleness and concentration of the pulse, fainting, mortal agony, loss of reason, convulsions, hiccup, vomiting, irregular chills, with stiffening of the whole body, universal feeling of cold and numbness, with sense of weight, change of colour, and other symptoms of collapse, so well described by Le Coute: he administers wine, warmth, and volatiles; and when due reaction is established, he performs that humane operation, the utility and necessity of which are now confirmed beyond the possibility of doubt or the influence of civil."—p. 49.

Dr. Wetherill says, "Mr. Huskisson bled profusely for a length of time, and until his clothes and all about him were literally

drenched in blood; and although the great blood-vessels of the limb were entirely denuded and exposed, *I am informed* no means beyond placing a handkerchief round the leg, were taken to stop the flow of blood; surely the hæmorrhage might have been instantly arrested by securing those vessels; or if this could not have been done (a circumstance not very likely), I should have immediately decided, as the only alternative left, upon removing the extremity with the knife; this would have been following the directions and practice of the most eminent surgeons of the day, and if it had failed of success, the expediency and exigencies of the case justifying the measure, there could be no blame attached to any party."

I have to *inform* Dr. Wetherill that, in anticipation of the favourable moment at which Mr. Huskisson might probably have borne the operation of amputation, a ligature was applied round the femoral artery, and that this was done *immediately on our first examination into the nature of the accident*. He says, "If this could not have been done, he should have *immediately* decided, as the only alternative, upon removing the extremity with the knife." Indeed! This kind of decision does not surprise me, and well befits the character of the man who proclaims for his motto, "*Ubi medicina deficit, scalpellum refugium reliquum est,*" which means, that *when the surgeon cannot do your business, the butcher must*; and such, too, he says, would have been "following the directions and practice of the most eminent surgeons of the day."

The profession will perhaps cease to wonder at the adoption of the choice motto of Dr. Wetherill, when they see that the chief features of his character are intemperance and impetuosity; for, what can be thought of a man who observes, in reference to the difficulties he met with in the operation of excision of the cervix uteri,\* that if they occurred in the same degree in a subsequent case, he would relinquish it in the vagina, *cut through the abdomen, and extirpate the whole of the uterus from above the pubes, as in the high operation for the stone*; and thinks that the escape of his patient, after the tearing open of the peritoneum and the protrusion of the intestines, which took place in the case he has detailed, warrants him in supposing that a fear of mauling that membrane, some three inches or so, has been too pertinaciously adhered to, and is a mere bugbear of the profession? Such practice may consist very well with a member of a Salunagundi university, or a graduate from Goose Creek; but no *British*

\* See THE LANCET for 2nd of August, 1838, p. 567.

surgeon, with the recovery of his patient and the fear of a coroner before his eyes, would dare to resort to such a measure; and I would seriously recommend to Dr. Wetherill's patients, if he has any, to pause before they again commit themselves to the chances of his *scalpelling*.

As if, however, Dr. Wetherill, before he had finished his letter, had already suspected the legitimacy of the conclusion he had come to, in pronouncing for *instant* amputation in Mr. Huskisson's case, he exclaims, "Nothing is more easy than to get up whys and wherefores, and to call in question the theory and practice of any man;" and allows that, after all, it *might* be urged in defence of the mode of procedure by the medical men in attendance, *that they had the advantage of seeing the case*, and, consequently, it may reasonably be supposed "they were in a situation the best qualified to judge and act correctly."—I shall now take my leave of Dr. Wetherill, first premising that I think his letter a wanton, indecent, and impudent attack, calculated only to disturb the peace of mind and confidence of the friends and survivors of the lamented gentleman, now no more; and, by advising him, when next he favours the profession with his lucubrations, at least to supply himself with an accurate detail of the case he writes upon, and to represent fairly the conduct of the men he may feel an inclination to vilify and abuse. I have the honour to be, Sir,

Your most obedient humble servant,

WM. ROBERT WHATTON.

5, Portland Place, Manchester,  
October 12th, 1830.

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

WE this day present our readers with the first of a series of papers, intended to supply practical information on a subject of which, it must be admitted, very many practitioners remain in comparative ignorance, namely, the method of applying unimpeachable processes to the detection of poisons, and various other substances, the chemical characters of which may fall within the reach of medico-legal investigation. Our observations in each instance shall be founded on the processes lately recommend-

ed by Dr. Christison, in his *Treatise on Poisons*, and will consist,—

First,—Of the methods he has directed.

Secondly,—Of such modifying remarks as each individual subject may require.

Thirdly,—Of adequate instructions in the mode of preparing the tests, or re-agents, with ample explanations of the fallacies which their imperfection might occasion.

Finally,—Wherever it may be necessary we shall advert to the construction and simplification of analytic apparatus, and notice the substitutes which may be employed under emergent circumstances, or in remote situations. This particular department we shall occasionally illustrate by engravings, and thus furnish, in a small and convenient compass, an ample body of information on this deeply interesting topic.

The character of Dr. Christison, as an analytic chemist, stands in such high and deserved repute, that with some persons, we are aware, we may incur the imputation of unwarrantable presumption, when we refuse to transfer his processes to our pages without note or comment, while others may be disposed to regard our strictures as entirely superfluous. The high reputation of Dr. Christison, however, is one of the principal reasons that induces us to examine minutely into the validity of his opinions; for we have lived too long not to have learned ere this, how easily reputations are occasionally acquired, and how implicitly mankind, in general, may be guided by "authority" in matters of which they themselves possess little practical knowledge. Scarcely have five years elapsed since Orfila was regarded as so infallible a chemist, that to question the propriety of any of his directions in medico-legal analysis, would have been deemed little short of a heresy worthy of the fagot, while at present it is admitted by all correct toxicologists, that in some serious points he has given his sanction to egregious and dangerous errors. We might readily adduce numerous parallel instances of this kind if it were necessary, but this is quite sufficient to vindicate the present inquiry from such an objection as the first, while as to the second, we shall trust to the sequel for our defence. We shall now proceed to business, and accompanying Dr. Christison in the order in which he proceeds, we shall commence with the consideration of the chemical relations of the mineral acids.

The sulphuric, nitric, and muriatic acids, usually demand investigation under three different conditions. In the first place, when after administration, whether in suicide, murder, or mistake, a portion of the pure and undiluted liquid remains for examination. Secondly, when having been taken into the body, they become the sub-

ject of analysis in a state of admixture with the contents of the stomach, or vomited matter. Thirdly, after aspersions on the body or apparel. Such are the modifications enumerated by Dr. Christison, and to those we may add a rare, but interesting form, which we have once witnessed, namely, where a corrosive acid has been wilfully injected into a door-lock to facilitate, as was supposed, the entrance of robbers into the house it secured. Of the common properties of these acids, Dr. Christison speaks in the following appropriate terms—page 116.

“The only common properties that require notice are, the power of reddening the vegetable blue colours, for showing which litmus paper is commonly used, and is most convenient; and their power of corroding all articles of dress, especially such as are made of hair, wool, and leather. This last property is specified, though a familiar one, because it always forms an important piece of evidence in criminal cases. In order to apply it with accuracy, it is necessary to remember, that if the article of dress is a coloured one, it is generally rendered red by the mineral acids; but that the vegetable acids will also redden most articles of dress, although they do not corrode them.”

To this paragraph we have but one additional remark to append. In many places litmus can, by no possibility, be obtained. Unsized paper, dyed in a decoction of red cabbage, will prove an available and efficient substitute. Dr. Christison next proceeds to give directions for the detection of the sulphuric acid in its pure and diluted form.

“When concentrated, it is oily-looking, colourless or brownish, without odour, and much heavier than water, and it rapidly corrodes animal substances. If from these properties, and its effects on litmus, its exact nature is not obvious, it is to be converted into the diluted acid, in doing which the experimentalist will remark, that the mixture becomes very hot, if the water is not added too abundantly. When diluted, it is to be tested with litmus and tasted. An acid having thus been proved to be present, a little nitric acid is to be added, and subsequently a solution of the nitrate of baryta. If a heavy white precipitate falls down, it can be nothing else than sulphate of baryta, because no acid but the sulphuric forms with the barytic state a white precipitate insoluble in the nitric acid. The phosphate and carbonate of baryta are both soluble in nitric acid. In applying this test, care must be taken to employ nitric acid entirely free from sulphuric, an admixture which the common nitric acid of the shops almost invariably contains.”

The author also suggests the further examination of this precipitate by the following ingenious and satisfactory experiment :

“Collect the precipitate on a filter, wash, dry, and remove it, then mix a little of it (not more than two grains) with a small proportion of dry charcoal powder, and subject the mixture for two or three minutes in a covered platinum spoon, or in a fold of platinum foil, to the flame of a spirit lamp, enlivened with the blow-pipe. A portion at least of the sulphate is thus converted into sulphuret of baryta.\* To prove this, put the powder, with a little water, in the bottom of a small glass tube, add a little hydro-chloric acid, and then hold within the tube a bit of white paper, moistened with the acetate or nitrate of lead—sulphuretted hydrogen gas is disengaged, which will darken the paper, and likewise often betray itself by its singular odour.”

In the consideration of these processes there are two circumstances which demand rather more particular detail than Dr. Christison has given; the first is, the adulteration of nitric acid with sulphuric acid; the second relates to the mode of obtaining the evidence of these properties from the smallest possible quantity of the barytic precipitate. With regard to the former, it is quite evident, that, should the nitric acid employed to test the solubility of this precipitate itself contain traces of the sulphuric, a quantity of sulphate of baryta should thus be formed and remain undissolved. The method of remedying this defect, though exceedingly simple, should still have been pointed out in the text; it consists in the addition of a *dilute* solution of nitrate of baryta to the nitric acid, and allowing any precipitate which may occur to subside, and then removing the supernatant fluid. As to the second, attention to the following experiment will show that Dr. Christison's directions are not in their manipulation adequate to the detection of the *smallest* possible quantity of the sulphuric acid. A phial, containing the acid, was inverted, and its contents allowed to escape; in this position it was suffered to remain for forty-eight hours, till it was apparently dry; on close inspection, however, an extremely minute quantity of moisture, not exceeding the 100th part of a drop, was seen in the angle between the bottom and sides of the phial; by touching this with the extremity of a small glass tube, drawn out to the fineness of a hair, the fluid immediately rose by capillary ascent, and was easily removed to a bit of thick glass; it was then touched with an equal quantity of nitrate of baryta, previously mixed with a sufficient quantity of nitric acid, when a white precipitate was immediately procured. On heating the glass, the sulphate of baryta remained in

\* This is evidently a typographical error in Dr. Christison's text; it should be “barium.”

the form of a white crust, certainly not more than the 50th part of a grain in weight, a quantity far too small for reduction to the state of sulphuret by the method Dr. Christison proposes. This was, however, accomplished by mixing the crust on the glass with an equal quantity of charcoal, and heating it for a minute or two in a fine blow-pipe flame. The black colour of the charcoal soon disappeared, and after the glass had cooled, a minute drop of the solution of the acetate of lead, strongly acidulated with acetic acid, was dropped on the surface of the precipitate, when a deep-black stain of the sulphuret of lead was immediately produced. It is to be observed here, that the acidulation should always be with the acetic acid, since the nitric dissolves the sulphuret of lead, and a white precipitate is produced by the muriatic, which entirely obscures the effect.

We shall next quote Dr. Christison's directions for the examination of the contents of the stomach, vomited matters, and suspected stains, and also his opinions concerning the several fallacies to which the processes are exposed:—

“In the case of the contents of the stomach, vomited matter, or stains, the process is nearly the same as that for detecting it in its undiluted state. The suspected matter is simply to be boiled for a few minutes, distilled water being added, if it is a fragment of cloth or other solid; and after filtration, the fluid is to be subjected to the succession of tests mentioned above. The nitric acid, in the pretent process, has a double use. Besides keeping the carbonate of baryta and all other barytic salts, except the sulphate, in solution, it greatly favours the separation of the sulphate, and whitens it.”

“But it may be said, that it is liable to fallacy when the acid is neutralised, for most organised bodies, and particularly the secretions of the stomach, naturally contain sulphates which will yield the required precipitate. This fallacy can be obviated in the instance of the contents of the stomach, or matters of vomiting, only by limiting the inference in favour of poisoning to the cases in which the precipitate formed with the nitrate of baryta is considerable. In the instance of stains on clothes, however, we have a surer corrective in a comparative analysis of a sound portion of the same clothes. Thus, in the case of Euphemia Macmillan, Dr. Turner and I procured, from a corroded piece of a hat, 4.3 grains of sulphate of baryta; and from a sound piece of the same size, a scanty precipitate, too small to be collected; from a stained piece of a coat, 0.9 of a grain of the sulphate; and from an unstained piece, close beside the other, a faint haze, but no precipitate.”

In the analysis of the impure animal fluid, there is a precaution to be observed respecting the use of the nitric acid which Dr. Christison has not noticed, namely, that it should be invariably added *before* the solution of baryta, and the fluid allowed to stand for some time, for the following reason: in several animal fluids nitric acid causes a white albuminous, or caseous precipitate, *insoluble in that fluid*, and which by an inexperienced analyst may readily be mistaken for the sulphate of baryta itself. If, therefore, the *previous* addition of nitric acid cause a coagulation, filtration should be employed before the nitrate of baryta be applied.

With respect to the fallacies Dr. Christison so correctly mentions, we believe we can point out two other sources of deception of considerable importance; the first rather fortuitous, the second more constant in its operation; we allude to the medicinal employment of sulphur, and the sulphates of soda, potash, and magnesia. That sulphur, strange as the fact may appear, is liable to be converted into sulphuric acid in its transit through the mysterious laboratory of the digestive and excretory organs, has been indubitably proved by the experiments of Wöhler and Schleibinger, as far as regards the urine, and in our own observations in a series of extended experiments on the contents of the alimentary canal. Again, it is a matter of notoriety, that in a majority of cases of sudden illness in town and country, a “dose of salts,” whether Glauber or Epsom, is administered before the arrival of the medical attendant. A case may, therefore, be readily supposed to occur, in which a person may die of a sudden and suspicious illness; during which salts had been freely given; the contents of the stomach are examined, litmus paper is reddened (we apprehend that the operator will not usually taste such a fluid to examine its acidity any further), and on the addition of the nitrate of baryta and nitric acid, the precipitate is formed in great abundance. Under such circumstances, according to Dr. Christison's directions, if they be implicitly followed, the examiner should swear to the detection of sulphuric acid. Of course we confine ourselves, with Dr. Christison, to the *chemical* evidence, and do not take the morbid appearances into consideration, for these are so striking, as in some degree to supersede the necessity of an analytic examination at all. In all cases, therefore, we believe it will be essential to the chemical proof of poisoning in this case, that no sulphur, nor sulphates, should have been administered for some time before death. We may here add, that Dr. Christison, in another place, relates a case in which the sulphate of magnesia had caused death, when given to a child in rather an unusual dose.

In the preceding experiments there is no necessity for any particular apparatus. For communicating heat, the spirit lamp alone should be used, and a substitute for this may be readily constructed by fitting a cork with a tin tube, about an inch long, loosely into the mouth of a wide-necked phial. The blow-pipe is employed by working jewellers and watchmakers, and therefore can be easily procured.

As the nitric acid has already been fully noticed in several papers by a correspondent, we shall, in the next Number, advert to the processes for detecting the muriatic and oxalic acids.

#### DISCOVERY OF THE EXPANSION OF THE HORSE'S FOOT.

*To the Editor of THE LANCET.*

SIR,—In addition to my former letter, No. 361, page 687-8, I send the subjoined to disprove the *claim-all* pretensions to the discovery of the expansion of the horse's foot, asserted in No. 366, page 899, and, as brevity is the order of the day, I proceed without further preface. It is there stated, "These authors (says the writer, alluding to Messrs Freeman and James Clark) have long been familiar to me; but the passages quoted, taken as they are, without the context, would probably lead to incorrect conclusions in other minds." In what other way, than by extracts, is it possible to fairly contest and convey the opinions of different writers to the public in a letter through a journal, let me ask? for I am at a loss even to conjecture; but I can positively assure your readers, that *all* the extracts which have been made are fully borne out by the context; and, as regards the writer's *long* familiarity with these authors, which he would have us fain believe, I must observe, that it is only a few months since, on my showing him Mr. Freeman's able and splendid work, that he expressed his very great surprise on seeing so much had been said on the subject prior to Mr. B. Clark's publication. He admitted the book was entirely new to him, and on my pointing out several particular passages, he acknowledged the great justness of their application, and the author's very correct views of the expansion of the horse's foot. Similar admissions have also been made by him in respect to certain parts of Mr. James Clark's writings; and I am further enabled to assert, that in a conversation with Mr. B. Clark (the writer before alluded to being also present) on the merits of Mr. Freeman's book, he admitted, if the work in ques-

tion was *genuine as to date*, that Mr. Freeman was fully acquainted with the principle of expansion of the horse's foot, and that he was wholly entitled to the merits of it; but it is necessary for me to remark, that he first used a great many plausible arguments, of which he is so able a master, in order, if possible, to convince me that the work in question had been predicated on the title page by the booksellers, and that it did not in reality appear until after his own; but on that point I was happily enabled also to meet him, by informing him, that I had seen Mr. Freeman's book long before his was published. I had previously heard Mr. B. Clark make similar assertions as to the date several times. I need not, I think, now say, "To whom is the merit due?"

The writer instances Jenner and Milton in support of his claim-all. Allow me, therefore, to observe of Dr. Jenner, that he was a man of unassuming manners, neither covetous of pelf or fame, ever ready to acknowledge whatever information he derived from others, above concealment, and he never descended to low, mean, and degrading tricks to feed avarice or revenge, for he possessed neither; nor did he vulgarly abuse his professional brethren who differed from him in opinion.

What Milton did when he was seven or eight years old I am not enabled to say, or whether he had before that age studied anatomy, or described the circulation of the blood poetically or physiologically, I cannot tell; it appears, however, that Harvey discovered the circulation in or about 1619; that Milton was born in 1608, and that he lived many years after Harvey, who died in 1657, so that I believe those points avail the writer nought. A great deal follows about inventions, steam-engines, &c., that does not in any way appear to me to apply to the case; but as I intend hereafter to show that some of Freeman's excellent statements have been wrongfully departed from; that some of Mr. B. Clark's assertions are not only erroneous but injurious; and that he does not appear to me to understand the real formation and action of the foot, or the application of Old Blundevill's, now his own darling shoe; I shall consequently pass over this for the present.

It is next asserted by the all-claiming writer, that "The passages which have been taken from the works of Messrs. Freeman and James Clark, contain *all* that can be advanced in their favour." I most positively assure your readers, that some of the weakest only, if possible, were purposely extracted (i. e. in my former letter). I have now added one more, and if the limits of your pages would admit I could as easily give twenty, but as Mr. Freeman's

book will shortly be republished with extensive notes, it will then be attainable by those who may wish to examine for themselves, and you will, I presume, no longer be *expected* to insert it in your journal for the sake of the context.

"When, according to the general method, a long shoe with a broad web is unfortunately put on, which is made thicker at the heels than at the toe, the consequence which commonly ensues is, that of hindering the expansion of the heel of the foot, which, in that case, soon over-contracts itself. This circumstance produces very great pain to the foot, by occasioning too great a compression of the cartilages, and of the blood-vessels by which they are surrounded."—*Observations on the Mechanism of the Horse's Foot.* By Strickland Freeman, Esq. 1796.

"That they saw the expansion of the heels," says the all-claiming writer, "as they term it, I frankly admit, but they saw without understanding it." Oh! oh! they did see that, then; and pray what other expansion is there to be seen in the horse's foot? This the claim-all writer has very cunningly omitted to inform your readers, modestly refraining from saying one single word about the bow and string; is *In hac signa vincas* blurred from the escutcheon; are the 12s. pastboard gewgaws gone to oblivion? "Why they did not understand it," we are modestly kept in the dark; I will, therefore, venture to conjecture they were supposed by the writer not to have possessed, like himself, a superior capacity.

"As to Freeman's losing sight of expansion altogether, and leaving it as an observation he had made, bearing no important consequences, and leading to no valuable result," is such a false assertion, that it could only have been made for wilful misrepresentation, or by a person ignorant of the real merits of the book; I will, therefore, add one more short extract from very near the end to support my assertion.

"When a horse, therefore, happens to set his foot on a large pebble, or on an uneven-pointed stone in a paved street, his heel, which for reasons before given, will receive no injury from that stone, when shod in such a manner as to be able to expand itself, will be less liable to slip upon it than if covered with a shoe with cramps to it, the points of which only contribute to make the bearing of the shoe more uneven, where from the hardness of a pebble, or of an irregular pavement, the shoe is not able to enter it. The heels of the fore-feet should, therefore, on this, as on many other accounts, be permitted to expand themselves, by having that sort of shoes on which produces the least impediment."—*Obser-*

*vations, &c.* By Strickland Freeman, Esq. 1796.

The writer again goes on to assert, that the expansion of the foot was not understood by these authors, and that they "nailed their shoes on both sides." Now, pray is not Mr. B. Clark's darling shoe nailed on both sides? What quibbles and shifts are there not to be found for the purpose of soiling paper!

The idea of the writer's quoting Mr. Coleman's book to serve his object, reminds me of the devil's quoting Scripture, which he has ever been said to do when it would answer his purpose. To enter fully into this, and the immediately preceding points, would fill a LANCET, and consequently, as not being of very great moment, must be passed by for the present.

"I admit (says the writer, and really one admission is something from such a quarter) that he (Freeman) saw the expansive action of the foot, but he neither demonstrated it so as to be intelligible to others, nor made any particular application of it, &c." He certainly did not take out a patent for the discovery, or make any foolish hit so as to deceive himself and others; on that score then there is much more credit due to him. But I positively assert, and stand pledged to prove, that he (at least as far as I have been able to discover), of all writers, has the most correctly described the expansive and true action of the horse's foot. While on the subject of patents, as the writer alludes to them, I must confess that I do not see the *eclat* in sneering at those gentlemen who have been disappointed on taking out patents for improvements in horse-shoes—I particularly allude to Mr. Rotch, Lieut.-Colonel Goldfinch, with others; and he appears to forget, that Mr. B. Clark is among the number.—*See a copy, dated March 25th, 1806, Repertory of Arts, &c., Vol. 51, August 1806.*

The writer next, with mighty grasp, lays claim to *all* for Mr. B. Clark, "with whom (he says) the idea of this discovery was perfectly original, that he arrived at a knowledge of it whilst making experiments to relieve contracted feet, and not by any chance or casualty."\* This really is such a grasp-all and sweeping sort of claim that it is not easy to grapple with it; we will, therefore, place the writer on a par with the celebrated critic Dennis, who was always wont to claim the merit of being the author of every-thing great: being on a time at the performance of a play, in which some part required the introduction and imitation of rolling peals of thunder, the effect being great and well executed, the critic vehemently exclaimed,

\* How does this accord with Mr. B. Clark's own account further on?

"That's my thunder! tis all my thunder!" The writer may, therefore, console himself with not being the first who has overshot the mark; but more of this anon.

To proceed, Mr. B. Clark did, however, publish some years ago an experiment which we will suppose he made, on one mare's foot for a succession of years, but that he need not have taken the trouble to do, if he had studied those authors who had preceded him; and after all it is only one instance, and as I am not aware of his having treated us with a new course in his republication, we may fairly presume he has none to give us, and, therefore, at best it is only solitary evidence, as M. Girard very justly observes.

If my memory does not fail me, Mr. B. Clark has somewhere modestly said of himself that his labours have been "blessed with many discoveries of no mean importance" (in his own opinion of course). What a blessing then it would be for us to have them in a narrow compass, as we might then fairly examine them, and contrast them with the opinions of others, who, unfortunately for Mr. B. Clark's credit and investigation, have too frequently a prior claim to them, although they may have been possibly discoveries to him! I copy, for example, the following, which will in some measure show with how little ceremony he has treated preceding writers, though the claim-writer of the letter would perhaps have us believe, and apparently wishes us to do so, that Mr. B. Clark was wholly unacquainted with all who wrote before him, and thus to account for his perfect originality.

In alluding to the old writers' ignorance in one of his numerous publications, Mr. B. Clark says Osmer was an exception; consequently we presume he ought to have been well acquainted with his book, wherein I find the following set down, and as I did not advance it as proof in my last, I shall do so now, and if Mr. B. Clark did not understand that writer's very plain language, I can only attribute it to the dullness of his perception and comprehension. "On the other hand (speaking of the indiscriminate custom of stopping and greasing all sorts of feet), the hoof being capable of contraction and expansion, strong feet cannot be kept too full of oil, for the reasons before given."—*Treatise on the Diseases and Lameness of Horses.* By W. Osmer, 1761, page 53.

Mr. B. Clark has likewise stated that "James Clark of Edinburgh is also an exception, having a good deal of good plain sense and sound observation in his writings; and he was supposed by many intelligent persons to have exhausted the subject of shoeing and the foot, yet was he wholly unacquainted with the infected nature of the horse's hoof or its bulbs or frog-band,

on the functions and structure of the frog; nor had he any consistent notions as to the real cause of the contraction of the foot, or any idea of the changed state of the coffin-bone in this disease." Now reader, pray contrast this with what Mr. James Clark says, page 5, and consider how far we are justified in placing confidence in Mr. B. Clark's writings without due examination. "The crust (and by some the wall) is of a tough hard substance, thick and strong at the fore-part or toe, but thinner and weaker towards the heels, it reflects inwards and forwards to the point of the frog, there it is termed the bars or binders of the foot." His opinion of the frog, which is equally correct, was quoted in my last communication, and need not be repeated here. On contraction of the foot at page 16 he states, "The heels, as has been observed, being forced together, the crust presses upon the processes of the coffin, and extremities of the nut-bones; the frog is confined, and raised so far from the ground, that it cannot have that support upon it, which it ought to have; the circulation of the blood is impeded, and a wasting of the frog, and frequently of the whole foot ensues."

I have next to revert to Mr. B. Clark's own account of, and manner of becoming acquainted with, the bars or infections of the hoof. "The actual construction also of the horse's hoof was laid open to me in the following manner:—A young fresh hoof had lain on my desk some days, and tired almost of seeing it, I determined, without any particular object, to make an horizontal section of it, and throw it away; in inspecting it, after sawing it asunder, I observed the loose edges of the frog-band and bulbs, and tracing them found them to make one entire unbroken circle round the hoof, to my great surprise, as the hoof's structure then admitted of an easy explanation; the bars were next seen to be portions only of the wall infected inwards towards the centre of the foot, so that the hoof consisted simply of two circles, one of elastic horn, and one of firm horn instead of several parts, as was before imagined; the sole being merely a supplementary part uniting and filling up these parts, and closing the lower opening of the hoof."

Notwithstanding the chance which let Mr. B. Clark into the knowledge of this description, every point of it which is correct was well known, and had been described years before, by Osmer, James Clark, &c. As I have already trespassed to a considerable length on your columns, I shall be compelled to defer what I have to advance on the structure of the foot, to a more favourable opportunity.

And remain, Sir,  
yours, much obliged, &c.,  
B. HART.

September 7, 1830.



## DISSENSIONS IN THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR;—In consequence of two professors, supposed, on account of their conduct, to have been Professors Davis and Conolly, having gone to the warden and alarmed him by stating, what is known by all my friends to be untrue, that I intended to excite a disturbance at the Medical Society of the University,—the warden, without saying any thing to me, or to any of my friends, ordered the porter to prevent my entrance into the University. The pupils, therefore, like honest men, gave me that hearing, which the council and warden had denied me, and afterwards sent me the following documents, of which I am indeed proud, because they show the rising spirit of the young men of the present day. You will oblige me by publishing them with my answer.

ALEX. THOMSON.

“ University of London, Oct. 14.

“ Dear Sir,—We have great pleasure in enclosing the resolutions agreed upon at the meeting yesterday, with only two dissentient voices, and remain,

“ Dear Sir, yours very truly,

“ N. EISDELL, Chairman.

“ T. HOWITT, Secretary.

“ At a meeting of the medical students of the London University, held in their common room, on Wednesday, the 13th of October, 1830, it was resolved, that

“ 1. This meeting views with anxious concern the unmerited displeasure of the council, lately manifested toward their fellow student Dr. Alexander Thomson.

“ 2. Dr. A. Thomson having fully laid before the students of the University, every particular of his late conduct in connexion with that institution, and submitted to their perusal authentic documents in support of his statements, this meeting begs respectfully to intimate to the council its unqualified approbation of the motives Dr. Thomson acted upon in the transactions alluded to.

“ 3. The students are fully aware of the deference they owe to the ordinances of the council, but cannot view, without apprehension, the summary measure which has been put in force in the case of Dr. A. Thomson, viz., his extraordinary expulsion from the University. They conceive it to be a public institution, established on a system of enlarged and scientific usefulness to society; and, they think themselves called upon to enter their firm protest against the dismissal of a pupil from its class-rooms, without his having violated any known law, any hearing of evidence, or even an official notice of his

dismissal. They are convinced that a proceeding so arbitrary, irregular, and unjust, is incompatible with the best interests of the University, and subversive of the liberal principles, to which it owes its foundation and support.

“ The following students have appended their names to the above resolutions:—

65, N. Eisdell, Chairman.

- |                        |                           |
|------------------------|---------------------------|
| 1. W. Calvert          | 49. W. R. Williams        |
| 2. B. D. Goodwin       | 50. D. W. Nash            |
| 3. E. Meryon           | 51. W. Rayner             |
| 4. W. C. Copperthwaite | 52. J. Storar             |
| 5. C. R. Bree          | 53. J. Wakefield          |
| 6. J. Boosey           | 54. Jos. Thompson         |
| 7. A. Little           | 55. R. G. Shute           |
| 8. J. Skitt            | 56. W. Cluley             |
| 9. W. P. Jorden        | 57. J. Douglas            |
| 10. W. Bayes           | 58. W. Bennett            |
| 11. C. Harland         | 59. M. Brown              |
| 12. W. Evans           | 60. W. G. Driver          |
| 13. W. McKie           | 61. W. Johnson            |
| 14. W. Thisselton      | 62. J. N. Hudleston       |
| 15. W. Mumford         | 63. G. Hume               |
| 16. W. Player          | 64. T. Pidwell            |
| 17. H. Bird            | 65. R. Garner             |
| 18. C. G. De Morgan    | 67. W. Adamthwaite        |
| 19. H. Devonshire      | 68. E. Parslow            |
| 20. J. Johnson         | 69. J. Hull               |
| 21. J. Herries         | 70. J. Dyer               |
| 22. T. Woolwridge      | 71. T. Cutler             |
| 23. T. Johnson         | 72. C. G. Ford            |
| 24. R. Dudley          | 73. J. P. Litchfield      |
| 25. T. G. Wright       | 74. J. P. Wallis          |
| 26. R. W. Sempie       | 75. A. M. à Beckett       |
| 27. J. H. Worthington  | 76. J. Massey             |
| 28. M. Cowan           | 77. J. Rayner             |
| 29. H. W. Lloyd        | 78. J. Merriman           |
| 30. S. Chadwick        | 79. T. Chandler           |
| 31. P. H. Edge         | 80. J. Thomson            |
| 32. J. R. Noble        | 81. A. Sisson             |
| 33. S. Bullen          | 82. C. Roberts            |
| 34. J. R. Lewis        | 83. W. Reily              |
| 35. Hanbury Smith      | 84. Henry Thomas          |
| 36. J. T. Owen         | 85. R. Wakefield          |
| 37. R. Jowett          | 86. W. Tomkyns            |
| 38. W. G. S. Clack     | 87. W. Elsworth           |
| 39. G. L. Cooper       | 88. B. Johnson            |
| 40. R. Smith Owen      | 89. R. Stevens            |
| 41. P. Walsh           | 90. S. M. Morris          |
| 42. T. D. Goodridge    | 91. E. Norton             |
| 43. F. Spry            | 92. J. C. Leadbeater      |
| 44. Chas. Thompson     | 93. E. W. Holland         |
| 45. W. James           | 94. John Chisholm         |
| 46. E. Jay             | 95. Millward Pogson       |
| 47. J. Weston          | 96. T. Howitt, Secretary. |
| 48. T. Davie           |                           |

Many of my fellow pupils have called upon me, and informed me, that double the number of names would have been appended, had a communication not been made from the office, stating that I was not a matriculated pupil. As soon as I heard of this, I sent the following letter to the warden:—

" Sir,—Having received a very gratifying communication from ninety-six of my fellow students, approving of my conduct in regard to Professor Pattison, and having been informed by many others of them, who have not appended their signatures to this document, that they have been restrained, by a communication from the office affirming that I am not a matriculated student, from appending their names to this document, the whole tenour of which they otherwise approve; I beg to express to you my surprise at such information, and to inform you, that the moment I heard of it, I went to the office and tendered my money for a library ticket, which was refused. I assure you, that I have been attending the University under the belief that I was a regularly matriculated student; for, when I feed Dr. Davis for his lectures, he informed me publicly, in the presence of his class, that his share of the money at least would be remitted to me from the office.\* This money I have never received, although I have more than once applied to Dr. Davis for it. I concluded, therefore, that this money was left for me at the office, where I wished it to remain, as my matriculation fee. Under this belief I attended many of the lectures last year. Again, Sir, I wish to ask of you whether, as a gentleman permitted by the council, through courtesy, to attend lectures in their institution, they give you authority to prohibit my entrance without sending me any written document, and through the mouth of the porter? Again, Sir, I wish to know whether you can expel me from, or prevent me entering, the medical society, of which I was the founder, as well as framer of its laws, and am still an honorary member, having paid all my fees. If I, an old pupil by your acknowledgment, am excluded in this manner, of what use is it to me to have paid all my fees to that society? An answer to these queries will oblige

" Your obedient servant,  
(Signed) "ALEX. THOMSON.

" October 15th, 1830."

*To those Pupils of the University of London, who have signed the Protest to the Council in favour of Dr. Alex. Thomson.*

" Gentlemen,—Allow me to return you my thanks for the kind interest you have taken in my welfare; I wish you had rather had moral courage enough to have insisted

\* There is an agreement among the professors, that they will receive no money from their colleagues' sons. But the council do not sanction this agreement, and, therefore, the sons are obliged to purchase a library ticket each year, as no one is permitted to buy a library ticket who does not intend to enter to a course of lectures, to pay that part of the fee which goes to the University chest.

upon your own rights; and then you would not have been insulted by the council,\* who after reading your testimonial, sent me a letter, of which the following is a copy :—

*Copy of the Warden's letter to Dr. Thomson.*

" University of London, Oct. 15, 1830,

" Sir,—I have laid your letter of this date before the council, and I am directed to transmit to you the following resolutions of the council passed this day :—

" " That Dr. Alexander Thomson be not permitted in future to come within the precincts of the University, and that the warden do give the necessary orders for carrying this resolution into effect.

" " That a copy of the preceding resolution be transmitted to Dr. Alexander Thomson."

" I am, Sir,

" Your very obedient servant,

" LEONARD HORNER, Warden.

" Dr. Alex. Thomson."

" Moreover, Gentlemen, they have come to a resolution to take no notice whatever of your protest, and on no account to acknowledge the students as a *body* possessing any rights, but such as they in courtesy may choose to grant. If you are idiots and cowards enough to submit to this, you deserve all the inflictions which that body can impose upon you, and will, in the language of your haughty professor of midwifery, be "*crushed*." I have done my duty in giving you the opportunity of asserting your independence: I deeply regret the existence in so large a body of young and strong men, of the pusillanimity and weakness of intellect which has made you neglect it.

" Your fellow student,

" ALEX. THOMSON.

" October 18th, 1830."

MEDICAL ELECTIONS.

*To the Editor of THE LANCET.*

SIR,—I and many of my brother pupils should esteem it a particular favour, if you would insert in your LANCET of next Saturday, the following passage from Mr. Dermott's introductory lecture. You will, I am sure, be pleased to learn, that the entire address consisted of an able condensation of those arguments which you have so repeat-

\* It is better, however, to observe to you, that not more than six members of council met on this occasion, as I am credibly informed by two of the professors, Dr. Birkbeck and Mr. Starch were, I am also told, of the number.

edly used in THE LANCET in favour of a RADICAL MEDICAL REFORM.

I am, Sir, your obedient servant,

A PUPIL.

"Now it is the aristocracy both in medicine and politics (and by the term medical aristocracy I mean monopoly of power) which is the *proximate cause* of the tyranny of private interest and intrigue—that tyranny which always tends to crush merit, whether it be in medicine or in politics—and that tyranny which has been the disgrace and partial ruin of the English. Where, I may observe, we have an overpowering political aristocracy, we shall, as so many contaminated ramifications of the root, find the same system of things existing in, and regulating the departments of, science, and in every thing else connected in an important way with the nation—first begotten by the aristocracy, and then aiding in the support of its fruits or measures. See how members are elected to rotten boroughs, professors to government institutions, and hospital surgeons to hospitals: it is all one piece of contamination; instead of the election of medical officers being upon the basis of merit—instead of men being publicly elected by all the members of the profession, they are shuffled in by the intrigue and private interest of themselves and their friends, who are non-medical and quite incompetent to judge of medical matters and the merits of medical persons. This, then, is the scourge of England—that public good is sacrificed to personal influence and interest. And why? Because there are no laws and regulations to counteract it. Medical politics always were linked with, or immediately affected by, general politics, and cannot be completely separated from them; it is on these grounds I say (and I am encouraged to speak in this strain from the impulse of the moment, because I see many members of the medical profession now present), that every medical man should be a politician.

"Let us turn our attention to France: there the medical profession is immediately under the wing of a liberal government, and there we find a purity existing in its economy, and merit justly regarded as the only means of recommendation to public favour. Now, then; that our brethren, the French, are opening the sluggish eyes of Englishmen from their lethargy, and now that we have a virtuous king upon the throne, who is in *reality* the king of the English, if not, unfortunately, *nominally*, let us hope for the days of merit to shine upon England, 'that every growing merit shall succeed to its just right,' and make the grove harmonious.' But we must recollect that hope alone will not do this; the members of the

medical profession must effect it; and while they allow the evils to remain, and do not *act* to remove them, they must blame themselves."

#### REFLECTIONS ON THE LATE INQUEST AT HAMPTON.

To the Editor of THE LANCET.

SIR,—It is impossible to review the proceedings at the late inquest at Hampton, which called for your animadversions in the last Number of your impartial Journal, without a full conviction of the gross ignorance of the practitioner whose conduct was the subject of investigation, or without a due share of surprise at the verdict delivered, together with the utmost sympathy for the unfortunate sufferer. The proceedings on the part of the surgical attendant were such as no one would have anticipated in the earliest period of the practice of midwifery, and yet attempts were made to palliate the blunder, and even a grave professor of midwifery, to whose skill, probably, the accoucheur was indebted, had the effrontery to sanction every stage of the proceeding, and to justify the removal of the superior extremities in a presentation of the face of the child. It is perfectly unnecessary to go into a full detail of this case, as you have already supplied your readers with a full statement of it; but from the evidence of the female accoucheur, whose testimony was delivered in a plain and simple manner, it appeared that the head was in *some* degree advanced below the upper strait of the pelvis, when Mr. B——n was called in, and that no part of the arm had protruded. Opposed to this, we have the opinion of Mr. Jewel, who was not present at the time of the labour, that it could *hardly* be called a *face* presentation, but that the arm *must* have fallen down." Most practitioners, who are conversant with the difficulties of preternatural presentations can certify, that the face of the fœtus with one hand will not unfrequently be found to present simultaneously; such might have been the phenomena on this occasion. The obvious indication would then have been to have returned the hand, and to have made some pressure on the face, with a view to bring the occiput nearer the symphysis pubis. Where we cannot accomplish this turn by assiduous and *gentle* means in a *reasonable* time, provided the woman's strength is not exhausted, we have been advised by Denman to wait for nature's spontaneous effects; or, to use the language of Mr. Taylor, to allow the head to *right* itself. If the surgeon in attendance was not equal to this mode of administering relief, before he had

determined on so barbarous and ineffectual an expedient as that of tearing the child limb from limb, it was incumbent on him to have suspended any further forcible proceeding, till he could have availed himself of further advice. It appeared in evidence, that Mr. Taylor had succeeded in delivering the same patient on a prior occasion by turning. What could have been more rational on the part of the friends, than to solicit his aid. The woman's conceiving that the child was dead, would not authorize any accoucheur in the premature dismemberment of the child. But we are told that the practitioner had exhausted *all* his skill, and found the *common* instruments unavailable; that it was therefore allowable to indulge him with a boot-hook, previous to which he had dislocated the cervical vertebrae, and inflicted some injury on the head; indeed, as the coroner had *learnedly* expressed it, "he had not made a *half* business of it, but persisted to the last," and resolved that one arm should not survive the delivery of the other. Taking it for granted, that the head was not impacted in the pelvis, which, we are informed, was very capacious (though the child is stated to have exceeded the common bulk of a full-grown fœtus), the same room that allowed of the introduction of the surgeon's hand to tear away the arm, might have been afforded to ascertain the situation of the feet, which in this instance must have been close in contact with the fundus of the uterus. I am far from wishing to underrate the difficulties of turning a fœtus where the membranes have been long ruptured, and can truly attest, that having once secured a foot, I have felt a sort of Pythagorean ecstasy in the prospect of a speedy termination of delivery. In the unfortunate example under discussion, it would be quite as revolting to sound practice to have proposed craniotomy, as that of the violent separation of the superior extremities. Upon surgical assistance being called in, the only legitimate mode of rescuing the patient from her future suffering, was that of a steady but fixed determination to deliver by the feet. What advantage towards the full exclusion of the fœtus can attach to a removal of the upper extremities as a precursory measure? The answer given by Mr. Jewel, that "when one arm was taken off, there is more room to take off the other," will hardly satisfy any tyro in midwifery, although he is obliged to admit, that it *could* have been turned *only* with difficulty. But this difficulty *ought* to have been surmounted. "*Humanum est errare*," but who would not have sacrificed any petty feeling of jealousy, on the score of other advice, by consenting to call in aid, in seasonable time, when the life of a fellow-creature was at stake, and both parties perhaps have shaken

hands on the issue of the case, rather than to have insulted the wounded feelings of the family, by persisting that the patient would soon be released by delivery, when the least reflection might have taught him, that the practice employed could not in the least justify so favourable a prognostic? The verdict delivered in this case was a plain sacrifice of truth and honesty, to an unaccountable degree of false delicacy. In every science a set of rules or axioms is necessarily established for the general guidance of those who are called upon to act; and no one can be justified in discarding those rules after they had obtained the universal sanction of the most enlightened practitioners, in order to embark on a hopeless emergency without an anchor, or a particle of prudence to direct the accoucheur. The fatal consequences of such a violation of reason must be too obvious to need any further comment; or, at least, the salvo of another practitioner *ought to be considered as the indispensable law of the land*. That a mistake like the foregoing will never be again recorded in your useful Journal, is the sincere hope of,

Your obedient servant,

OBSTETRICUS.

#### POPLITEAL ANEURISM.

To the Editor of THE LANCET.

SIR,—In your Number of THE LANCET for September 18th, 1830, you have published the remarks of Mr. Lawrence on a "Case of Popliteal Aneurism," in which, in my opinion, he relies too much on the *bruit de soufflet*, as indicating circulation of blood in the aneurismal tumour. From experience we know that there are aneurismal tumours in which there are evident signs of circulation of blood, such as pulsation and reduction of the tumour by pressure, without the *bruit de soufflet*; and again, there are tumours that press upon arteries in which we have the *bruit de soufflet*; hence we have circulation in an aneurismal tumour without the symptom, and we have a tumour in which there is no circulation with it. I remember seeing the common carotid taken up for a tumour in the neck, from this very symptom, in which death from hæmorrhage took place in three weeks after the operation, and dissection proved the case to be one of fungoid tumour pressing upon the artery; this first made me think of the cause by which the symptom must be produced.

The cause of *bruit de soufflet* appears to me to be the rush of blood through a contracted space. This may be in the artery, or, as I think very seldom, takes place in the

neck of the aneurismal sac. The artery may be contracted from pressure, as from an aneurismal tumour, which the surrounding parts bind down upon the artery, or from any tumour in the seat of an artery under the same circumstances, and pressure on an artery with the finger will cause the *bruit de soufflet*. That the *bruit de soufflet* seldom, or indeed never, takes place in the passage of the blood into the aneurismal sac, may be accounted for in this way: the blood at that part, instead of having a contracted space to pass through, has a much more capacious one, having the artery and the opening of the aneurism, the latter of which alone, except in very early cases, exceeds generally the circumference of the artery. So that, in my opinion, *bruit de soufflet* is seldom indeed caused by the passage of blood through the neck of the aneurism, but by pressure upon the artery contracting its size; and the reason that some aneurisms have this symptom, whilst others have not, is, that some aneurisms, whilst the blood is in a fluid state, form little or not sufficient pressure to cause it, although, when in a farther state of progress, the symptom comes on from their increased size and more firm texture, from the coagula which they contain.

Yours, Sir, respectfully,

J. B. E. FLETCHER, Surg.

Shifnall, Shropshire, Sept. 29, 1830.

## ARMY ASSISTANT-SURGEONS.

SIR JAMES M'GRIGOR.

### To the Editor of THE LANCET.

SIR,—In your last Number I observe with pleasure a letter from “A Poor Assistant Surgeon,” in which the writer gives something like the real character of Sir James M'Grigor (not that one which he might be supposed to possess from reading the fulsome “dedications” of expecting sycophants) in confirmation of his opinion of the worthy knight. Allow me to make a few remarks on the promotion in Sir James's department. I shall select as my text the following sentence from the last Gazette:—“Assistant-Surgeon H. J. Jemmett, from the 12th Light Dragoons, to be surgeon to the forces.” On looking to the army list, Mr. Jemmett's commission as assistant-surgeon is found to bear date “13th of Dec. 1825.” Now as the regulations state that “every gentleman must have served at least five years in the junior departments before he can be promoted to the rank of regimental surgeon, it appears that, as soon as possible, Mr. Jemmett was appointed sur-

geon to the forces, a rank which, by the custom of the service, is superior to that of regimental surgeon; and speaking of which, the regulations say, “Medical officers are encouraged to look forward to the rank of surgeon to the forces.” Contrast this promotion with that of the late senior assistant-surgeon to the forces,\* who, in the same Gazette, was appointed to a regimental surgeoncy after *nineteen years'* service as assistant-surgeon!

Look to those gentlemen still remaining on the list after sixteen, seventeen, eighteen years' service at home and abroad. In tropical climates no surgeoncy to the forces comes in their way, but Sir James promotes over their head an assistant-surgeon of five years' service at home; and while they are toiling in St. Lucie, Ceylon, Dominique, &c., stations him at Edinburgh! Even look at the services of the assistant-surgeons of the other cavalry regiments; look at Mr. Ribbeck of the 10th Hussars, who, among other testimonies of his services having been performed elsewhere than in the different cavalry stations of Canterbury, Edinburgh, Dublin, &c., bears a Waterloo medal. He is still an assistant-surgeon, and with a commission dated 2d of July, 1812!! That it may not be said this is a solitary instance, we may mention Mr. Barry, Royal Dragoons, Feb. 1813; Mr. Stewart, Scots Greys, Nov. 1813; Mr. Cross, 3d Dragoons, March 11th, 1813; in short, among our dragoon regiments alone, there are six assistant-surgeons of seventeen years, and three of sixteen years' standing, not to mention later dates.

The conclusions from these premises are evident, and I think an instance of more flagrant and shameless partiality is rarely to be met with. I am sure, unless Sir James be lost to all sense of shame, he must have blushed in recommending (as the phrase is) the appointment. Is it not melancholy to think, that eighteen or nineteen years' hard service at home and abroad is not considered as entitling a man to promotion, or to a better station than Jamaica, or St. Lucia? Or that an application for promotion on these grounds is to be answered (as I have known it done) by an offer of an appointment to Sierra Leone! Mr. H. J. Jemmett's private and professional character stands (and I believe deservedly so) high, but these are not the claims Sir James looks to. Mr. Jemmett is so fortunate as to have a father in an official situation (we believe in his Majesty's household), and thence his rapid advancement is easily explained.

From your always having been a decided enemy to all kinds of “hole-and-corner” work, I am induced to hope you will afford

\* Dr. Hart.

me a nook for this in your next, with the laudable view of *proving* to those expecting to enter the service, that as long as the present chief remains, \* \* \* not public service, ensures promotion.

I have the honour to be, Sir,

SCALWELLUM.

Dublin, Oct. 7, 1830.

### NON-MEDICAL CORONERS.

[We have lately received a vast number of letters relating to non-medical coroners, and as we find space shall select some of them for insertion. The following are of the number.]

#### *To the Editor of THE LANCET.*

SIR,—In the summer of 1795, while the 4th Buffs and another regiment were encamped on Hopton Common, a place half way between Yarmouth and Lowestoft, a few straggling soldiers called at Hopton White Hart, and spent an hour or two in festivity. One of them accidentally broke a quart mug, for which he refused to pay. The landlord, Robert Wightman, locked up a firelock as security; a scuffle ensued, in the course of which John Wightman, the brother of the publican, snatched up a poker from the fire, and struck one of the soldiers, from the effects of which blow he died. An inquest was held by the coroner of Suffolk on the dead body, assisted by a magistrate, the Rev. Dr. Cooper of Yarmouth, the father of Sir Astley Cooper, and the grandfather of the gentleman who lately cut so distinguished a figure in the pages of *THE LANCET*. The coroner charged that the offence was clearly murder; the jury thought otherwise, and brought in a verdict of manslaughter against John Wightman, and acquitted Robert Wightman. The coroner refused to receive the verdict, and, in conjunction with the Rev. Magistrate, lectured them severely on their contumacy, in daring to bring in a verdict contrary to the opinion of "the court." The jury, inexperienced, and overawed by authority,—moreover assured that a verdict of murder against John would not at all affect Robert Wightman, their harmless, inoffensive townsman, whom they were desirous of saving from the consequences of his brother's violence,—finally brought a verdict of "wilful murder" against John, and acquitted Robert, Wightman.

Now, Sir, mark the consequence. On the succeeding day the Rev. Dr. Cooper, acting on his authority as a magistrate, committed Robert Wightman to Bury jail to take his trial for murder as "an accessory

before the fact." At the trial the grand jury found a true bill against John, but ignored the bill against Robert; their foreman, Mr. Maynard, afterwards Sir Arthur Heselrigg, indignantly asked the judge in open court, if an action would not lie against the committing magistrate for false imprisonment, which he answered in the affirmative, but coupled with an opinion which rendered the whole matter nugatory—I suppose, the necessity to prove a corrupt motive. John Wightman was found guilty of manslaughter. Thus, through the want of firmness and independence in the coroner, did this innocent man suffer thirty-three weeks of unjust imprisonment, which caused the total ruin of his health and fortune. His widow and children, six of whom were girls, must have become the inmates of the poor house, had not the oppression of their father, and their own universal good character, excited the sympathy of a few of their more wealthy townsmen, who gave them the means of establishing a small business, which has to this hour supported them in comfort and respectability. I am, Sir,

Your most obedient servant,

J. T. MURRAY.

SIR,—On referring to a late Bristol journal, you will find the report of a coroner's inquest held in this city, on the body of Mary Lewis, ætat. 23, who was found suspended to the banister of a stair, and although cut down in about three minutes, death took place within two hours after, and a verdict was returned of *felo-de-se*. An examination of the body was strongly urged by the foreman of the jury, as well as by the two medical men who had administered to her in her last moments. This apparently reasonable request was obstinately refused by the coroner, who stated it to be unnecessary and absurd, although the lower part of her shirt was completely saturated and clotted with blood, which, being dry, rendered it quite stiff. The os tincæ was very near the external orifice of the vagina, and was soft and so dilated that the finger passed with the greatest ease into the uterus; on withdrawing the finger no blood appeared upon it. There was no swelling of the external parts.

I have confined myself to a mere detail of those appearances which in my own opinion would have justified a more extensive examination of the circumstances connected with her death, and shall concede to you the power to make any comments you may think consistent with the advancement of the cause you have of late so ably advocated.

A. B.

A correspondent, Colonel Blennerhasset Fairman, in drawing our attention more espe-

cially to the case of coroners' inquests in jails, observes,—

When deaths happen in a prison, the jailors, from a fear perhaps that the frequency of such occurrences may, in the end, endanger the duration of their own establishments, by awakening the sensibilities of the nation, do every thing in their power to keep these calamities from the knowledge of the public. The juries are too often packed from their own tradesmen—the inquisition is precipitated, and hurried over with indecency—no announcement of the proceedings is ever made to the survivors in custody, while indeed obstructions are thrown in the way of those who may wish to attend the court, and be present at an examination in which all are interested. In fact the business is despatched as a mere matter of form, with all possible speed, in the most slovenly way, as if an indemnity to the jailor and a fee to the coroner were the sole purposes for which the jury had been assembled, and not the circumstances that had produced, had contributed to, or accelerated, the dissolution of the defunct; of whose safety the legislature was so jealous as to institute these inquisitions, lest men thus cut off from their family and friends might occasionally be sacrificed, as heretofore has been the case, to the vindictiveness, the oppression, and inhumanity of their keepers. ‘Died by the visitation of God’ is the return nine times out of ten, when the verdict ought to be of ‘a broken heart, through persecution the most relentless or unjust,’—‘of disease brought on by a removal from a bed of sickness to a place of incarceration,’—‘of abstinence and starvation through the absolute want of the comforts and necessities of life,’—or, perhaps, ‘from excess of drinking, brought on by anxiety and dejection of mind, through a long confinement.’ Lawyers are connected, more or less, with the governors of prisons, for whom they entertain a sympathetic sort of feeling; they are subservient, too, more or less, to the judges, and stand identified, in some measure, with the courts. For this sole reason, if for no other, they are not the fittest, the most unprejudiced folks that might be selected for the execution of a trust so precious, and for the discharge of a duty so paramount, as that of deciding on the circumstances which may have occasioned, have conducted to, or hastened the dissolution of victims to a system the most barbarous that ever shed disgrace on a civilized state, not to say a boasted land of liberty, in an enlightened age of freedom and refinement.

## ERRATUM.

To the Editor of THE LANCET.

SIR,—In page 103 of the last published Number of THE LANCET, you will perceive so palpable an omission on the part of your printer, that I am sure you will be as eager to supply it as I can be. Between the fifth and sixth lines of the second column, a passage has been struck out, which not only formed part of my *lecture*, as it was delivered, but which I perused in the proof you had the goodness to send me. I do not request the restoration of the entire passage, but (as several persons have very naturally observed) what immediately precedes the *hiatus* is unintelligible, as the whole actually presents itself. If, however, the portion of my MS. has been suppressed by *design*, I beg to say, that although I am willing to submit to a law which I uniformly enforced when myself an editor, the law, viz., of acquiescence in editorial discretion and responsibility,—I do submit, with all deference, that when a person sufficiently known to the public appends his name and quality to a contribution, the editor is expected, if he admits the paper, not to dress it, as the author releases him entirely from all liability concerning it. If I am in error, I shall be glad to be corrected; but I think that the whole of this affair is a typographic oversight.

Be good enough to let this communication appear in your next Number, and to give me the opportunity of informing your readers, that the *essential* passage omitted was to the following effect:—

“As long as the Jewish nation lasts, I, for one, *must* believe the Bible.”

I am, Sir, your obedient servant,

J. GORDON SMITH.

Euston Square, Oct. 18, 1830.

CURE OF CORNS BY LUNAR CAUSTIC.—I applied it (the lunar caustic) thus. I put the feet in warm water, and allowed them to remain till I found the outer surface of the corn was soft; I then dried the feet and applied the caustic all over the corn; in a few minutes it was dry; it remained so for ten days, when I removed the black skin and applied the caustic again; and so I continued till I had completely eradicated the corns. I have tried the same plan with many of my patients, and those who have been sufferers for years, all have been cured; it produces no pain, nor the least inconvenience, and does away with the necessity of cutting, which is dangerous in itself, and likely to produce extensive inflammation, with, frequently, the loss of life.

C. V.

Rotherhithe.

## THE LANCET.

*London, Saturday, October 23, 1830.*

IN the multifarious forms of royal charters and of legislative enactments, there is not to be found, upon any one subject of legal inquiry, a more heterogeneous mass of legislative and royal absurdity, than in the laws which have been framed for the government of the medical profession. The immortal MILTON has observed, that

“ So many laws argue so many sins.”

But, had he lived in the present day, he might with more propriety have stated, that they argue, rather, the folly and stupidity of those by whom they have been enacted, and the avaricious knavery of the corrupt creatures by whom they were projected. Of all the acts of Parliament, of all the Charters, is there one upon which any man can place his finger, and say truly, “ Here is a comprehensive law, suited to the dignity, character, and welfare of the members of the medical profession, and calculated to promote the best interests of the public.” From the reign of HENRY the EIGHTH to that of GEORGE the FOURTH, there is neither a charter nor an act of Parliament upon the subject of medical polity, which, in the restrictive character of its clauses, would not disgrace the lowest mechanics’ club. The interests of the *few*, in these measures, have invariably been consulted, while the interests of the many have been, as uniformly, wholly disregarded. This may appear paradoxical, but it is nevertheless true; indeed the reasons are obvious, and may be stated in a very few words,—The *many* have been *idle*, the *few* have been *active*. Consequently each “ act,” each “ charter,” has echoed the voice of a faction, and not that of the multitude. The petitioners for charters and bills have never forgotten their own interests, and while bawling most loudly, while stunning the ears of kings and

No. 373.

members of Parliament, for instruments of public protection, they have been most actively engaged in forming plans for their own private personal aggrandizement. The establishment of an *aristocracy* in medicine, in the reign of HENRY the EIGHTH, has proved a great check to the cultivation of medical science in this country.

The COLLEGE of PHYSICIANS has been an *upas* to the profession. It has proved darkness to the light of knowledge; a blast to every thing that has been deemed liberal. How could it be otherwise? What purity, what liberality, could flow from the corrupt and vicious heart of such a vile sensualist as HENRY the EIGHTH? And yet, even to the present hour, the College of Physicians claims no other support, has no other pretext for maintaining its unprincipled and pernicious monopoly, than the charter granted by HENRY to his favourite physician LINACRE. Founded at the request and under the sole dictation of this one physician, it is not extraordinary that the welfare of the profession for succeeding generations should have yielded to the private interests of that individual and his self-elected successors; but it is extraordinary, nay, it is scandalous, that, in the present advanced state of society, the building is not daily shaken to its centre by the indignant voice of the profession. Here, then, is the first key towards explaining the problem forced upon the attention, by contemplating the narrow-minded and miserable enactments for medical government. The College of Physicians was founded by *one* physician; the restrictive and ignorant charter of the College of Physicians was framed by *one* physician; yet we are told by Mr. WILLCOCK,\* that the College to this day can exercise legal control over the whole of the medical and surgical practitioners of this metropolis and the parts adjacent. Although

\* The Laws relating to the Medical Profession; with an Account of the Rise and Progress of its various Orders. By J. W. Willcock, Esq., Barrister at Law. London: J. and W. T. Clarke. 8vo, pp. 290. 1830.



we shall prove, before we quit the subject, in this and succeeding numbers, that Mr. WILLCOCK is not correct in this opinion, it is sufficient for our present purpose to concede to him that the College, to a certain extent, even at the present hour, can proceed by law, and recover penalties against those persons who practise as physicians in this metropolis, without a license from that body. Thus the physicians of London, in eighteen hundred and thirty, are under the control of a charter of three hundred years standing, framed by one man, and granted by a king, whose whole life was devoted to the gratification of the worst appetites, and the basest propensities, incident to human nature. Had the wishes and interests of the whole profession been consulted by the sensual and thoughtless monarch, or had the whole profession interfered in framing the charter, a measure highly conducive to the health and happiness of mankind, and to the diffusion of medical knowledge, might have been the happy result of their labours; and, possibly, its provisions would not have proved altogether obnoxious to the wants of the practitioners of medicine in the present day.

Not to go farther back, the same fatal apathy pervaded the great mass of the surgical profession in the fortieth year of the reign of George the Third, when the existing charter of the notorious College in Lincoln's Inn Fields was granted by that not very sensible monarch. There was no appeal to the profession,—the surgeons generally were not consulted upon the propriety of the measure, and, unfortunately, there was no independent medical press to enforce their claims. That charter, which contains the horrid prescription for forming the self-perpetuating council, was conceded to eighteen *disinterested* petitioners, who of course, with the greatest generosity imaginable, and with the sincerest desire to benefit their brethren of the profession, introduced their own names into the charter as eighteen of

the councillors, who were to hold their appointments for life; at the same time, kind souls! reserving to themselves the power of electing the other three to complete the number of twenty-one. Having mentioned LINACRE as the projector of the physicians' charter, it may not be useless or uninteresting to record the names of those very liberal and learned surgeons to whom the practitioners of the present day are indebted for the *surgeons'* charter. Mark them well, reader! But it is due to the four first names that they should stand apart from the others: Cline, Dundas, Earle, and Keate—Heavyside, Cooper, Blicke—Chandler! Long!! Warner!!! Lucas!!!! S. Howard!!!!!! Wathen!!!!!! J. Howard!!!!!! Birch!!!!!! Hawkins!!!!!! Forster!!!!!! and Sir William Blizard!!!!!!

Here is an association of names! The reminiscences excited by so resplendent a collection, are almost too dazzling for our feeble intellects; but, alas! resplendent only in the vivid characters, traced by partial and purchased friends; for, in the dark and dreary vistas of the College halls, the features of those to whom they belong and have belonged, are only discoverable upon the hideous front of that many-headed monster—Monopoly. The charter, then, having been granted only at the request of a few, to a few only has it proved beneficial; in fact, it has created and promoted a more vile monopoly in a branch of medical education, than was ever concocted or encouraged in any department of the meanest trading corporation. If the combined profession had applied to the king or the legislature in a body, no such unjust, tyrannous instrument, would ever have scourged its members, or disgraced the laws of England.

The "Apothecaries' Act" of 1815, was another boon proffered to corruption by corporate jobbing and partial legislation. Several years before that act received the sign manual, the surgeon-apothecaries throughout the kingdom felt that both they

and the public required some protection against the destructive proceedings of unprincipled and mercenary quacks. They held various meetings, and endeavoured to act in concert; but there was no journal, no means of harmonizing their discordant opinions. Project upon project was suggested, and no sooner suggested than abandoned. Anxious to obtain power, a few were for establishing a *fourth* corporation, adding another to the three which had so long persecuted the profession. Observing the dilemma in which the reformers were placed by the knavish interference of the Colleges of Physicians and Surgeons, the Apothecaries' Company stepped into the arena, and by hypocritical promises of peace and justice, at once framed measures for warring against the interests and respectability of the whole profession. Never was an act obtained by more disgraceful means than that of 1815. The College of Surgeons meanly promised to offer no opposition before the legislature, if *their* privileges,—that is, the privileges of the *twenty-one*, were left untouched; and the College of Physicians disgracefully pledged itself not to oppose the bill, if *their* privileges,—that is, those of the “fellows” and “licentiates,” were left unmolested; further, these two bodies had friends, namely, the chemists and druggists, whose rights were not to be interfered with, between whom and many of the councillors of the College of Surgeons and of the fellows of the College of Physicians, a percentage co-partnership had long existed. We blame not the chemists and druggists for their conduct on that occasion. It was natural and just that they should bestir themselves in order to protect the rights and privileges connected with their trade, and upon the security of which their bread depended. But it was base in the physicians to exert themselves to deprive surgeons of those privileges which they freely conceded to druggists, and it was base in the surgeons to concede to druggists the privileges which

they resolutely withheld from physicians. The Apothecaries' Act, then, was altogether a partial measure, and utterly unsuited alike to the wants of the profession and to the public. Thus we have a physicians' “charter,” a surgeons' “charter,” and an “Apothecaries' Act,” each obtained by a few individuals, who, the moment their requests were granted, ceased to have any interests in common with their professional brethren.

The discordant elements, in constant motion by the clashing interests of three corporations, furnish never-ceasing causes of animosity and jealousy between the members of the respective bodies; and there will be little of harmony or little of justice, until we possess one great, comprehensive, legislative enactment for the government of the MEDICAL REPUBLIC. An Aristocracy in medicine can no longer be endured. Those members of the profession who now claim for themselves all the honours and dignities, exist only by sufferance; the source of their value is to be found in their impotence, and their reputation only in the most preposterous conceit.

We shall resume this subject, and follow it up, until there be laid before the profession a scheme for the formation of A NATIONAL COLLEGE.

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*A Treatise on the Venereal Diseases of the Eye.* By WILLIAM LAWRENCE, F.R.S., &c. &c. London, John Wilson. 1830. 8vo. pp. 336.

It is only within the last few years that the venereal diseases of the eye have been well understood and appropriately treated; and although much scattered information respecting them is now to be found in various works, a complete treatise on the subject cannot fail to be acceptable to the profession, especially when coming from such a surgeon as Mr. Lawrence, than whom no one could be more fitted for such a task. Considering, however, that there were few new or disputed points to be established,—that the phenomena of each disease are in

almost every case essentially the same, and that the treatment is to be guided more by general principles than by particular indications, we may be allowed to doubt the expediency of inserting so many cases, since they tend to fatigue the reader, without affording him more information than he might have derived from a much smaller number.

Veneral diseases of the eye are divided by Mr. Lawrence into two heads,—gonorrhœal and syphilitic. Under the first he includes acute and mild inflammation of the conjunctiva, and inflammation of the sclerotic, sometimes extending to the iris; and under the second, iritis and ulceration of the lids. On the nature and origin of acute purulent gonorrhœal ophthalmia, a difference of opinion has existed. By some writers it has been attributed to metastasis, by some, to direct infection or inoculation with gonorrhœal matter, and by others to both these causes. Mr. Lawrence, while he admits the last, doubts the occurrence of the first; and where direct infection is improbable, since he has never observed the urethral discharge to be stopped on the accession of the ophthalmia, is inclined to refer its occurrence to the state of the constitution, without being able to point out in what that state consists, and to regard it as a pathological phenomenon analogous to those successive attacks of different parts which are observed in gout and rheumatism.

“The two other forms of ophthalmic inflammation,” says he, “which take place in conjunction with gonorrhœa, show themselves only in rheumatic subjects, and generally in connexion with other arthritic sufferings; and the difference between one of these and the affection now under consideration is only in degree. This view of the subject may throw some light on the circumstance, that though direct infection operates equally on both sexes, the gonorrhœal ophthalmia said to originate in metastasis, seems to be confined to the male. The state of constitution, whether hereditary or acquired, which leads to gout and similar affections, is much less common in women than in men, and will hardly be found at all in those young and previously healthy females who are the principal subjects of gonorrhœa. Again, the morbid influences which are experienced and exerted by the male urethra, are different from those of the vagina,”—p. 35.

With regard to diagnosis, Mr. Lawrence

admits, that as far as the local symptoms are concerned, there is no difference between gonorrhœal and common purulent ophthalmia, except that the former is more violent and rapid in its progress, and less frequently attacks both eyes; and that its peculiar nature can only be inferred from the circumstance of gonorrhœa existing with, or preceding it, or the patient having been exposed to the contact of gonorrhœal matter. This is, however, of little consequence, since the two affections require the same kind of treatment. In this Mr. Lawrence relies chiefly on copious and frequent bleeding, both general and local, and has but little confidence in mercury, observing, “I have seen both the ordinary purulent and gonorrhœal ophthalmia proceeding apparently unchecked under the full mercurial action. Beer expressly asserts that mercury is of no service, and the testimony of Delpech is strong to the same effect.” Tartarised antimony is not mentioned in the general account of the treatment, but it appears to have been used as an auxiliary in several of the cases related, though not to any great extent, or with very marked benefit. The ordinary local means he considers of course merely as palliatives, and as having no power of checking the disorder. Of the astringent plan, or the employment of strong solutions, of nitrate of silver, or sulphate of copper, which is stated to have been used so extensively and successfully by some army surgeons, he does not appear to think very highly; he has employed it only in two cases, and those of the mild form of the disease, and thinks that at an early period, before the cornea is affected, the ordinary antiphlogistic treatment is more safe and certain, and that afterwards the astringents in question are useless or injurious. As he does not consider the disease ever to depend on metastasis, he of course does not think it necessary to make any applications either of a stimulant or emollient nature to the urethra, and after mentioning the opinion of Scarpa, Beer, and Richter, who are all in favour of such a practice, observes,

“In spite of the confidence which one is inclined to repose in the practical knowledge and judgment of those whose advice has just been quoted, I cannot help thinking that the measures in question have been recommended rather on theoretical grounds

than from experience. At least these writers do not mention any results of their own practice; nor have I met with any cases in which the employment of such means is mentioned. In none of the instances which have come under my own observation, has the gonorrhœal discharge been suppressed, so that the reason for this kind of practice has not existed. Again, when the violence and rapidity of the disease are considered, in contrast with the slowness and uncertain operation of this treatment, we cannot doubt that irreparable mischief would be done to the organ during the time lost in such attempts."—p. 50.

The "mild gonorrhœal inflammation of the conjunctiva," though made the subject of a separate chapter, differs only in degree from the preceding; it of course requires a less energetic treatment, and may, in most instances, be "safely and advantageously treated by the astringent pla—"

In the third form of gonorrhœal ophthalmia, which is characterised by great pain and intolerance of light, the conjunctiva is scarcely affected; the sclerótica is the principal seat of the disease, which sometimes extends to the iris, producing deposition, occasionally of an arthritic character; sometimes to the cornea, inducing haziness and opacity. Here also the abstraction of blood is the principal remedial means, but blisters are more servicable than in the purulent ophthalmia, and colchicum may be given with advantage, when it is accompanied (as it often is) by inflammation of the joints, or other rheumatic symptoms.

The diagnosis of syphilitic iritis is much easier than that of the affections just spoken of. The increased pain at night, the angular disfigurement of the pupil, and especially the deposition of lymph in tubercular masses, serve to distinguish it in most cases from the idiopathic form of the disease; occasionally, however, some or all of these symptoms are wanting, and the distinction can be made only by reference to the previous or co-existing diseases of the patient.

Syphilitic iritis has been observed by Mr. Lawrence in conjunction with papular, pustular, scaly, and tubercular, eruptions, and he considers it as one of the secondary symptoms of venereal disease, and never caused by the use of mercury. In reference to this point he observes—

"An opinion has partially prevailed that the use of mercury is capable of producing

iritis. Some have considered that syphilitic iritis, as well as other secondary symptoms, either are rendered more frequent and severe by the employment of this remedy, or owe their very existence to it, while others have spoken of iritis generally as being caused by it. I have seen no instance of iritis, of whatever kind, in which there has appeared to me any reason for ascribing the occurrence of the complaint to this cause. In nine of the cases related in this paper, iritis came on where no mercury had been taken previously to its appearance, and in some of them the complaint was severe, and produced consequences injurious to vision; in others, mercury had been administered only in small quantities, and the mouth had not been made sore; and there is not one in the whole list in which the remedy had either been employed for a long time, or affected the system severely. Iritis occurred in some of the cases which had been treated by Mr. Rose and Dr. John Thompson without mercury. Dr. Ekström, of Stockholm, informed me that he had seen many similar instances in the patients of an institution where the use of mercury in syphilis had been entirely abandoned for a long time. Iritis took place in a woman who had contracted syphilis from suckling a diseased infant, and had taken no mercury."—p. 165.

The treatment of this very serious and often rapid disease, consists principally in the employment of active depletion, mercury, and belladonna; and although the last may sometimes be omitted, neither of the two first can be so, without incurring considerable risk. In several of the cases related by Mr. Lawrence, little or no impression was made on the disease by very copious bleeding, both general and local, in conjunction with other antiphlogistic means, and yet its progress was instantly checked, and a healing action was induced, when the mouth was affected by mercury; in others, on the contrary, severe and continued salivation had no good effect, and yet immediate relief was afforded by the loss of blood. The practical conclusion therefore at which Mr. Lawrence has arrived, after ample experience of the complaint under every variety of treatment, is,

"That iritis generally, and the syphilitic form of the complaint particularly, will be most advantageously treated by the successive or combined employment of antiphlogistic means and mercury; that this plan will give the quickest relief, will most effectually arrest the inflammation, restoring the iris to its healthy structure and func-

tions, and will afford the best security against the return of the disease."—p. 181.

The beneficial action of belladonna is almost entirely mechanical, preventing by the contraction of the iris the occurrence of adhesions between its posterior surface or internal circumference, and the capsule of the lens; or breaking through such adhesions after they have been formed; and the friction of mercurial ointment with opium upon the brow, though sometimes efficacious in relieving the pain, can hardly be supposed to have any direct influence on the progress of the disease.

The removal of effused lymph from the iris under the action of mercury, has generally been attributed to increased activity of the absorbents. Mr. Lawrence thinks, "that it has no such direct operation, and that the removal of these depositions takes place in consequence of the inflammation to which they owe their origin being arrested." This cannot, however, always be the case, for morbid depositions in the eye, as well as in other parts of the body, have disappeared under the use of mercury, some time after the inflammation which had produced them had entirely ceased. Of turpentine, as employed by Mr. Carmichael in this disease, Mr. Lawrence states, that he has had no experience; and though he has made a short extract from this gentleman's work, showing the manner in which it is to be employed, and observes, that the cases there related exhibit the powers of the remedy in a very favourable light; he does not give any opinion as to its probable efficacy in general.

Syphilitic ulceration of the eyelids, with the account of which the book is concluded, is a much less common affection, and does not appear to have been particularly noticed by any other writer on syphilitic diseases. It affects all the tissues of the eyelid, which it sometimes totally destroys, and may be either chronic or acute, having in the latter case a "phagedenic character, with red margin, sharp edge, foul unequal surface, on which bloody points are seen, and being attended with severe pain." It is very distinct, both in its progress and appearance, from cancerous ulceration of the palpebræ, the only disease with which it could possibly be confounded, and is most quickly and effectually cured by the free use of mercury.

*Medical Literature in central Africa. Timbuctoo Monthly Journal, No. 28.* Blackamoor and Co. October, 1830.

We have been favoured with the 28th No. of a monthly medical and surgical journal, published lately at Timbuctoo, in which, in a review of a work on consumption, the critic states (p. 299): "Chlorate of potash is not the best mode of employing chlorine;" and in a subsequent sentence, that "Medicines taken into the stomach can have little, if any, effect on diseases of the lungs.

These sentences afford strong presumptive evidence that the works of Laennec or Davy have not yet found their way into the interior, and that tartar emetic and ipecacuanha are unheard-of remedies in pneumonic affections. Massa Blackamoor, we fear, "ve pren vera mun o' him pillo-orical beefor nigger vera mun save pissick."

## LONDON MEDICAL SOCIETY.

October 18, 1830.

Mr. CALLAWAY in the Chair.

### LIABILITY OF SEROUS TISSUES TO ERYSIPELATOUS INFLAMMATION.

THE opinion that erysipelas can attack only the skin externally, and, when seated internally, the mucous membranes, is held by some of the members of this Society to be unsound; but though the point has often been agitated it has never been satisfactorily discussed. The chief supporter of the opposite doctrine, however, Dr. WHITING, having been urged to bring it fairly before the Society, took advantage of some cases which had lately occurred to him, tending, in his opinion, to show that the inflammation in puerperal fever is erysipelatous, and this evening detailed his views on the subject.

It had long been supposed (he observed) that erysipelas was a disease of the skin only, and in systematic writings it had always been classed among the cutaneous diseases. He had himself long considered this to be correct, but several cases had lately fallen under his observation, which had convinced him that the erysipelas which attacks the skin may, by extension of the inflammation, encroach upon other textures. The cellular tissue was affected by the inflammation dipping into it, and forming abscesses which burrowed in various directions, differing from the common phlegmonous inflammation. There were many cases in which also the mucous and muscular membranes were

attacked. During the last season he related a case of inflammation which began in the throat, from thence proceeded to the ear by the eustachian tube, crept by the lachrymal duct to the eye, and finally spread in the form of erysipelas over the face. Now that case did not strike him at the moment in the same point of view as that in which he now regarded it. The patient was attacked with severe dyspnoea, and the inflammation which ensued immediately after, progressed onwards until it destroyed life. This, he had thought, was owing to the state of the brain, but he now believed that erysipelas would really extend to the lungs and occasion death. He had a patient who, a week ago, was attacked with severe inflammation on the surface of the tonsils, with great enlargement. The next day the swelling subsided, and the inflammation appeared to be passing away, when a difficulty of swallowing was experienced, lower down. Leeches and blisters were accordingly applied, and the pharynx was relieved, but then the patient complained of an affection of the bronchial tube; presently the upper lobe of the lung was attacked, producing pleuritis and pneumonia, with spitting of blood. The inflammation shortly after, left the upper, and descended to the lower lobes, the patient experiencing very great pain; it subsequently passed through the diaphragm, and had that day reached the peritoneum, thus presenting the erratic tendency of erysipelas, and characters of the same description as those of puerperal fever, the connexion between which and erysipelas it was his intention to show. He had seen many such cases as these, but not knowing that erysipelas would spread itself internally in this manner, he had not adopted an explanation on the ground which he was now disposed to assume, that the erysipelas of the skin would spread from one surface to another, or from one texture to another, until it either expended itself, or destroyed the patient. Now, the question was, might he consider that he was borne out in the doctrine that puerperal fever was erysipelatous? They all knew that puerperal women were attacked by two diseases, both of the abdomen. The one was remediable by antiphlogistic means; the other would go on, despite that treatment, which, indeed, rather did harm than otherwise. In what then did the difference between these two diseases consist? It might be said,—in the difference between the constitution of women. But how was it possible to believe this, for whether the women were weakly or strong, whether they lost blood or not, still the disease would prove fatal. There was certainly nothing in the constitution to determine the nature of the disease, and he decidedly thought, therefore, that the difference in the two diseases was

rather to be ascribed to two distinct causes than to any thing else. The general opinion was, that puerperal fever was contagious, and this view was entertained by the most industrious observers and the best informed men. Dr. Gordon who first wrote on the subject, said that he could positively foretell whether the patient would have it, merely by knowing who was the attending midwife or nurse. He said that he was scarcely ever mistaken in this. This alone would lead him to say that there was some peculiarity in the cause. Dr. Gordon stated in his work that he would not venture positively to assert that puerperal fever and erysipelas were of the same specific nature, but he was convinced that they were analogous in some respect, for these two epidemics, in some instances to which he referred, began about the same time, kept pace together, arrived at their acme together, and ceased at the same time. Dr. Gordon had pointed out other reasons in favour of this conjecture, and similar views were entertained by Mr. Hey, Drs. Mackintosh, Hamilton, and Campbell, to whose works Dr. Whiting referred.

These things, then, seemed to lead to the opinion that there was something similar in the causes which led to the production of erysipelas and puerperal fever. Otherwise why were they both contagious, and why, as it was well known they did, did they both happen together? The small-pox and measles, the small-pox and scarlatina, and many other diseases might be simultaneous, but this was the result of accident, which clearly was not the case with the other diseases. As to the morbid appearances, he had examined a vast number of patients who had died of true puerperal fever, and he had always found as much difference between the inflammatory appearances and those of common inflammation, as there was between erysipelas and common inflammation of the skin.

Now erysipelas was erratic. It generally began in the womb, then proceeded to the groin, then to the umbilicus, and then perhaps went to the chest. It did not shut up the bowels like common puerperal fever. It did not require strong medicine. Taking the average of cases, there was not the same hardness and strength of pulse. There was seldom occasion to use the lancet; indeed its use was rather contra-indicated. The state of the tongue was not the same; it was not so dry nor so loaded in erysipelas as in common peritonitis. Then again, it could not be stopped so easily. It might be mitigated, but a week or ten days would elapse before it was completely cured. With regard to the *post-mortem* appearances, when inflammation of the common character had lasted ten days, it was usual to expect to find adhesions. Now he

did not mean to say that there were no adhesions in the true puerperal fever, but there certainly were no organised adhesions. He had examined this point minutely, but he had never been able to discover any thing beyond mere agglutinations. Neither were there the same appearances in the cavity of the pelvis. Instead of the effusion there deposited being a clear, semi-transparent fluid, it was a muddy, dirty serum, with flakes like the curd of cheese. With these remarks he should presently introduce a case to their notice, which had fallen under the care of himself and a surgeon who was now present. He would also refer to a case mentioned to him by Mr. Greenwood, where it having been necessary to pass a catheter in consequence of retention of urine, inflammation came on two days after the operation, and extended to the peritoneum, presenting all the characters of puerperal fever. Mr. Travers also removed some excrescences from the verge of the anus, where erysipelatous inflammation came on, spread up the rectum, and speedily assumed all the appearances of puerperal fever. The case, however, to which he now wished to refer, was that of a middle-aged lady residing on the other side of the water, whom he had attended in child-bed. She bore two children, and suffered a severe rigour; reaction came on, and a pain commenced in the region of the womb, which became very tender, and enlarged. What was to be done in such a case as this? The variety of treatment recommended by practitioners was so great, that he did not know to what measures to resort; he thought it right, therefore, to read all the authors from whom he could expect to obtain information on the subject; accordingly he referred to Gooch, Hamilton, Armstrong, Gordon, Mackintosh, and Campbell, and made up his mind that antiphlogistic measures would be the most successful. Dr. Gooch was the last writer on the subject, and he recommended that the patient should be bled to syncope; twelve hours, therefore, from the first attack, this (or nearly this) was done; leeches were then applied: she was purged from the first; three grains of calomel every three hours, with a quarter or the eighth of a grain of tartrate of antimony, and one grain of opium. She recovered, but the progress was slow; there was a gradual *subsidence*, but not what might be termed a *removal*, of the pain, which ceased, however, before it reached the diaphragm. He had attended another patient who was moribund, and apparently past every chance of recovery; as a last hope he gave ammonia, and the patient suddenly revived. In this case he believed that the inflammation was running its course, and stopped just short of life, when the ammonia was administered.

In these cases the blood was buffed, and the mercury carried to pytalism.

The speaker having thus submitted a general outline of his views to the members, Mr. Hooper read one of the cases of puerperal fever, to which Dr. Whiting had referred. It did not present any features farther illustrative of the doctrine, and Mr. Waller, Dr. Ryan, and Mr. Dendy, expressed an opinion that the case was one of acute inflammation of the uterus.

The replies which were made may be stated in few words.

Mr. PEREIRA considered it impossible, according to the received definition of the term erysipelas, that erysipelas of the peritoneum could occur. The same disease *in principle* might perhaps exist there, but vesication, an essential character of erysipelas, could not take place in the peritoneum. Dr. Whiting had relied for one of his proofs upon the erratic character of the inflammation in the cases he had related; but, by a parity of reasoning, rheumatism must be considered to be erysipelatous also. Phlegmonous inflammation was an inflammation of the cellular structure terminating in abscess, but the inflammation which in the cellular tissue was called phlegmonous, must, in serous membranes, if it could occur there, be called by some other name, a consequence which must be fatal to the position of Dr. Whiting.

Dr. RYAN also differed from Dr. Whiting, who, he said, had only referred to authors on one side of the question. Dr. Ryan had attended cases exactly similar to those of Dr. Whiting. He had bled the patients generally, and applied leeches and blisters without benefit, but after having given up the case as lost, he had tried calomel and opium, and procured recovery.

Mr. DENDY coincided in most respects with Dr. Whiting, and in reply to Mr. Pereira's first objection, said it must be remembered that though the effusion in inflammation of the peritoneum was not deposited between two tissues, yet that it was deposited in the abdomen.

Dr. BLICKE, and one or two other gentlemen, made some observations on the treatment of puerperal fever, but the hour of closing the meeting having by this time arrived, the discussion here closed. Dr. Whiting and Mr. Hooper pledged their judgment that the disputed cases bore exactly the characters of malignant puerperal fever.

#### DOCTRINES OF INFLAMMATION.

Since our report of last week was written we have taken some pains to collect the particulars of the discussion which occupied the members on the first evening of meet-

ing, as it formed a continuation of the debate with which the last session closed.

The subject in dispute involved the merits of certain pathological opinions formerly advanced by Mr. Stephens; namely, First, that pus formed in the course of disease was not a secretion, but rather a conversion of parts, perished or disorganised by disease, into a fluid matter, and Secondly, that inflammation was not, as is supposed, an agent of disease, but an agent of restoration only. In support of the former of these opinions, Mr. Stephens cited the example of a scrofulous gland, which when about to suppurate might be felt softening, and resolving into a fluid rough matter, first in the centre, and gradually through the whole tumour. It was in the failure of nature's power to absorb the tumour, that she threw it off in the form of fluid corruption. He contended that this was a more probable and more natural process than the one commonly supposed, where, previous to suppuration, the tumour was said to be taken up by the absorbents, and matter secreted in its place. If the tumour was absorbed the cure was effected, and there was no need of suppuration. In support of the latter opinion, Mr. Stephens drew an analogy between fever and inflammation. In fever there was a certain effect produced upon the body, by some morbid agent, whether contagion, miasma, or any other cause, which, whether it operated by contaminating the blood, producing internal congestions, or in whatever way, required a reaction of the vital powers to get rid of the cause or its effects, and this reaction was the fever; and the same he believed occurred in inflammation. Inflammation he believed was the reaction of a part against some disease or injurious agent affecting such part; he believed that it was quite distinct from the disease itself, and he differed from modern pathologists, who seemed to consider inflammation, whenever it occurred, as the sole diseased agent. He believed it to be a restorative agent only.

The arguments used in opposition to the former of these opinions by Dr. Blicke, Mr. Lloyd, and some other gentlemen, were, that pus was often discharged from cysts, which had been emptied, and from sinuses, which it would be difficult to account for upon the supposition of a conversion of surrounding parts into pus. Mr. Lloyd also stated that it was not the gland itself which enlarged in scrofula, but a deposit of white caseous matter, surrounded by layers of adhesive matter, which formed the enlargement, and which was afterwards discharged as pus.

The answer to these objections by Mr. Stephens was, that he did not think it was solid parts only which became converted into pus; he believed, in the case of sinuses

or cysts, that there was a perpetual attempt at organisation in them, and that the fluids and matter deposited for such purpose were thrown off as abortive, and became converted into pus, or dead matter; he also argued that Mr. Lloyd's description of a scrofulous enlargement favoured his opinion, as it showed that it was the original tumour which was discharged as pus, and not a fresh secretion.

The opposers of the latter opinion, amongst whom were Dr. Whiting, Mr. Proctor, and one or two other gentlemen, argued that Mr. Stephens's opinion condemned the treatment of inflammation altogether, and if such ideas were entertained, what were we to do in the treatment of disease? Dr. Whiting asked Mr. Stephens how he would explain inflammation of the lungs produced by a common cold, upon his principles. Cold had produced the inflammation, but when the inflammation was produced what had we to do with the cold? What had we to treat but the inflammation?

In reply to these various objections, Mr. Stephens stated that he did not wish it to be understood that inflammation was not to be opposed by any treatment; he believed that the reaction or inflammation of a part was almost always to an excess, and of course required control; but he did not agree with modern pathologists, who seemed to think if they could prevent inflammation from taking place altogether, or could quell it at its commencement, they would get rid of all disease. He believed that in every case there was a cause existing, visible or invisible (like contagion), which excited and supported the inflammation; with regard to cold producing inflammation of the lungs, and that when produced, the inflammation was all we had to combat, the cold no longer existing, he argued that the cold had produced certain effects upon the lungs, whether of congestion, interruption of the function, &c., or some other injury which required a reaction to remove it; he believed that inflammation of the lungs was never cured upon the principle of quelling all action; it had a natural cure, namely by expectoration, and the remedies inducing this were the true remedial measures; further, to explain, he would suppose a piece of wood thrust into the flesh, and the surgeon overlooking this, contenting himself with combating the inflammation only, what would be the result of his treatment, compared with that of one who looked upon the piece of wood as the injurious or diseased agent, and removed it? The inflammation under the latter treatment, would require no combating, it would die away of itself; he believed, in all cases, some cause produced some effect, whether of functional



derangement, contamination (like vaccine virus applied), or congestion, for the removal of which the reaction or inflammation was established.

[The above forms a condensation of the arguments employed in the discussion of this subject.]

#### GANGRENE OF THE LUNG.

The following case of well-marked gangrene of the lung was read by Mr. HOWELL in the course of last session, and intended to have been included in a report of the proceedings in No. 343, but was mislaid.

I was sent for in the evening of the 5th of August, 1829, to Mr. G. G., aged 26 years, and learnt that he had been indisposed for several days, and had applied leeches, and taken physic, but had not been visited by any medical man. I ascertained that he had been very feverish, and had suffered much pain and tenderness in the lower part of the right side of the abdomen; that he was very restless and occasionally sick. The pulse was under a hundred, and not very characteristic of active inflammation. Upon examining him more particularly, I found he had pain and tenderness in the right renal region, extending through the abdomen in the course of the ureter. The urine was small in quantity, high-coloured, and, upon standing, deposited a large quantity of uric acid. He had pain in the hips passing down the thighs, but had never any retraction of either testicle. The bowels had been readily and actively purged. I concluded that he was passing some calculi from the kidneys, and that consequent irritation had produced inflammation in that part, perhaps extending to the ureter. I bled the patient moderately, and was particularly struck with the exhaustion the loss of a small quantity of blood seemed to produce; I directed such medicines as I thought proper, and that he should be fomented. On the 6th I found him in every respect better; the blood presented but very slightly those marks denoting inflammatory disease. On the 7th he complained of a recurrence of pain, and the symptoms of disorder of the urinary system; was again sick and very restless. The pulse justifying me, I abstracted more blood from the arm, and applied a dozen leeches to the lower part of the right side of the abdomen in the situation of the *caput coli*. These measures effectually relieved him, and for several ensuing days the only inconvenience he suffered was from occasional vomiting, for which he drank abundantly of effervescing medicine. On the 18th he had again a little pain in the situation of the right kidney, which was, however, soon relieved by the

application of a few more leeches. The patient seemed to be convalescent till the morning of the 22nd, when he had a severe rigour, succeeded by heat and profuse perspiration. On the following day he had another rigour, and in the evening it was repeated. The 24th was passed without one, and the patient suffered only from debility, and very considerable irritability. From the occurrence of the first rigour I had given him quinine; and it may be important to observe that he was repeatedly seen during his illness by Mr. Callaway, who must have observed as well as myself, that the patient had no cough nor any dyspnoea, neither did I ever find his pulse above 100 beats in the minute. Remembering these circumstances I was astonished to find in the morning of the 25th that the evening before he had been suddenly attacked with an inclination to spit up something, and that by slightly coughing he expectorated a large quantity of diffuent greenish pus, emitting the most distressingly offensive odour. The pulse had become accelerated to 120, and possessed a very peculiar character, described by Mr. Callaway "as if the muscular power of the artery had ceased to act." The countenance had assumed an anxious character; the skin and eyes were yellow, the former had a peculiar, moist, glassy appearance. The patient was lethargic, and disinclined to conversation, but upon any allusion being made to the state he was in, he expressed his confidence of ultimate recovery. In this alarming state of matters Dr. Thomas Davies of New Broad Street saw the patient; the pathognomonic signs of his case were then as follows:—Fætid expectoration, puriform, and occasionally tinged with blood; slight cough, but no dyspnoea unless disturbed; absence of respiration in the inferior half of the right lung, with slight rale crepitant, and dullness of percussion. Dr. Davies gave his opinion that the disease was gangrene of the lower lobe of the right lung. A continuation of augmented doses of sulphate of quinine with an expectorant and a light nutritious diet was advised. Suffice it to say, the plan was anxiously and carefully pursued for several days, but the expectoration continued, retaining its offensive character, the patient rapidly declined, and died on the evening of the 3rd of September.

The body was examined early next morning, Dr. Davies, Mr. Callaway, and myself, being present. There were old adhesions of the upper part of the right lung, the upper lobe of which was healthy, whilst the inferior was filled with a dark bloody serum, yielding a gangrenous odour; an irregular cavity in the inferior lobe of the right lung, about the size of a walnut, parietes dark, lined by a thin false membrane of some firmness, and filled by a thick, dark, grumous

matter, of a fœtid odour; adhesion of the diaphragmatic face of the inferior lobe with the diaphragm. The left lung was adherent to the costal pleura, but otherwise perfectly healthy.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Oct. 18, 1830.

#### PLEURISY.

On Thursday last, Gentlemen, twelve patients were received into the hospital under my care; six of them men, and six women. Of these cases, there were among the women, one of acute pleurisy, one of chronic bronchitis, two of peritonitis (one of them rather a chronic or subacute case, the other acute but partial), one of dropsy of the whole of the body, with peritonitic ascites (ascites and peritonitis), and one of hemiplegia.

Among the men were three cases of rheumatism, one of chronic inflammation of the hip after a strain, one of incipient universal palsy, or double hemiplegia, one of disease of the spine and chronic dysentery.

From amongst these I shall select the case of pleurisy, and one of the cases of rheumatism; my reason for fixing upon both, is, because the chest is remarkably affected in this rheumatic case, and the two will form both a good comparison and contrast, it being sometimes difficult for a young practitioner to distinguish between pleuritic and rheumatic pain of the chest,—between pneumonia (using the word in a general sense) and rheumatism of the external part of the thorax. The case of pleuritis occurred in a woman of the name of Lydia Poole, aged 56, a charwoman by occupation, of a spare habit, who had been ill two days before her admission on Thursday. According to her account she has been subject to cough and copious expectoration for the last thirty years. On Tuesday, the 12th inst. she was employed in washing and scouring, and went to bed at night quite well. In the course of the day her feet had got very wet, and at night after she had been asleep about an hour, she awoke with a pain in her left side which was increased on inspiration. On Wednesday she experienced alternately great heat and cold, shiverings and flushes, and her habitual cough and the pain in her side increased. She was so alarmingly ill on Thursday that her friends brought her to

the hospital. I found her in bed, a short time after her admission, and she was then complaining of a violent stitch in the left side in the situation of the seventh, eighth, ninth, and tenth ribs. Her cough was very frequent, very short, and agonising, so intense did it invariably render the pain in the side; her respiration also was quick and short.

The "stitch" was increased by moving in bed, and the least pressure made her exclaim with pain. On applying the stethoscope to the left side, I found that the respiration was not so distinctly to be heard there as it was on the other side, where no pain was felt. The pulse was 104, and rather wiry, that is, rather small and hard; the skin was hot; the tongue white; she was very thirsty; the bowels had been freely open the day before from medicine.

Now this, Gentlemen, was a very well-marked case of inflammation of the pleura, and as such I bring it under your notice. In the first place it was clear that she laboured under an internal inflammation. The pain increased by pressure and every mechanical cause that could be applied,—deep inspiration, which would stretch, and cough which would shake,—and the pyrexia, the feverishness, the heat, thirst, and quick pulse, proved this. That this inflammation was seated in a serous membrane, was shown by the pungent, stabbing character of the pain, as though a knife were plunged in, and the firmness of the pulse: that this serous membrane was the pleura, appeared by its seat on the side, below the breast, where, or at a level with the breast, the pain of acute pleurisy is generally felt. In pleurisy, also, you always have, as in this woman, a short cough, and it is short, because to cough deep would give intolerable pain; the disease irritates to coughing, but the patient is compelled to restrain the cough forcibly. The cough is usually dry, because the seat of irritation is the pleura, not the secreting surface of the bronchiae and air-cells; or if not dry, the expectoration is scanty. In the present case the cough, though short, was loose,—the expectoration copious, because she laboured under chronic catarrh, and the pleuritic cough necessarily discharged the copious mucus of the bronchiae. The breathing was very difficult. This is necessarily the case in pleuritis, though it may arise also from ten thousand other causes. The difficulty in this case arises from the pain which is experienced by stretching the pleura in attempting to breathe deeply. The patient cannot make a full inspiration, for very agony; the breathing, therefore, is shallow, and to compensate for the shallowness of the inspirations, they become more frequent. The countenance was expressive of extreme anxiety, the features

were lengthened ; the face had a leaden hue, in consequence, I presume, of the combination of the chronic bronchitis, which had existed for so many years, with the inflammation of the pleura. Altogether, I may say that no case of pleuritis could possibly have been better marked than this, with the single exception of the copious expectoration of this early stage, and for which I have accounted.

With regard to the seat of pain, this was in the usual situation. But sometimes it is not felt on a level with, or just below, the breast on the side, but in the axilla and other parts ; and sometimes, instead of being seated in one point, it is rather diffused all over the side ; and in very severe cases, has been felt over both sides.

It is generally noticed in this disease that the patient rarely lies on the healthy side, and the reason, without doubt, is, that if the patient lay on the side which is not affected, the expansion of that half of the chest would be very much lessened, and a greater degree of expansion therefore required on the affected side when inspiration is made, and thus great pain occasioned. The patient, therefore, usually rests on the affected side, or rather towards it, that it may not expand so much as the healthy side, and may, by this less expansion, suffer less pain. It is often not possible to rest on the affected side, on account of its tenderness. In these instances a diagonal position is taken, such as will permit the healthy side to take the greatest share of expansion, and prevent the diseased side from expanding extensively, and yet not occasion compression of it. I mentioned to you also that there was, in the present case, a great increase of pain on pressure between the ribs. This does not always happen in pleuritis ; but here it was so, and the patient therefore lay in a diagonal posture. Where, however, this is more decidedly the case than in the present instance, I have known it to be impossible for the patient to lie even towards the affected side, and they have been compelled to rest entirely on the other, and the very pressure of the bed-clothes, when heavy, has been nearly unbearable. Had there been no other symptom than this, the extreme agony produced on pressure between the ribs, would have led me to decide that the pleura was affected, and this indeed led to a still more minute diagnosis,—that not merely the pleura, but the pleura of the ribs, the pleura costalis, was the seat of the affection, not that the pulmonary pleura might not be also inflamed, but that the costal pleura unquestionably was. Viewing all the symptoms together, you must perceive that nothing could be more easy than the diagnosis in the present case.

The pulse is, in general, very charac-

teristic of inflammation of a serous membrane. It was not indeed so hard as I have often known it in inflammation of these membranes, but it was rather hard ; and you know that among the variations induced in inflammation by structure, the hardness of the pulse is always mentioned as marking the disease in the serous membranes. There is certainly a variety in this respect ; I have known it to be full and soft, and small and weak ; but, for the most part, it is disposed to be hard and firm. In this case the state of the pulse was not so marked, that it alone would have led me to conclude that inflammation of a serous membrane existed. It was of the true character, but yet not decidedly pronounced.

The quality of the expectoration in pleuritis is usually glairy, and the quantity is small. I have already explained why, in this case, the mucus was abundant and thick. On visiting her just now, I found her free from all signs of pleurisy, but she says her cough is as troublesome as ever, and that she expectorates freely ; in truth, she is in her habitual state, as well as before the attack of pleurisy began. Indeed, she would not allow me to consider for one moment the cough which was present, because it was so habitual as to be to her of no moment, when compared with the symptoms from which she has been liberated.

On the subject of employing the ear in this disease, I must state that the case was made out perfectly without listening at all to the chest ; but no one can be perfectly acquainted with pleurisy or any other disease of the chest, without knowing whether any changes, and if any, what changes, occur in the healthy sounds of the thoracic organs. The history is imperfect without them. I listened in the present case, and found that there was less respiratory murmur than natural in the affected spot. As this deficiency arose from only the imperfect expansion of the lungs through the pain of full inspiration, percussion would, no doubt, have produced the natural hollow sound,—the part containing air as usual, though not expanded to the usual extent. But percussion is not always admissible in these cases when there is tenderness ; and it was not so here, in consequence of the violent pain on pressure. The knowledge to be acquired by this mode of diagnosis, is not commensurate with the degree of suffering occasioned to the patient, and it ought not to be tried. Notwithstanding the clearness of the case, however, I used the stethoscope, that I might be enabled to communicate to you the exact auscultatory state of the parts, and to learn if there were effusion or not. If effusion had been present, the respiration would not have been heard so distinctly as it was, or not at all. The

sound of the voice, when listened to at the side, would have had a nasal twang, a resemblance to the voice of Punch, or to the bleating of a goat, as is observable when a thin layer of fluid is poured out upon the lungs; it is, in fact, altogether so much like the bleating of goats, that the term *ægophony* was given to it by Laennec, from *αἴ* a goat, and *φωνή* sound or voice. This symptom was not discovered; no effusion therefore had taken place in even a moderate degree, and the presence of respiration showed that it had not taken place in a high degree.

So much as to the history and diagnosis of this woman's case. With regard to the causes, one may readily suppose that in consequence of the previous existence of chronic bronchitis the organs of respiration were more predisposed to inflammation than they would otherwise have been. The most common exciting cause of pleuritis is to be found in the action of cold, especially combined with moisture, upon the body when the individual has been over-heated. There can be no doubt that such was the case with this woman, that she had been over-heated in her work, when her feet got wet. The feet thus exposed, are a most common medium by which inflammation of distant parts is excited.

As to the cure, nothing can be more beautiful than the treatment of cases of acute inflammation. The body is more subject to inflammation than to any other disease, and no disease is more dangerous; while on the other hand there is no disease in which medicine can be employed more satisfactorily. If the diagnosis was perfectly clear in the present case, the treatment necessary to be pursued was equally so. I had the woman made to sit upright in bed, and ordered her to be bled, not to this quantity or to that, but to fainting, and as soon as that was over, twenty leeches were applied over the seat of pain, and after them a poultice. I ordered five grains of calomel, with three of opium, to be given at the same time, and the calomel to be repeated every six hours afterwards. The next morning, I found her able to lie perfectly well on the left side, learnt that she had slept soundly all night, though she had not slept a wink the night before, and was entirely free from pain; she had scarcely any cough remaining; she could take a deep inspiration, and bear pressure on the part; in fact, she complained of nothing whatever. The original chronic catarrh only remained. I learnt that venesection had produced syncope, which lasted in an imperfect degree for about half an hour. The pulse was certainly 96, but it will remain high sometime after the disease is materially lessened. It was not so firm as before, but soft:—not, however, weak. The tongue

was moist. I need not say to you that of course the blood was buffed; the whole mass of the coagulum was buffed. It was not cupped, but, without doubt, if it had been drawn into a tea-cup, it would have been cupped. The cupped appearance is materially influenced by the size of the vessel into which the blood is drawn. If disposed to cup, the smaller the vessel the more decided will be both the buffiness and the cupped appearance; our bleeding basons are not favourable to tonic observations upon the blood. I saw the woman again on Saturday, and she was then still better; her mouth was by that time becoming rather sore. As there had been no stool since her admission,—24 hours having elapsed, I ordered her on Friday some castor-oil; not for the purpose of purging her, but to prevent any irritation of the bowels which costiveness might occasion; this operated once or twice the same day, and again on Saturday morning, and since that time she has made no complaint; she has indeed been convalescent, excepting a certain degree of debility, the effect of a thirty years' bronchitis, and a slight soreness of the mouth.

I need hardly say to you, that in acute inflammation, the very best treatment that can be adopted is to procure a loss of blood from a vessel of some size; and further, that on the suddenness with which the bleeding is performed, its good effect materially depends. If you suffer it to dribble from a vein, you do no more good than though you applied leeches. The larger the orifice, the quicker the operation; the shorter the time employed in it, the more decided will be the impression made upon the system, and the greater the benefit derived to the patient by the loss of a given quantity of blood. There are one or two things to be observed in performing it. Where, for instance, you wish to save blood in some degree, you should place the patient upright in the bed. The loss of less blood will then produce syncope, than of a larger quantity in the horizontal posture. But in cases of considerable fulness of the system, the great object is to produce fainting by taking away a full quantity, and not to bring on that state until a considerable loss of blood has been obtained. As the patient was an old woman, I was anxious not to abstract more blood than was absolutely necessary; and yet sixteen ounces were drawn before she fainted. In some cases, where no fulness of blood exists, there is so great a disposition to faint, that there is a great chance of fainting taking place before a proper quantity is abstracted; and here, again, it may be right to bleed in the horizontal posture. On the other hand, where it is desirable to remove the smallest possible quantity, the patient should be bled standing, and then very few ounces will fre-

quently cause him to faint. In the treatment of acute inflammation, having made your diagnosis, and ascertained how much blood can safely be lost, you should go briskly to work, knock the disease on the head at once, and then follow the bleeding up immediately with the other necessary measures. Sometimes a single bleeding will answer the purpose, sometimes not; but at any rate local bleeding, resorted to instantly afterwards, will often prevent a second general blood-letting from being necessary. It was not until the leeches were applied in the present case, that the greatest relief was obtained, but it immediately followed their application. I may say, that it is frequently a very good practice to assist unloading the vessels of the inflamed part after general bleeding, by applying leeches or by cupping. I mentioned to you, that I afterwards directed a poultice to be laid on. You will find this a very beneficial plan after leeches; it encourages the bleeding, and has likewise a very soothing effect.

The other remedies employed were calomel and opium. From the age and constitution of this patient it was desirable to avoid a necessity of repeating the bleeding, and therefore I was particularly desirous of producing more or less affection of the mouth, and of fully tranquillizing the system. The use of opium is frequently very beneficial after bleeding. It is not so perhaps where there is a full habit, or the head is affected; but when we see reason in the constitution to spare bleeding, and where we fear any morbid irritability from the loss of blood, then opium is an advantageous medicine. Under these circumstances I have never known opium to be injurious after bleeding. It tranquillizes the system, secures comfortable repose, and is thought to render subsequent bleeding less necessary. It acted, or appeared to act, most beneficially in this case; at least we are certain it did no harm,—did not aggravate the symptoms: the patient fell into a quiet and long sleep, and awoke free from complaint, even from cough. The opium may not only have procured the quiet night, but prevented, or assisted in preventing, for what I know, a return of the inflammatory symptoms; so that, although it did not produce the cure, it had some share in the general beneficial effect. With regard to the mercury, I do not attribute the removal of the disease at all to it. It *may* have assisted also in preventing a return of the symptoms, but I cannot say that it really did—that they would have returned but for its exhibition; but a failure rarely occurs, when it is employed in addition to bleeding, and other suitable means. The good effects which I always have seen to result from producing tenderness of the mouth by mercury

in active inflammation, induced me to give it; and if this woman were attacked again next week, I should pursue in all points the very same practice, though I do not now venture to say, nor do I believe, that it had any share in the removal of the disease. In single successful cases of inflammation, in which mercury is given, we are not justified in referring the benefit to its effects; but I have drawn my conclusions from contrasting two series of cases: the one treated by the ordinary antiphlogistic measures only, the other by the ordinary antiphlogistic measures, and mercury pushed on to some degree of affection of the gums; and I know that the success was infinitely greater in the latter. In my practice a free exhibition now always forms a part of the plan, and a failure in subduing active common inflammation is a very rare occurrence, a thing scarcely ever met with by me, unless there has been organic disease at bottom, or I have been called in too late, or been obstructed in doing what I wished—I have often repented of having trusted to ordinary measures, but never of having given mercury in addition. Nothing is more common than to see the symptoms yield the instant that the mouth is affected, or to find all necessity for further bleeding no longer necessary from that moment. I may also observe, that the administration of calomel with the opium tended to enable a subsequent purgative to act. Had I not had the constitutional effect of mercury in view, I should have exhibited one dose with the opium, to obviate constipation, and ensure the operation of a purgative, if necessary, the next day. After the third dose, the calomel was discontinued, although no affection of the mouth had taken place, because really the disease was at an end, and further treatment was not necessary; for although I would always act vigorously, I would never act unnecessarily. Respecting the leeches, I think it is very probable, if not certain, that if, in this case, the leeches only had been applied, the disease might have gone on from that day to this, instead of being suddenly subdued, or not been subdued at all; we might have pushed the disease about, but not have knocked it down. If recourse had not been had to leeches, a general bleeding might have been necessary again the same night, or the next morning. There is nothing like knocking disease down at once if you can, and keeping it down by subsequent measures. How far the opium assisted in the latter purpose I cannot assert.

To learn whether there is any effusion, I have just examined her. The respiratory murmur is natural on the affected side, and there is no ægophony; there is therefore no effusion. Some of the gen-

tleman present probably recollect the case of a girl who was affected with pleurisy, and treated in the hospital during the summer months. The case was more severe, as the pain was more extensive, and the case lasted longer. The patient was cured in the same manner, but for some time her voice sounded most laughably, exactly like Punch, at the back of the chest on the affected half, and on the lower part of the same side; yet the pleuritis had ceased. Suddenly copious sweats burst forth, and the Punch-like sound as suddenly declined, and soon ceased altogether. Here effusion had taken place, and the absorption occurred simultaneously with excessive secretion by the skin. The case was remarkable. As the full respiratory murmur, and the absence of oegophony, show that no effusion has taken place, the present case is a good instance of the termination of inflammation by resolution, without suppuration, effusion, gangrene, or any fresh circumstance or symptom, but in perfect health of the part. In the most favourable termination of inflammation, there is generally some increased secretion in the part itself, or the surrounding parts; but here there appears to be none—there is pure resolution.

#### RHEUMATISM OF THE CHEST.

THE other case, which I introduce to your notice by way of comparison and contrast, is one of rheumatism of the chest. The pain was not in the same situation, but was rather severe.

W. H., aged 19 years; he had been ill a fortnight before admission. At first he had suffered from rheumatism of the left knee, and now complained of the left shoulder, but particularly of pain in the region of the acromion. He experienced great pain on respiration all over the front of the chest,—a sharp pain; and pressure greatly aggravated it, so that he started back as soon as the end of the finger touched any part of the front of the chest, as he did when it was applied over the acromion. Now this might have given the idea that he was labouring under pleuritis, but the complaint was easily distinguished from that disease. Certainly to one who had not seen the two, a difficulty might arise on meeting with such a case. But, in the first place, the slightest pressure on the chest gave pain,—such slight pressure as could not affect the pleura; and pressure not merely between the ribs, but gentle pressure with the end of the finger on the ribs and sternum, in a place where the pleura could not have felt the pressure. The pressure which distressed the woman was made between the ribs. If pressure upon the ribs ever produce pain in pleuritis, it must be very strong, unless in the worst

cases, when all the symptoms mark the nature and danger of the disease. In the next place there was great heat of the surface of the chest. There was, also, rheumatism of other parts,—the knee had been affected before the chest, and there had been sweating,—so usual a thing in acute rheumatism. The pain, too, was not in one spot, but diffused. Lastly, there was not the general illness of the system which was observable in the woman; the man was not even confined to his bed, and there was neither cough of any kind nor expectoration. The dyspnoea was inconsiderable, compared with that of the woman. Now the combination of all these symptoms was such as enabled me readily to infer the nature of the disease. All but one of them, however, are subject to doubt. The diffusedness of the pain is sometimes, though rarely, observed in pleuritis. Rheumatism of some part may occur at the same time with pleuritis; nay, the rheumatism in the chest and elsewhere may be so active, that considerable pyrexia, heat, thirst, quickness of pulse, whiteness of tongue, considerable general illness, may occur in mere rheumatism, so that the patient may keep his bed. There may also be a catarrh, so that cough, short or not, may exist and be attended by expectoration, little or much. The extreme tenderness on such slight pressure, and on pressure made where it could not affect the pleura, proved the external seat of the disease, and the rest of the symptoms harmonised completely with this observation; so that taking the whole together, I had no doubt upon the subject.

The treatment of the two diseases requires to be conducted on the same principles; yet there are two reasons why a careful diagnosis is necessary in this complaint. First, a true diagnosis will enable you to inform the patient, and his friends, with truth, whether the disease is dangerous or not; for pleuritis is dangerous, while the rheumatic affection of external parts is not; and secondly, although the same measures are necessary in each case, they are not required to the same extent in the one as in the other. The vigorous measures demanded in pleuritis are seldom necessary in mere rheumatism. In this case I ordered no general bleeding, but thirty leeches to the chest, and, as the shoulder was affected, I directed some of the thirty leeches to be applied very near it; I also directed five grains of calomel to be given night and morning. The leeches completely relieved the pain in these places, but it soon flew to the opposite shoulder, and the next day it migrated to the neck, active rheumatism having always a remarkable tendency to migration. Leeches to the parts successively attacked produced relief in both places;

and but for a slight sore throat, and some pain in the right shoulder, owing to his having gone out of doors contrary to my wishes, he would be considered perfectly well.

Nothing is more useful than to examine cases together which are very similar in some points, and yet differ essentially in others, and I trust you will see the importance of the present comparison and contrast.

There has been no death during the week in my wards, and I have, therefore, no morbid anatomy to teach.

## CAUTION.

WE understand that a person calling himself VILLIERS, is travelling the country, and making heavy exactions upon the benevolence of medical practitioners, by representing that his case has been strongly advocated in *THE LANCET*, and that he is the distressed medical man, whose misfortunes were so frequently adverted to in the pages of this Journal about eighteen months back. We have good reason for believing that the fellow is an impostor.

## TO CORRESPONDENTS.

COMMUNICATIONS have been recieved from C. R. M. S.—Mr. Drew.—A Scion of Medicine.—Dr. Melhuish.—Mr. Adams.—Mr. Forbes Winslow.—Mr. John Richards.—Amator Justitia.—Apis.—Mr. Arthur Beetham.—Mr. John Ennis.—A Friend to Discussion.—Vindex.—A Friend to the Medical Student.—Mr. Knowles.—Mr. H. W. Bailey.—H. F.—Mr. James H. Morson.—“Governors and Advocates.”—Mr. Lionel J. Beale.—Mr. Bennett.

*H. M.* “The letter dated September 9th,” has not been received at our office, consequently we can offer no opinion of its contents. If *H. M.* would forward the particulars of the transaction, his questions shall receive immediate attention.

*Bacchus.* The certificates must be produced agreeably to the regulations of the present period. The examination in Latin will consist in translating grammatically portions of Celsus and Gregory’s *Conspexus*. A certificate of the dressership will be sufficient for the College of Surgeons, but not for the Company of Apothecaries.

## LITERARY INTELLIGENCE.

Professor Seerig of Breshaw will shortly publish the first part of “Anatomical Demonstrations, or a collection of Colossal Representations of Human Anatomy;” and Dr. M. J. Weber of Bonn is preparing for the press “An Anatomical Atlas of the Human Body. Part I., embracing osteology, including two skeletons of the natural size.”

## BOOKS RECEIVED.

*The Philosophy of Sleep.* By Robert Macnish, Mem. of the Fac. of Phys. and Surg. of Glasgow. Glasgow: W. R. M’Phun. 12mo. pp. 268.

*The Dublin Hospital Reports and Communications in Medicine and Surgery.* Volume the fifth. Dublin, 1830. Hodges and Smith. 8vo. pp. 631.

*Elements of Chemistry.* By Andrew Fyfe, M.D., F.R.S.E., &c. Second Edition, comprehending all the recent discoveries. Edinburgh: Adam Black, 1830. In one vol. 8vo. pp. 1062.

*Deadly Adulteration and Slow Poisoning; or Disease and Death in the Pot and the Bottle; an exposure of the various Adulterations of Food and Medicine, &c.* By an Enemy of Fraud and Villainy. London: Sherwood. 18mo. pp. 187.

*Transactions of the Medical and Physical Society of Calcutta.* Volume the fourth. Calcutta: Thacker and Co., 1803. 8vo. pp. 450.

*Tales of other Days.* By J. Y. A. With illustrations by George Cruikshank. Engraved by J. Thompson and S. and T. Williams. London: Effingham Wilson, 1830. post 8vo. pp. 250.

*A Practical Treatise on Glanders and Farcy in the Horse; descriptive and explanatory of its origin, progress, and termination, and the most effectual methods of treatment and cure.* By Richard Vines, Veterinary Surgeon, Teacher of Anatomy and Physiology at the Royal Veterinary College. Coloured Engravings. London: Longman and Co., 1830. pp. 208.

*Views of the Pelvis, showing the natural size, form, and relations of the Bladder, Urethra, Rectum, Uterus, &c., in the Infant and in the Adult, taken from preparations made for the Museum of the Royal College of Surgeons in Ireland.* By John Houston, Curator of the Museum and Demonstrator of Anatomy in the Royal College of Surgeons in Ireland, &c. Dublin: Hodges and Smith; London: Underwood.

ERRATUM.—No. 372, page 124, article *St. Bartholomew’s Hospital*, line 17, for “*transverse*” read “*oblique*.”

## CLINICAL LECTURES

DELIVERED AT

St. Bartholomew's Hospital,

By MR. LAWRENCE,

October the 15th and 22nd, 1830.

### NEVUS MATERNUS.

OCT. 15. MR. LAWRENCE, on Friday, made the following observations on a case of *navus maternus*, occurring in Susanna Marsh, an infant about sixteen weeks old, at present in Faith's Ward.

*Navus maternus*, or "maternal spot," is a name given to certain peculiarities which are vulgarly supposed to have their origin in the "longings" of the mother. This *navus maternus* is a disease of the capillary vessels of the skin, or *under* the skin. From the mother's information, it seemed, that at the time of birth, the only appearance of the disease in this child was a small red spot, which has, however, so rapidly increased in size, that now, at the distance of only fifteen or sixteen weeks, the *navus* extends over the whole of the left side of the face. The tumour feels soft and doughy, and yields upon being squeezed, but swells out again on relaxation, like a sponge. *Nævi*, in fact, consist almost entirely of blood-vessels, so interwoven as to form a complete congeries. The effect is, that the blood contained in them is easily forced out by pressure, on the removal of which the elasticity of the vessels restores them to their usual size, and the blood returns. The tumour feels exceedingly warm, which might readily be conceived, in consequence of the quantity of blood circulating through it, but the heat in this instance is much less considerable than it frequently is. The tumour is covered by integument in the natural state, save on the upper parts about the eyelid, where it assumes a dark livid hue; and in some places the surface is of a finely granulated texture. Now the *navus maternus* is not always of the same texture throughout. Sometimes cutaneous *navus* is found

existing in the skin, and elevated a little above the surrounding parts, or beneath the skin, and this is consequently named the *subcutaneous*. Sometimes there are spots of that peculiar, livid, vascular, texture before mentioned. These may remain stationary, or they may grow rapidly, and then cease to increase. Frequently, however, they require immediate and vigorous treatment, and this is especially the case in the present instance. These *nævi*, when left to themselves, may exist for years, but neglect would be very dangerous, on account of the large blood-vessels which supply them. These vessels, ramifying near the surface, are exposed to numberless chances; they may get divided in a fall, especially in children, and considerable hæmorrhage would be the consequence. If, then, the risk be so great, the question is, What are the best remedial means for us to adopt, and what can be safely done in the case? The prognosis, in general, may be founded on the magnitude of the tumour, and the age of the patient. It has been proposed, when these growths are very large, and when situated in the neck, to tie the carotid artery. There is a gentleman, at present in this metropolis, from the United States, Dr. Massey, who had a case of *navus maternus* occurring in the scalp. He tied the carotid on one side, and that having no effect, and the growth continuing, he resolved to cut off the scalp, and an awful operation it was; but the patient is now doing well. Excision is a plan that is sometimes adopted, but in making use of it you must cut freely round the tumour, and taking the utmost care not to cut into the structure, for you can have no conception of the alarming loss of arterial blood which would be occasioned thereby. When he spoke of *arterial* blood, he should remark, that it is by no means determined whether the vessels of these *nævi* be veins or arteries. Sometimes, from the livid purple colour of the tumour, one is led to suppose that it is caused by a venous circulation. He had lately been attending a lady for this affection, in whom, from the dark colour of the surface, it seemed reasonable to suppose that the tumour contained *venous* blood, but there the blood that issued was decidedly



arterial. With regard however to the practice of excision, it is certainly dangerous, if the supplying vessels be large; and they are sometimes so large that the patient has even died on the operating table from the hæmorrhage.

Since, then, the danger of this method is so great, it remains to consider what other means are to be adopted. Now it has been said, that a cure may be effected by exciting inflammation in the part, and thus obtaining an obliteration of the vessels; but unless an obliteration of the whole could be procured, of course the inefficiency of this treatment is obvious. A caustic, *Kali purum*, has been recommended, but he doubted whether the use of it is advisable. However, he adopted this method in the case of the lady before mentioned; he touched every point of the tumour; indeed, he said, he took the greatest liberties with it, to excite a sufficient degree of inflammation, but without success. There is an article in a number of a northern medical journal on this subject (see LANCET, No. 362, page 723), the author of which, Mr. Fawcington, states, that he has met with great encouragement to insert a seton in these cases. He relates a case of two years' duration, in which he made use of this agent, and he informs us that the result was the consolidation of the tumour. He had himself tried this method, but he confessed he did not find it of much service. With regard to the child at present in the Hospital, the only treatment he had as yet adopted is that of applying cold. Caustic he should be unwilling to employ, on account of the great size of the nævus, and, on the whole, he really would rather not meddle with it at all. If it could be brought to a stationary condition, he certainly should be inclined to let it take its own course. If, however, it continued to increase, something must be done to check it.

Oct. 22.—Mr. Lawrence said, he had alluded to cases of nævus maternus, in which it had been found practicable to remove the tumours by ligatures,—instances in which the swelling lay in dangerous situations, and where, by the application of the ligature, a cure was effected without the danger of the tremendous hæmorrhage which occasionally proved fatal, even at the moment of operation. Various modes, he said, had been devised for producing inflammation in the substance of the nævus, and thus obtaining consolidation; one of these consisted in the employment of the vaccine virus in the nævi of children who had not undergone previous vaccination; here the object was to introduce the matter extensively over the tumour, and in its circumference; for this purpose twenty or thirty, or even more punctures were usually made, and in his own experience he had

known the practice to be of some efficacy. Some time since he had a child under his care, in his private practice, with a small cutaneous nævus on the scalp about the size of the end of his thumb. On the whole he considered this a favourable case for the trial, and the operation was accordingly performed. Inflammation supervened to a considerable extent, and as it declined a thick hard crust formed over the tumour, and as that was removed the nævus was nearly though not entirely gone. This occurred about a year and a half since, and he then requested the parents, who were persons of consequence, to bring the child to him again should there be a recurrence of the affection; he had not since heard of them, and he therefore considered it a rational conclusion that a cure had been accomplished. He had known of another case in the country, where a child was affected with a large subcutaneous nævus on the side, which had been vaccinated, as he was informed, with considerable effect; the swelling had been originally round, and of a deep purple colour throughout; it was now much diminished in size, a great part of it was entirely consolidated, and in the centre it had become of a natural white appearance. On the whole, if not entirely reduced, the swelling had certainly been permanently diminished.

The vaccination, however, could only be applicable, as he before observed, to patients who had not previously been subjected to the specific influence of that virus. At present he has a lady under his care who has a large nævus on the face. She had originally a small growth under one of the eyelids, and this has gradually increased to its present extent. Its boundaries were now, the ridge of the nose, the anterior part of the ear, the ciliary margin of the lower eyelid, and a line drawn from the angle of the lips towards the ear. Three considerable lobes were remarkable in this tumour, one corresponding to the lower eyelid, the second much larger beneath this, and the third still larger below both. Altogether they formed a considerable protuberance; the circumference of the swelling was of a livid colour. As the lady was in other respects of a handsome person, and the removal of this deformity of course a very desirable matter, she had come a considerable distance for advice; excision or ligature was out of the question, and he passed in the first instance, a thick seton through the inferior part of the tumour; the seton was introduced by a large needle with a proportionate thread, in order to prevent the risk of hæmorrhage, which was thus obviated, and not more than a dozen drops of blood were lost in the operation. No inflammation followed, and he next sprinkled the seton with a little powdered nitrate of silver, and drew it into the opening; beyond

pain and irritation this produced little or no inflammatory effect. The nitrate of silver was again used more copiously, and a great deal of uneasiness was produced for twenty-four hours without the supervention of any general inflammation. The seton was then removed, and he introduced a stick of caustic-potash into the opening and rubbed it in very freely, and he thought that if any-thing could induce inflammation, this certainly would; accordingly it did occur to a certain extent, the tumour diminished somewhat in size, and there was some consolidation; he afterwards applied the kali purum externally, freely over two parts of the tumour; a partial cure was thus effected, but on the whole the inflammation was by no means so general as the extensive irritation might have been expected to induce. This case, Mr. Lawrence continued, showed decidedly the difficulty with which these tumours were inflamed, and that in general they might be dealt with with great freedom. He might say that the usual opinion that inflammation was generated through these tumours with facility, was incorrect; that in one situation inflammation might be carried even to the death of the part, without extending any further. In the present instance he had destroyed the upper part of the tumour by a ligature, he would try the same with the lower part, and eventually treat the edges with strong nitric acid.

#### PLETHORA FROM THE SUPPRESSION OF LOCAL DISCHARGES.

Mr. Lawrence next called the attention of the class to a specimen of blood which exhibited strongly the ordinary characteristics of that fluid when drawn in acute internal inflammation; the coagulum was firm, deeply cupped, and covered with a buffy crust; yet it had been drawn from a patient in whom no external evidence of an inflammatory nature existed at the time of its abstraction; in fact, it was taken by the person's own desire, by his own prescription, and the appearance it now wore certainly showed that he had not erred much in his diagnosis. The man was in "Henry Ward," where he had been confined for some weeks with a fractured leg. He (Mr. Lawrence) did not see him until he had been a considerable time in the hospital, as Mr. Lloyd was then in charge of his patients; he was about 50 years old, of full, plethoric, make, and he believed of rather jolly habits. After admission there was considerable inflammation of the limb, and on reference to his papers, it was seen that, besides general bleeding, an almost countless number of leeches had been applied to the limb, and he had been on milk diet, which, as containing but comparatively lit-

tle animal matter, could scarcely contribute to the excitement of inflammatory action. He was admitted on the 27th of July; he had been bled, purged actively, treated with digitalis, and leeches, and leeches, and leeches, over and over again, but the inflammation, notwithstanding, ended in suppuration, and a copious discharge ensued, which, within a short time, rapidly diminished, and the openings healed. A few days after this, the patient felt himself heated and full, especially about his head; these symptoms he very properly ascribed to "too much blood," and not as patients generally do, "to weakness," which is, in other words, a wish for animal food, and beer or spirits. The man considered himself in a state of plethora, and was bled.

It had frequently happened to him, he observed, in this hospital and elsewhere, to see patients who had laboured under profuse local discharges become plethoric, and prone to determinations of blood and internal inflammations when these discharges were suddenly suppressed. This he had seen over and over again under such circumstances in old running ulcers of the leg, more especially if the patients were placed on animal diet and allowed beer, and these determinations would proceed to every degree, up to fatal apoplexy. There was a patient now in "Henry," who was in the Hospital some years before for inflammation and ulceration of the leg; it was rapidly healed, and in a few days he had a sudden and violent attack of apoplexy; the usual treatment was adopted; he was profusely bled, cupped, leeches, purged, and blistered, but with so little effect, that he (Mr. Lawrence) abandoned all hopes of his recovery; as a last experiment, however, he determined on the employment of mercury in large doses, which was pushed to salivation, and he eventually recovered; but for a long time he was paralytic on one side, and even at present his mouth was somewhat distorted. He had now been seven weeks in the house for a recurrence of the ulceration, and during this time, according as the ulcers were healing, it had been found necessary to bleed him repeatedly, in order to counteract the return of a similar affection to that from which he formerly suffered. The hospital diet table, he was sorry to say, was any-thing but judicious; the "ordinary diet," for example, consisted of animal food, two pints of good strong beer—not table beer, but much better—with several other good things. As it is on this diet that a patient is placed on admission, and as it may happen that a patient may not be seen immediately after entrance, and meanwhile may labour under acute inflammation, this diet would, of all other things, be the best calculated to aggravate his disease. He

had, therefore, made it a general rule, that his patients should be placed, at first, on milk diet, for if they were in a condition for beer and meat, the hospital was not the fittest place for their reception.

#### ERYSIPELAS.

Two or three cases of erysipelas (Mr. Lawrence continued) were at present under treatment, to which he would now direct their attention. The first was that of Olive Moore, æt. 28, in "Faith Ward," a straw-bonnet maker, unmarried, whose menses had been suppressed for the last three months, a circumstance which contributed much to predispose her to inflammatory attacks, and had already given her the appearance of a general plethoric habit. She was admitted on the 20th, and stated, that since the 17th her face had been swelled and painful, and that her illness commenced with shiverings, succeeded by increased sweatings.—There was considerable tumidity of the right cheek, extending a little towards the left; the eyelids were closed, the tumour generally of a deep-red colour, pitting on pressure, and acutely painful. There was also great general disturbance; the pulse 120, hard and full; the tongue coated; bowels confined; headach; great thirst; skin dry and hot; she had a slight attack of the same kind the preceding winter. She was bled immediately to eighteen ounces, and the blood was of a highly inflammatory appearance, as if it had been drawn in acute pleuritis. She was ordered a mixture, with a drachm of sulphate of magnesia and half a drachm of the solution of tartrate of antimony, every sixth hour.

On the 20th, the inflammation was rather increased and more extended towards the left side; bowels had not been opened, and she was generally worse. Venesection to fourteen ounces was directed, and the senna mixture; the blood was again cupped and bled; she was also ordered two grains of calomel and two of antimonial powder, every six hours, and the ordinary saline mixture. By these means the headach was considerably relieved in the evening, and at nine p.m. she was altogether better, and that night she slept well.

On the 21st, the inflammation had not increased, but there was a recurrence of the headach on both sides; the pulse was rather fuller and harder; she was cupped to twelve ounces; since then she had continued better, and was, on the 22d, in every respect much relieved; the swelling had subsided without vesication, and desquamation was commencing; he had desired the saline mixture to be continued. In this case, Mr. Lawrence said, the inflammatory nature of the affection was strongly manifested by

the general symptoms and the condition of the blood, which was certainly as strong a characteristic of inflammation as it could be, if drawn during inflammation of any internal organ. If attention were paid to such cases as this, no doubt of the real nature of the affection could be entertained, and so much would not be heard about the use of wine and bark in this disease. He supposed this treatment was grounded on the occurrence of erysipelas in aged and debilitated persons, in whom, certainly, the depleting treatment would not be justifiable, notwithstanding that the local symptoms were originally inflammatory to a certain degree. It was in every case necessary to discriminate between the essence of the disease and the persons in whom it occurred.

There was, in the same ward, a young woman named Robinson, who had been admitted on the 19th with a slight degree of redness, and some swelling, of the leg, but whose case did not at first receive particular attention. To-day (23d) it had become excessively painful, and she was in a state of violent febrile excitement and constant agitation; the leg was internally of a bright scarlet, or, rather, crimson colour; externally the inflammation was also very active, and the colour was insensibly shaded into the unaffected parts; the inflamed parts were also much swelled, and she complained of violent burning pain. Such was her state in the morning; besides, her skin was hot and dry; pulse quick and strong; she had headach, white tongue, and was extremely restless,—all symptoms characteristic of great constitutional disturbance. This instance also showed the highly inflammatory nature of the disease. A large bleeding was immediately directed, and leeches to be applied to the inflamed parts; the saturnine lotion, and active purgative medicines, were also prescribed. Before the leeches were applied she was accordingly bled to deliquium; thirty leeches were afterwards put on; the effect of this treatment was the almost immediate tranquillization of the local and general distress, and when Mr. Lawrence went into the ward just before lecture, he found her in a calm and sound sleep, from which she was not aroused by his being present.

In the same ward the case of Richardson afforded an example of what might be termed "*phlegmonous*" erysipelas, in contradistinction to the other cases which might be denominated "*simple*," in which the tumefaction proceeded only from an affection of the true skin, and consequent effusion, and not from inflammation of the subjacent cellular tissue; in the phlegmonous form the swelling was firm and resisting, and did not pit so readily as in the simple kind. In Richardson's case Mr. Wood had very judi-

ciously made one incision down the whole length of the swelling. It would be found that such incisions were by far the most effectual means of treatment in phlegmonous erysipelas, and of terminating satisfactorily the local symptoms and general disturbance. When erysipelas is accompanied by inflammation of the subjacent cellular tissue, it frequently evinces a disposition to spread; the adhesive inflammation, in other words, does not intervene to arrest its progress; in these cases free incisions are also by far the best means of counteracting the disease. In the first place they occasion a copious flow of blood from the inflamed parts, the vessels bleeding with infinitely greater energy than is observed in ordinary wounds of the same extent; but the relief is not solely attributable to the bleeding, for an equal quantity abstracted by other means will always fail to produce an equivalent effect. The incisions, however, operate most effectually, by relieving the great distension of the parts; the limb, previously red and shining, becomes pale and wrinkled, and the pain is almost immediately abated. In the present case the incision operated in this manner; the spreading of the local inflammation has been arrested, and the patient now only labours under a simple healthy wound.

#### ACUTE HEPATITIS, TERMINATING IN SUPPURATION.

He had occasion once or twice to notice the application of the same principles of treatment to internal and external inflammations. There were at present some cases in the wards which illustrated this analogy further. In "Henry" there was a patient named George Booth, æt. 39, admitted with a large phlegmonous abscess over the right hip, and who also laboured under hepatitis. Generally speaking, one inflammation was as much as the animal economy could undertake at a time; but, in this case, two were in action. He had been unwell about a fortnight before admission, but could assign no cause for his illness. He said his hip had been "lanced" by a doctor, but nothing followed but blood. As he felt a deep fluctuation, he introduced the lancet a little further, and a copious discharge of pus immediately followed. Still the relief was not so great as might have been expected; the skin was sallow, his features contracted, and he complained of pain in his right side. On uncovering his abdomen, the cause was at once perceptible; he breathed entirely by his ribs, and studiously avoided the exercise of the abdominal portion of his bellows. These appearances, coupled with great abdominal pain and other usual indications, at once proved the nature of the

affection. It was not, however, one of such a dangerous character as is sometimes seen; in fact, in these climates, the termination of acute hepatitis in suppuration is comparatively of infrequent occurrence. He was bled to sixteen ounces. Had jalap and calomel, and a saline mixture, with tartar emetic and sulphate of magnesia, every sixth hour. He was moreover cupped once, and had a blister to the side. He continued taking one grain of calomel and five of jalap till his bowels were effectually relieved, and till it was considered the purging had been carried to a sufficient extent. Active as this was, however, none of the bad consequences were produced on the intestinal mucous membrane, of which our brethren on the other side of the channel seemed so much afraid.

Under this treatment the man had nearly recovered. In these cases he would again repeat, that the same principles of cure which referred to external inflammation, were also applicable to those of internal parts. There were some other patients then under treatment which further illustrated this position, but of these he would speak at the next lecture.

#### INQUEST AT HAMPTON.

LETTER FROM MR. MORSON.

*To the Editor of THE LANCET.*

SIR,—Anticipating some comments would be made from the report which you gave in your publication of the 9th October, of the inquest held at Hampton on the 2nd, I purposely delayed offering any observations before, anxious to ascertain first the feelings of that respectable body of men denominated "General Practitioners" from the result of the case in question, the practice of one of whom, it appears, in the instance of Mr. Bowen, has recently most unjustly been called in question, and, as far as I am capable of giving an opinion, been made the subject of unmerited animadversion.

Previously to my noticing any portion of the report taken at the inquest, and embodied in No. 371 of your LANCET, I must pause for a while to express freely the surprise and indignation which I felt on perusing a letter from Sir Andrew Halliday (physician to the Duke of Clarence), published in your 372nd Number, and in which I find he has endeavoured, but in a very pitiful manner, to exculpate himself from what he would wish others to regard, as merely "an apparent inconsistency," in reference to his original assertion to Mr. Sells, of Kingston, and that afterwards made

to Mr. Taylor. The conduct, Sir, lately practised by Sir Andrew throughout the whole of this most unpleasant affair, I can have no hesitation in pronouncing, to have been perfectly at variance with the criteria by which *I have been taught* to estimate the conduct of truth and honour; and he himself must be well aware, that I am not singular in this opinion, or without proof "as strong as holy writ" to justify it. I now, Mr. Editor, boldly call upon Sir Andrew to account for the five different assertions which he made, respecting the removal of the arms of the child, and the non-delivery of the woman. 1st, To Messrs. Sells and Taylor; 2nd, To Mr. Jackson; 3rd, To Mr. Bowen and myself; 4th, To the Coroner and jury; and 5th, After the inquest, in the letter which he addressed to Mr. Taylor; no two of which, I do assure you, Sir, in the least correspond. Thus far, I trust, I have adduced enough to satisfy you, and your enlightened readers, that Sir Andrew's conduct savours of something more than "apparent inconsistency." Also, that the assertion which he has since made in your Journal, accusing others of having used "great efforts to implicate him personally," is, like the rest of his statements, wholly without foundation.

Already I fear, Sir, you will consider me as trespassing largely upon valuable pages, but as you have afforded space for the attack, you will, I hope, in justice, grant a similar favour for the defence.

It was not until the morning of the 26th August, that Mr. Bowen was apprised of what (as since proved) had been secretly hatching for a month before. At this time Mr. Kent, an inhabitant of Hampton, at the request of the minister, called on him to say, that his attendance was required at the residence of Mr. Jackson, where the parish authorities were sitting in council. Mr. Bowen, notwithstanding this *very brief notice*, having had no prior intimation that such meeting was to take place until an hour after the witnesses had assembled, readily obeyed the summons, when, on arriving at the field of action, to his great surprise he was informed, that his presence had been requested to answer to the charge of improper treatment towards the late Frances Clarke, who was represented to have died, a month previously, in the pains of labour, during his attendance upon her. This charge Mr. Bowen was likewise informed, was preferred against him by Mr. Sells, a surgeon at Kingston, who, without giving him any antecedent notification of his intentions (although they had met each other *frequently* after the death of the deceased), had applied to a magistrate to take cognizance of the case. Mr. Cowe, of Sunbury (the magistrate applied to), not deeming himself

sufficiently authorised to interfere; recommended Mr. Sells to apply to the churchwardens of Hampton; he did so, and it was in consequence of *this application* that the churchwardens met, and convened all those persons who were in attendance with Mr. Bowen on the deceased previously to her death; when, after a patient and minute examination of each, which lasted five hours, and when depositions were recorded which materially differ from those subsequently taken at the inquest, they were induced (upon hearing a further statement of the case given by Mr. Bowen) to appeal to three eminent obstetric practitioners of this metropolis for their opinions; and as these gentlemen all agreed as to the propriety of the treatment pursued, they (the churchwardens) immediately expressed their approbation of Mr. Bowen's conduct, in a letter which this gentleman received a few days after. Thus, Sir, you will observe; that the statement in your report, which informs us "that some inquiry was entered into by the parish officers, but this only went to ascertain how far the surgeon at Teddington was culpable in declining to attend," is perfectly erroneous. The meeting was instituted for the purpose of investigating the foundation for Mr. Sells's charge, and I believe with a view also of allowing this individual, and all others interested, the opportunity of substantiating the same; but, strange to say, Mr. Sells *never came forward*; and lest ignorance of the meeting might be alleged by Mr. Guy (retained, as asserted, on behalf of Mr. Clarke) as the cause of his non-attendance, it is but justice to say, that during the sitting of the churchwardens, a letter, written by him, was received by Mr. Jackson, containing instructions, and such questions as he wished to be put to the witnesses, and which *were put*. This obvious listlessness on the part of Mr. Guy, I leave for him to explain; it must, however, unquestionably suffice to show, that he at least was *well acquainted* with what was going on, and if, as he has since vaunted, it was "ever his practice to tread lightly on the accused," why did he not *then* generously come forward, and allow Mr. Bowen the opportunity of repelling aspersions, as unfounded in their nature as they were malignant and prejudicial in their tendency? But no, Mr. Editor, this was an act of plain dealing hardly to be expected.

For the satisfaction of your readers, remote from the scene of this late disgraceful transaction, it may not be amiss to state that Mr. Bowen, the gentleman accused of ignorance and inhumanity, has, for nearly the last three years, filled the situation of visiting assistant to Mr. Davies; during this period his conduct proved always so uniformly correct; the opportunities which

he had of extending his profession were so extensive and multifarious; the satisfaction he afforded to those of every class committed to his care had been so universal; say, so beloved and well known was he throughout the neighbourhood, for mildness and assiduity in his profession, that upon Mr. Davies's relinquishing his practice at Hampton to become domestic surgeon to their most gracious Majesties, many of his patients, the greater part of whom are individuals of the utmost respectability, opulence, and rank, solicited Mr. Bowen to become Mr. Davies's successor. Arrangements for this purpose were accordingly made, and I beg it will be borne in recollection, that it was not until a few days before Mr. Davies's final departure from Hampton to accompany the King to Brighton (fully one month after the death of the deceased), that this attack was made. Hence Mr. Bowen has every legitimate right to infer, that those persons who propagated the report of his improper treatment of the deceased were influenced in doing so, by motives *other* than purely philanthropic and humane. Inasmuch as he is prepared to prove that the very witness, Ann Ellam, who bore testimony against him, declared, very shortly after the demise of Frances Clarke, to Mr. Keene, a gentleman of property residing in the parish of Teddington, and one of its overseers, that Mr. Bowen's conduct to the deceased had been most "kind and attentive." Inasmuch as Mr. Clarke, the widower of the deceased, acknowledged to a gentleman, a resident of Hampton (whose name, if required, I am authorized to give), when asked how he intended to remunerate Mr. Guy, replied, "I can only do so with my gratitude, but I have some good friends who I have every reason to hope will do so for me." Who these *good friends* are, Mr. Bowen has yet to find out, together with many other circumstances upon which "clouds, shades, and darkness, rest." These slight abstracts will, however, I hope, suffice to prove that although it has been maintained, that the proceedings which took place were instituted at the sole desire of the husband, such could not have been the case; also, that throughout the whole business Mr. Bowen has had to contend with some secret miscreant, who, like the owl which fears to prey by day, was compelled to seek for nightly cover for the execution of his base designs.

I shall now, Sir, go on and briefly offer a few additional remarks on the evidence taken before the parish officers at Hampton prior to the inquest, and that which was subsequently obtained, and since recorded in your Journal of the 9th inst. To this part of my communication I beg leave more particularly to invite the attention of your readers,

who, by contrasting both, will, I am quite assured, discover the conflicting nature of such testimony, as well as the very apparent motives which led to its elicitation.

One of the witnesses, Mary Ann Elliott, when examined by the parish authorities, on the morning of the 26th of August, stated, "that on her mentioning to Mr. Bowen that Mrs. Clarke wished to have further assistance, he *insisted* on some other medical gentleman being sent for, stating, at the same time, that there was no use of sending for any one from Hampton, as he knew there was no one at home."

Ann Ellam deposed, on oath to the coroner and jury, that when she asked the deceased, in the presence of Mr. Bowen, if she would not like to have some other medical man? "Mr. Bowen said nothing to this."

On the contrary, Sarah Chillman, the midwife, likewise on oath, contradicts the before-mentioned statement of Ann Ellam, and says that when she asked the deceased if she would have Mr. Taylor who attended her before, and when deceased replied she would, that she then told Mr. Bowen; he said, "If Mr. Taylor came, he would go out of the house."

Many more such-like discrepancies in the evidence I could wish freely to expose. But I fear, in doing so, I should only be obtruding upon your valuable time and indulgence. Let it then suffice to say, that upon the "*mens conacia recti*," and upon the decision given by that tribunal before which Mr. Bowen has lately so unfeelingly been arraigned, but which decision I regret to say was never accurately published, as will be seen from the following correct copy of the verdict—"Died by the visitation of God; and it is our opinion that the medical attendant did all that *was possible* to be done, to deliver the deceased under the circumstances"—does he *rest his claims* for future public confidence and approbation. This I am certain will not be denied him, when every circumstance is duly deliberated upon, and when it is more particularly recollected, that when called upon to render his assistance (after another had positively refused), he did so with alacrity and good feeling, that his attention during the progress of the labour was prompt and unremitting, that he left her but for a short period, and that *then* he was obliged to do so (having to visit elsewhere), the whole of Mr. Davies's extensive practice being, at the time, intrusted to his care.

Let those, therefore, disposed, Mr. Editor, to censure Mr. Bowen *hastily*, remember "He that is without sin, let him cast the first stone." I am, Sir, yours faithfully,

J. H. MORSON,  
M.B.C.S. of London.

28, Cockspur Street, Oct. 20, 1830.

## QUESTIONS TO SIR A. HALLIDAY.

*To the Editor of THE LANCET.*

SIR,—If Sir Andrew Halliday will give plain answers of *yes* or *no* to the following questions, and not twist his evidence, as Mr. Bowen appears to have twisted off one or both of the arms of the infant, the public will be able to understand what he means, and it will in some measure tend to remove the doubts that the unsatisfactory testimony given by him on the inquest could not fail to produce: it will, besides, save him the trouble of further explanations, or appeals, to the public for the purpose of correcting his errors. It is besides but an act of justice to Mr. Bowen that this fact should be clearly ascertained, whether he gave the information to Sir A. Halliday, which Sir A. afterwards communicated to Mr. Sells, Mr. Taylor, and others:—

Whether Mr. Sells ever, and when, told him “that he had been informed, by a Mr. Russell (or any other person or persons), that Mr. Bowen had taken, or torn, off the arms of the infant of the late *Fras. Clarke*, and had not delivered the mother?”

Whether he communicated this information to Mr. Bowen, and when?

Whether Mr. Bowen on that, or some other, and what occasion, did not inform him, “that the report was untrue,” and that he had not taken, or torn, off the arms of the infant, and had delivered the mother?

Whether he, Sir A. Halliday, did not afterwards, and when, inform Mr. Sells, “that he had seen Mr. Bowen, who had assured him that he had not twisted, or torn, off the arms of the infant, but had opened the head and delivered the mother, and that she died from exhaustion?”

Whether he did not make the same statement to Mr. Taylor, and request him to contradict the report of Mr. Bowen’s having done so; and whether he has not acknowledged and admitted, in some letter or letters written by him to Mr. Sells and Mr. Taylor, or one or both, and which of them, “that Mr. Bowen had informed him, that he had not taken off the arms of the infant and had delivered the mother?”

Whether he did not, at his own house, in Sept. last, inform Mr. Guy “that Mr. Bowen had told him that he had not taken, or torn off, the infant’s arms, and had delivered the woman, and that she died from exhaustion?”

Whether, on the inspection of the bodies of the infant and the mother, it did not appear that the arms of the child had been torn off from the body, and that the mother had not been delivered?

Your most obedient servant,  
AN INHABITANT OF HAMPTON.

Oct. 20th.

## LETTER FROM MR. GEORGE TAYLOR OF KINGSTON,

*To the Editor of THE LANCET.*

SIR,—It is with great reluctance that I feel myself imperatively called upon to address you for the purpose of repelling several unfounded accusations that have been, and still are, circulated against me, in the dangerous form of insinuation and report, connected with a recent investigation at Hampton. I should have treated such falsehoods with contempt, and would have confidently depended upon public opinion, and upon my established integrity and conduct through life, if a plausible colouring had not been given to one of the charges deeply involving my character.

The following are the reports to which I allude.

1st.—That I refused to give my professional assistance in the case of the deceased, though sent for by Mr. Bowen.

2nd.—That I invented and propagated a falsehood, and screened myself by attributing it to Sir Andrew Halliday.

3rd.—That I encouraged, and have been one of a secret committee or party for the purpose of getting up, a malicious inquiry calculated to injure a professional man in public opinion.

4th.—That I employed, and am to pay, the solicitor who brought the inquiry before the inquest.

These appear to me to be grave charges; and if the following refutations be not considered clear and conclusive, I invite the closest scrutiny into my conduct upon this or upon any other occasion.

To the first charge I reply, that the messenger admitted that he came to me without the consent of Mr. Bowen; and that when my answer, that I would willingly attend if invited by Mr. Bowen, was received, it is in evidence that he replied, “If Mr. Taylor came he would go out of the house.”

To the second charge; Sir Andrew Halliday swore upon the inquest that Mr. Bowen never told him “that he had not taken off the child’s arms and that he had delivered the deceased,” I do most positively assert that Sir Andrew Halliday told me (and he has by his letter since the inquest admitted the fact) that this conversation, now denied, did actually take place between him and Mr. Bowen; and Sir Andrew Halliday, at the same time, authorised me (as I believe with a kind motive) to give a flat denial to the report of the midwife, “that the child’s arms were cut off, and that the woman had died undelivered.”

To the third charge; I deny most solemnly that I have been one of any secret party or committee, for such or any other unworthy

purpose ; but I freely admit that I always entertained an unfavourable opinion of the case, and I suppose that no one, who understands any-thing of the subject, who heard the evidence and witnessed the examination of the bodies, will assert that I was not amply justified in that opinion, although I willingly abstained from expressing it at the inquest.

To the fourth charge ; I declare upon my honour, that I neither employed, nor am I to pay any-thing directly or indirectly to, the solicitor who conducted the inquiry, and who, I have since ascertained, had a written authority from the husband of the deceased to inquire into the causes that led to the death of his wife and child.

Yours, most obediently,

GEORGE TAYLOR.

Kingston, October 9th, 1830.

## WESTMINSTER HOSPITAL.

### REMOVAL OF THE HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—In this day's Number you have not published the documents relative to the Westminster Hospital promised in your Number of the 9th ultimo, but you have done what, differing from you *toto cœlo* as to the merits of the case, I consider much worse, you have thrown your sword into the wrong scale, given the weight of your advocacy to the party which is, in my opinion, unquestionably the weaker in argument, as it is in numbers. Allow me a few lines in reply. Is it true that what is now popularly called the *Westminster Hospital* was "established for the benefit of the poor in its immediate vicinity?" The history of the charity published not long since in your own pages (July 17, 1830) answers No! Is the object of the "removal party, the conversion of the hospital into a medical school for the benefit of (more lucrative to) the medical officers?" No! such is not their intention. The removal will, I sincerely hope, greatly benefit the officers, for that benefit is contingent upon, and consequent to, the increase of prosperity that the charity must, from the greater prominence and convenience of its new site, quickly experience. The general interests of the charity and the private interests of the medical officers are concurrent and connected, but by no means, or rather by no necessity of things, antagonistic interests. The greater the publicity and extent of accommodation of the charity, the greater its claims on the public, and the more numerous its contributors of all kinds ; the greater also, of course, the advantages of the medical officers in reputation, in hos-

pital fees, and in every other species of emolument derivable from their appointments. The permanent and real interests of the charity and its officers recede or advance together ; they bear by no means an inverse ratio to each other, as you seem to think, but obviously, I maintain, a direct ratio. Is the site of the present hospital not an obscure one? Compare it with neighbouring subscription hospitals, St. George's, the Middlesex, where is the avenue to it like Piccadilly, or Mortimer, Goodge, or Berners Streets? possibly, for you speak confidently, you have an account of the number of fashionable or respectable equipages or pedestrians that pass within sight of it daily ; if you have, does the amount equal the one-tenth of what passes by either of the other hospitals proposed for comparison? But its present site is likely to be hereafter much more conspicuous you will say, possibly, but when? Its present site is wholesome, more so, you declare, than that to which it is proposed to remove it. How has that been ascertained? Complaints have not reached you that "erysipelas, hospital gangrene, &c., are common in the wards." "The hospital is at the corner of the Park, &c." Now I have been some time a trustee, and have officiated as house-visitor, and am well acquainted with the hospital, and I affirm that such complaints have been made, and frequently made, though probably not to the "public," by which, from your reasoning, I imagine, you must mean by something equivalent to an advertisement in the "Times" or in your own powerful Journal—the "Times," as I may say, of the medical world. Furthermore, are you not fully aware that ague and other malarious diseases, are not unfrequently generated in the vicinity of the present hospital, and more frequently there than north of Charing Cross? You object to the rent of 700*l.* or 800*l.*, demanded by Government ; are you aware that the medical officers propose to bind themselves down to pay 400*l.* per annum of that sum? You know that it is of course in the power of the trustees to accept that offer, and to bind down their successors for ever to that, or even to a larger amount. But the trustees will not do so ; it may be, it has been said, they are too blind or too indifferent no doubt to the interests of the charity to avail themselves of their power of prescribing to candidates the conditions of election ; nay, perhaps they will even make the present incumbents a present of the 400*l.*, some fine morning of the years 1830-1-2-3, or some approaching year ; will you maintain that? The increase of wealth and internal accommodation that would follow on the removal is an argument, valid, you declare, against the change of site. It is a reason why the benevolent should pa-



transfers its preference another institution, a dispensary in Villiers Street, Strand, known by the courtesy of the gentlemen of the "broad sheet," by the title of the Charing Cross Hospital. To the soi-disant Charing Cross Hospital, I bear no ill-will. It is a thriving bantling, if we can judge by its power of lungs. Its hunger-cry is heard in every quarter within doors and without, in the drawing-room and in the sick-chamber; its fosterers are many and indefatigable; at the bazaar we see beauty turn jewess for it; in the temple eloquence begs for it, piety prays for it, and wealth and avarice are shamed into contributing towards its sustenance and advancement. There is no escape or "mistake," its wants you must hear of whether disposed to contribute or not to their satisfaction. But to speak seriously; in favour of the Charing Cross Hospital much might be said, but the claims of the Westminster Hospital are of a higher order. The Westminster Hospital has long established rank amongst English charities, and has fortune to enable it at least to maintain its already ancient distinction. Why should the Charing Cross Hospital be preferred before the Westminster Hospital by the charitable? Is there not, at all events, room enough for both? Do the hospitals of London offer accommodation sufficient for one half of the sick that require assistance? Has the public ever suffered from competition? But you seem to prefer for medical and surgical instruction, small hospitals to large ones; how is that? Must not large hospitals furnish a greater number of interesting and instructive cases, and more abundant materials for necrotomic study, and for clinical teaching? Certainly. But large is a relative expression. Now a number of students so large as not to admit of sufficient investigation by each individually, without injurious and intolerable disturbance of the sick, in the present hospital where the patients, though few, are very much too many, would, in a modern hospital twice or thrice as large, cause no inconvenience whatever, either to the sick or to themselves. Each pupil of an extensive hospital cannot daily examine every interesting case. But he may carefully study (as is very usual for example in Edinburgh, Paris, &c.) every second, third, or fourth case; that is, in a large hospital every student may studiously observe the progress of half a dozen or half a score important cases. What more can you reasonably require? but I must conclude. I do not know whether I have noticed every argument you advance, but I cannot further encroach on your pages at present; perhaps you will allow me to address you again, for I have not exhausted the subject. I confidently expect from your candour and respect for justice the insertion of this letter, and

am, Sir, very respectfully, a friend and subscriber to THE LANCET,

C. M. R. S.

Tuesday, October 19, 1830.

#### REMOVAL OF THE HOSPITAL.

To the Editor of THE LANCET.

SIR,—You have said a great deal against the removal of the Westminster Hospital; perhaps you will have no objection to hear an advocate of the other side of the question.

The institution has been removed three times since its establishment: from the Birdcage Walk to Petty France, thence to Chapel Street, and from Chapel Street to James Street. On this last occasion an advertisement appeared for a "house or premises in any part of the city or liberties of Westminster." Two suitable buildings were offered, the present hospital in James Street, and the house of Lord Lansborough at Hyde Park Corner. Dissensions, similar to those which now exist, occurred: part of the governors thought it would be advisable to remain in the same neighbourhood, while others were persuaded that by removing to a site more in the public eye, its welfare would be much promoted. The wisdom of the latter, who divided and removed to Lord Lansborough's house (now St. George's Hospital), was soon manifest, for the branch, if it may be so called, very soon surpassed its parent in wealth and utility.

We contend that the increased size of St. George's has quite superseded the necessity of a second large hospital in the same neighbourhood, for if you look at the map you will find that St. George's is surrounded by the habitations of the wealthy, and that the nearest locality inhabited by poor, is Pimlico and Tothill Fields. The Westminster Hospital has been supplied by the refuse of St. George's; the poor, when they could choose, naturally preferring the larger and more imposing institution: if this was the case when St. George's had only 200 beds, what will be the case now with 400?

It is in human nature to encourage a charity which is conspicuous and flourishing, in preference to that which is obscure and little known; the latter has been the case with the Westminster Hospital, and it is contended that if left in its present deserted situation, cut off as it now is from the wealthy classes of society by the new carriage-road through the Park, it will gradually lose those supporters who live out of old Westminster, who will naturally transfer their subscriptions to hospitals, of the existence whereof they are daily reminded. That

Westminster alone cannot support the institution even on its present scale the following facts will show:—

*Governors living in Westminster and Pimlico, including Parliament Street and all to the West:—*

18 Life governors have contributed 610*l*.

11 Honorary governors.

83 Annual governors contribute 260*l*.

*Governors living to the east and north of St. James's Park.*

83 Life governors have contributed 5450*l*.

61 Honorary governors.

141 Annual governors contribute 567*l*.

Of the building fund of 18,000*l*., 400*l*. is the whole amount contributed by inhabitants of old Westminster and Pimlico. After this statement of facts, can it be fair that the parishes of St. Margaret's and St. John's should claim as the right of their district, an institution to which they contribute so little, and which was clearly intended by its founders for the benefit of the city and *liberties* of Westminster?

It is a fatal mistake to suppose that a subscription hospital should be placed in a very needy neighbourhood. Not a poor residence is to be found within sight of St. George's: few at a less distance than a quarter of a mile, and no great number nearer than Petty France and Tothill Fields. Yet St. George's has always been better supported, and, what is of equal importance, better managed than the Westminster. Charities permanently endowed, as St. Bartholomew's for instance, may be placed in any situation, but those which depend on casual subscribers, to be flourishing, must be in sight.

After much discussion and mature deliberation at two general special boards held in June, 1828, the Duke of Northumberland in the chair, an overwhelming majority came to the resolution, "That it was advisable to remove from the present site," and a negotiation was accordingly authorised to treat with the Commissioners of Woods and Forests for ground among the contemplated improvements near St. Martin's Church. This negotiation has but lately been brought to a conclusion, and the object of the special board held on the 7th inst. was to receive the treasurer's report concerning it, when some gentlemen (43), by a *ruse de guerre*, attempted to pass a resolution refusing to receive the treasurer's report, after that gentleman has been negotiating during two years for an object which had been sanctioned at that time by a majority of 70 or 80 of the governors.

The improvements in the neighbourhood of Charing Cross afford an opportunity of obtaining a site far nearer the centre of the city and *liberties* of Westminster than the present building, and if the map of London

be consulted it will be seen how very necessary a large and efficient hospital is in that district. By establishing the new Westminster Hospital in this situation, the relative distances of the great hospitals will be more equal: the Middlesex being one mile from Charing Cross, St. George's one mile and a quarter, St. Bartholomew's one mile and a half, while the present Westminster is little more than half a mile from St. George's.

That St. George's Hospital and the Westminster are too near together is proved by this fact, that the subscriptions to the latter gradually declined as the former increased. St. George's was founded in 1734, in 1755 the annual subscriptions to the Westminster amounted to 1355*l*.,\* the average number of in-patients 120, one year (1774) there were in the house 129: from about this period the subscriptions declined, so that from 1780 to 1820 the number of in-patients never exceeded 80, and these were maintained with difficulty; the present number is 100, the annual subscription 950*l*.

In the remote and obscure part of the town where the Westminster Hospital is now placed, it is out of the reach of the more influential portion of its subscribers, its affairs have been consequently neglected, and its welfare has been, and will continue to be, if it remain in Petty France, sacrificed to local interests. I think I have shown that it was never intended as a local infirmary for St. Margaret's parish, but as a general hospital for the sick and needy, more especially those of the city and *liberties* of Westminster.

I fear I have already made my letter too long, I shall therefore endeavour to embody some of the arguments for removal under the following heads:—

1. Because the present is obscure, little known, and in a part of the town where adequate support is not to be found for a subscription hospital.

2. Because the necessity of a large hospital in the present neighbourhood is superseded by the increased size of St. George's.

3. Because an opportunity now occurs of placing it more in the centre of the city and *liberties* of Westminster, nearer to nine-tenths of its governors, in a high road where the public will be constantly reminded of its existence, and where its benefits will be extended fourfold.

It is objected that at Charing Cross there already exists an hospital. Some humane individuals have, it is true, seen the necessity of such an institution in the neighbourhood of the Strand, and so apparent is the want that their efforts have been wonderfully successful, but a period not to be contemplated must elapse before this can be

\* Considering the value of money at this time, this would be equal to a sum of nearly 3000*l*. in the present day.

come an efficient hospital, and then only by attracting the supporters of older institutions. There is some expectation that in the event of the removal of the Westminster Hospital, the governors of the Charing Cross will unite their means and energy in the support of one complete establishment. Another objection to the removal consists in the ground-rent to be paid for the new site, but arrangements will be made by which this will be paid, and a guarantee will be given to the trustees that not one shilling of the present funds shall ever be applied to this purpose.

Motives have been imputed to the friends of the removal, which are as false as they are unmerited, for they feel conscious that they are guided by such as have the real welfare of the industrious classes of the labouring community at heart; and they trust that the governors will not be biassed by the opinions of a party having a local interest in the present site of the Westminster Hospital, but aid and support a scheme which will more completely fulfil the objects of the original founders, in the establishment of a truly "public infirmary for the sick and wounded from all parts."

I remain, dear Sir,

Yours faithfully,

LIONEL J. BEALE.

Bedford Street, October 19, 1830.

LIST OF THE GOVERNOR-ADVOCATES FOR  
THE REMOVAL TO CHARING CROSS.

[From a Correspondent.]

THE following list contains the names of the more active advocates for the removal; others, though less concerned in the measure, are disposed to give it their assent. It demonstrates the large proportion of professional gentlemen concerned, and the very few governors who by residing in the neighbourhood, and possessing experience of the wants of its poor, can be aware of the deprivation which the loss of the hospital will occasion.

Those governors who reside near, and who have no other object to serve than the good of the poor, are almost to a man opposed to the removal, and feel most strongly the necessity of retaining the hospital in its present situation.

These opponents are daily becoming more numerous as the measure which has so long been kept secret becomes better known; their sense of duty to the poor of their neighbourhood, and avowed resolution to fulfil it, justify the belief that this measure can only be effected by its advocates prevailing upon non-resident governors (imperfect judges of the merits of the question) to attend and vote in its behalf.

*Medical Officers of the Hospital.*

Sir A. Carlisle, Langham Place.  
Sir G. Tuthill, Cavendish Square.  
G. J. Guthrie, Esq., Berkeley Street.  
Dr. Bright, Manchester Square.  
Dr. G. Hamilton Roe, Hanover Square.  
A. White, Esq., Parliament Street, Westminster.  
J. Harding, Esq., Margaret Street.

*Expectants.*

Dr. Clendinning, Wimpole Street.  
F. H. Thompson, Esq., New Cavendish Street.  
J. R. Elmore, Esq., New Cavendish Place.  
C. B. Bolton, Esq., King Street, St. James's.  
L. Beale,\* Esq., Bedford Street, Covent Garden.

*Recent Pupils.*

W. J. Casey, Esq., Great Coram Street.  
W. Gilbert, Esq., Clapham Common.  
W. Jones, Esq., Strand.  
J. K. Dingle, Esq., Brewhouse Yard, Pimlico.  
H. C. Attenburrow, Esq., } Addresses un-  
R. Maitland, Esq., } known.  
J. Wade, Esq., Penitentiary.

J. Seaton, Esq., Bridge Street, Westminster.  
T. Jones,† Esq., Strand.  
T. Alcock,‡ Esq., Burlington Street.

Hon. P. P. Bouverie, acting treasurer, Haymarket.  
Colonel Hamilton,§ uncle of Dr. G. H. Roe, James Street, Westminster.  
O. Hamilton,§ Esq., cousin of ditto, James Street, Westminster.  
W. Ayrton, Esq., James Street, Westminster.  
P. Cobbett, Jun., Esq., Covent Garden.  
Mr. Cope, Strand.  
J. B. Wilson, Esq., Clapham Common.

MEDICAL OFFICERS IN THE BRITISH NAVAL  
SERVICE, OCTOBER 1830.

Physicians.....	12
Surgeons retired on full-pay.....	53
Surgeons ready for active service.....	725
Assistant-Surgeons ditto.....	357
Dispensers of hospitals.....	12
Hospital mates.....	3
Total	1162

\* Author of a circular signed "Spectator," and occasional assistant to Mr. A. White.

† Relatives of past and present students.

‡ Uncle of Dr. G. H. Roe.

§ Cousin of Dr. G. H. Roe.

HINTS TO THE METROPOLITAN ASSOCIATION  
OF GENERAL PRACTITIONERS.*To the Editor of THE LANCET.*

SIR,—As this Society is a nucleus, around which it *may* become desirable to form many concentric circles, I presume the members will not take amiss any observations which may suggest themselves to one not of their body. As the permanence of the Society will depend greatly upon the excellence of its laws, and the number and independence of its members, it may be worth while to inquire how far the present laws are likely to conduce to the attainment of the objects desired.

I take the liberty of thinking that the admission fee and the annual subscription exceed to an unjustifiable amount the benefit which the Society has at present in its power to bestow. Another objection to the amount is, that as the consumption of a commodity is always in proportion to its cheapness, so the serious charge for admission is a great obstacle to the rapid and extensive increase of the members of the association: a sum is demanded for the annual subscription, such as would ensure a comfortable support for the widow and orphans of a medical man, from that most excellent society for the "Relief of Widows and Orphans of Medical Men." An inevitable deduction from these propositions is, that a great accession of numerical strength would ensue, were the Society to charge less for the purchase of an abstract idea, which is really all they at *present* offer in return for one guinea admission fine, and two guineas annually.

It can scarcely be approved by thinking men, that besides demanding security from the secretary and collector, they forbear to do so from that much more responsible officer the treasurer. Nor do I believe that the appointment of a solicitor can be approved; as well might they have secretaries for the home and foreign departments; the appointment necessarily includes the payment of a salary, and in this case a salary includes a sinecure; for among attorneys there are no such things known as gratuitous services and honorary offices; they always insist on a consideration. As the Society has no occasion for a solicitor, and as the gentleman who is expected to fill this *important* office is whispered to be nearly related to one of the committee, the affair strongly savours of jobbing.

The state of the medical profession is deplorable,\* and much of the distress is

consequent on the urgent want of a radical change in medical politics. Why does not the Society immediately endeavour to accomplish it by a reasonable and spirited scheme of reform? why does it not call a convention of the general practitioners throughout England, and organise a plan for effecting this purpose? Unless the Society do this, I affirm that it is not worthy the confidence, nor deserving the support, of the general practitioners; and its present members will be little better than coffee-drinkers at a club-room, instead of medical reformers seeking to extricate themselves from a despicable tyranny and a humiliating dependence.

Yours obediently,

CRITO.

A NON-MEDICAL CORONER'S BLUNDERS AT  
PORTSEA.*To the Editor of THE LANCET.*

SIR,—Philander's cap seems to have so well fitted the head of your correspondent Veritas, that in default of disproof or defence, in the irritation of his spirit, he roundly affirms, despite all rules of courtesy, that the information I had the honour to impart to you was not "the truth." Mr. Editor, as you were lately a candidate for the coronership of Middlesex, I conceive you are very competent to judge between us, from the evidence adduced on either side.

"Sub judice lis est." It is a digressive remark, I own, "Domine Iudex," but I cannot but think them evil times when dubbed M.D.'s will spend their days in lucubrations about animal magnetism, instead of studying the laws of animal life, and stray into the shadowy paths of necromancy, when it would be more consonant to their calling to be at work at necrotomy.

It cannot have escaped your penetration, Sir, that your veracious replicant acknowledges (however inconsistent it may seem with his heavy charge of untruth against Philander), that "a discovery" was made that poor Winney was *murdered*, and did not commit suicide, as was previously sworn to by the M.D.'s, or meditators upon death, as it has been lately opined these honorary suffixes might import. Veritas most truly allows (and so did Philander), that a second inquest was directed by the Mayor, and "well and truly" observes, that "then and there," viz., at the *second* inquest, after suicide had been previously recorded, the head was found fractured, which was inadvertently overlooked before, and more extensive injury in the throat appeared than had been "at first" suspected. Veritas and Philander herein coincide, which will

\* I am told by a gentleman whose opportunities of knowing the fact, and whose veracity is unimpeachable, that a few months ago 300 medical men were receiving parochial relief in London.

doubtless astonish you, learned Sir; but will not Veritas, who is nothing but the truth, agree also as to the truth of Philander's very reasonable conclusion from the premises? viz., that such *post hoc* discoveries fix the *scandalum magnatum* on any person, of whatever degree, who, in an examination of a person who had suffered a violent death, should not, in the most cursory manner, have examined even the external part of the head, whereby an extensive fracture was overlooked, or only taken a peep, and not a survey, of the wound in the throat, which might happen to be the only injury besides. *Proh pudor!* But "murder will out, and speak with tongue of most miraculous organ," mauls the incompetent medical knowledge of coroners, or medical men to boot. Veritas must not, however, be put off his scent for truth, though that faculty should play him false in cases of murder.

"Truth shall of lies detect the auctor,  
And confound the most learned doctor."

Veritas pledges himself that the vertebrae of the neck were not partially severed, as Philander states. I have it again, and I had it before from authority, that Veritas dare not dispute that the intervertebral cartilage was cut into, and even the vertebral artery divided; and moreover an eye-witness assures me, that the head nearly fell off when not supported. What shall we say then? What can we say, Sir, but that Veritas may be very good Latin for truth, but is not truth itself. Veritas charges Philander with untruth in stating, that life must have been nearly extinguished by the blow on the head before the throat was cut, on account of the relatively small effusion of blood. As a mere matter of fact, I refer Veritas to the same authorities for their concurrence in the original statement,—and shall I say that Veritas has more dexterously evaded the point? then we will permit him to escape conviction of evading it,—which indicated that a man's hand would not be without soil of blood, who had severed his own neck. With regard to the point of physiology above alluded to, I only advise him to visit alternately the slaughter of oxen after the fashion of Jews and Christians respectively, and he will find in animals that are pithed before the throat is divided, the effusion of blood will be much less considerable than in the other mode.

It must have struck you as an instance of Veritas's regard for truth, that he acknowledges that "surgeon, coroner, and jury, were misled at the first inquest," and I am gratified that he has placed them in a proper order of sequence as it regards their causative influence. The coroner seems to have been misled by the surgeon; and as the jury

were misled by the coroner, we must ~~then~~ conclude by the logic of common sense, that both coroner and juror were misled by the surgeon, showing, what alone Philander designed to show, that a competent medical coroner would have corrected the testifying surgeon, and instructed and not misled the jury. Now, Mr. Editor, if your agreeable friend Veritas should not be satisfied, I have made certain excerpts from the first and second depositions, and shall, if need be, exhibit them in befitting contrast; and having filled up my sheet, I shall not on this occasion furnish you with any opinions of mine, whether a hard blow with a soft instrument, or a soft blow with a hard one, may have occasioned the fracture; but of this more anon. Meantime

I am respectfully yours,  
PHILANDER.

### CASES OF GONORRHOEA

TREATED BY THE TINCTURA LYTTÆ, AND  
BI-CARBONAS SODÆ.

By R. D. FORSTER, M.R.C.S.

I HAVE been led to treat several cases of gonorrhœa by the tinctura lyttæ, which was pleasingly successful, except in three instances, and in these it is evident, from the first case here detailed, that the cause of failure arose from the bicarbonate of soda having been united with the tinctura lyttæ in the prescriptions. The same case also suggested the idea that the carbonate of soda might be employed to relieve the painful, and, occasionally, dangerous symptoms produced by the cantharides; of this both cases are confirmative, the second also illustrating the striking effect frequently observed in the practice here advocated.

CASE 1.—Mr. J. B., a gentleman of robust frame, consulted me on the 24th February, in consequence of having gonorrhœa; it was the second time he had been similarly affected, and the symptoms being very mild, I should have advised the immediate use of the tinct. lyttæ, but his digestive functions were so much disordered, as not to allow the use of that remedy until the 1st of March; at this time his appetite was much improved, and anxiety (the cause of the latter affection) relieved; still from the stomach not having regained its tone, there was a continual formation of a small quantity of acid, to correct which, the soda introduced in following prescription was intended;

℞ Sodæ carbonatis, ʒiiss;  
Aquæ cinnammi, ʒiiij;  
Tincturæ lyttæ, f. ʒiiss;  
Infusio gentianæ comp. f. ʒiiij. M.  
ft. mist. cap. ʒt̄m. partem 6tis horis;

anesthetizing the patient, to discountenance its use, the moment pain in the loins, or other symptoms of strangury, were produced.

This dose of the lytta, still continuing the soda, was gradually raised, until, on the 25th March, it was 3iiss in each mixture; when ʒi to each dose was exhibited, omitting the soda, and the second occasioned alarming effects, excruciating pain, &c., which were almost immediately relieved by tinct. opii, ℥ xx; sp. camph., ℥ v; sodæ carbonatis ʒj in linseed tea; the discharge shortly after entirely disappeared.

CASE 2.—Mrs. C. W., friend of J. B., had gonorrhœa at the same time, and the symptoms being acute, two days were devoted to the antiphlogistic treatment generally necessary in the first affection; the following draughts were then advised:—

R. *Tincture lytta*, ℥ xxv;  
*Tinct. cinnam.* c. ʒj;  
*Aque menthe ptp.*, ʒj. M. ft. haustus; capiat unam ter in die.

The last (3rd) produced severe pain, but ʒj of the carbonate of soda in cinnamon water gave relief; and the discharge, which was considerable, entirely disappeared the next day.

Many similar cases have occurred; but since these two, a mixture of the following kind is invariably given to the patient, to be taken soon after the pain in the loins, &c. come on, and which always effects the object of its administration:—

R. *Sodæ carb.*, ʒij;  
*Tinct. opii*, ℥ xxx;  
*Aque cinnam.* ʒvj. M. ft. mist.

Direction.—Quarter part to be taken every hour until the pain, &c. are relieved.

Observations.—When we consider the total absence of disagreeable odour in the lytta, it having little taste and no injurious effect on the stomach, and the certainty of its action, linked with the positive power of controlling its injurious consequences by the bicarbonate of soda, I think there is not a more efficient or convenient remedy for gonorrhœa, after the reduction of the severe primary inflammation.

If requested to explain the rationale of the fact, which constitutes the only novelty in this communication, I should, with deference to better chemists than myself, suppose that the substance appropriately termed by Dr. Ure "Vesicatorium," discovered by M. Robiquet, may form an innoxious triple salt with the bicarbonate of soda; but this matter I would prefer leaving to future observation and experiment.

11, Middlesex Place, Oct. 11, 1830,

## WESTMINSTER MEDICAL SOCIETY.

October 23, 1830.

THE members of the Westminster Medical Society resumed their meetings this evening, Dr. Granville in the chair, and the Committee entertain strong hopes that the session will prove less "stale and unprofitable" than the last. The Chairman admonished the members to exert themselves, and proposed several alterations of the usual mode of conducting the proceedings, with a view to excite discussion and the relation of cases, but none of them were adopted, the members suffering the regulation of this point to be referred to the Committee. Several opinions relative to the cause of the declining interest of the Society were ventured. One gentleman ascribed it to the broken promises of those to whose care the business of the evenings was confided; another to the late attendance of the members; a third suggested that the decline was particularly owing to the want of attention which his communications had experienced, while a fourth considered that those communications were themselves the cause of the decline. No one suggested that the attendance had been thin, because there was usually nothing worth hearing, and that as the members could not be suspected to be chary of publishing their discoveries, there was little worth hearing, because little occurred to them out of the Society worth communicating, which did not appear through some other channel. In order, however, that for the future there should be no want of topics for discussion, Dr. Granville read the following list of subjects, as affording very proper matter for debate.

The political condition of the science of midwifery, and the probable advantages which have resulted from the labours of the "Obstetric Society."

The medical police of this country, and the importance of electing medical men to the office of coroner.

The existence of contagion, and the Gibraltar fever.

The characters and treatment of cholera morbus, and appearance of that disease in the south-eastern districts of Russia.

The secondary effects of colchicum.

The medical press of Europe, more especially that of Great Britain.

The advantages resulting from medical controversy,\* carried on through the medium of the press.

\* "More especially," added the speaker, "that which is at present waging between Drs. James Johnson and Wilson Philip."—Mem. Dr. Philip's last volume having been "d—d," as far as the profession is concerned, the "mysterious" portion of the title has been changed, and a name adopted which is better calculated to "carry patients along with it."

The present state of the medical profession in England.

In conclusion, the Chairman particularly recommended that the members would always address the President, speak only once, (except in explanation,) and never refer to the speakers by name.

Mr. HUNT this evening related the particulars of two cases, which want of space prevents us from giving. They did not present much of novelty.

Dr. STEWART and Mr. CHINNOCK were elected Presidents for the ensuing year.

#### THE CHOLERA MORBUS IN RUSSIA.

Our readers have probably perused in the daily papers an advertisement which has been put forth by the imperial government of Russia, offering a reward of 25,000 roubles, in *bank paper* (value eleven hundred pounds sterling), for the best treatise on "the cholera morbus," which may be forwarded to the Medical Board at St. Petersburg, before the middle of September, 1831. The advertisement, which at the request of the Russian minister in this country was put into English by Dr. Granville, states that this disease, after having of late years committed great ravages in Asia, has within the last fifteen months made its appearance in several of the Russian provinces, and intimates that the medical faculty of that empire, knowing of no "satisfactory" medical work on the subject, are unable to arrest the devastations which are committing, and which seem to threaten "the whole of Europe." Moved by "deep feelings of humanity," of which, however, it seems that deep political feelings have got the upper hand,<sup>†</sup> the imperial government requests to be furnished in the said treatises with, 1st, An account of the *nature* of the disease; 2. Of the causes which *gave rise* to it; 3. A description of its mode of propagation; 4. A demonstration, by experiments, whether it be communicable or not; 5. An indication of the measures to be taken for self-preservation, if contagious; 6. Particulars of the measures best calculated to ensure recovery.

The repeated use in the advertisement of the pronoun *it*, in speaking of the disease, instead of the noun for which that word is meant to be a substitute, renders it important that there should be some clearer understanding as to the real noun with which a connexion exists in the mind of the advertisers. "When I see many *its* in a page," says one of our soundest grammarians, "I always tremble for the writer." Our own fear is for the reader. "Little words, of

great and sweeping influence, ought to be used with the greatest care, because errors in the using of them make such great errors in point of meaning." The advertisement is headed "Cholera Morbus." Treatises are then requested on "*the cholera morbus*." The term *cholera morbus* is generic; the disease raging in Russia is particular. The first "point" on which information is required is, "the nature of the disease," signifying to common understandings the genus *cholera*. The second "point" is "the causes which gave rise to it." To what? Certainly not the cholera of any country, but the cholera which prevails in Russia. The *its* then run through all the other points but one, admitting, by a little subtlety, as readily of one interpretation as another. This one point demands the means of recovery; but recovery from the cholera of what climate? If from that of Russia, which we should suppose is intended, then to afford any chance of a successful competition for the prize, about half the value of the premium must be risked in a journey abroad, and a temporary residence in the immediate neighbourhood of the disease. At a moderate calculation, fifty candidates might be tempted to expend five hundred pounds a piece, for the hope of obtaining eleven hundred amongst them.

In the course of the evening some brief remarks, which were of considerable consequence to the subject of this prize, fell from Drs. Granville and Johnson. The facts they disclose are barely credible.

Mr. BACOT expressed some little surprise at the offer of the Russian government, because so great a body of information was already before the profession on the nature and treatment of cholera. He particularly referred to a work of 700 quarto pages, published by the government of Madras, and containing a great deal of excellent practical information on the subject, which certainly could hardly be known to the government of Russia. The volume contained a map of the progress of the disease through the country downwards.

Dr. GRANVILLE stated, that the government of Russia was not aware of the existence of this, or of any other important practical work on cholera, or a different course from the one adopted would probably have been taken.

Dr. JOHNSON said, that he had seen Dr. Leydon, or Leyton, the medical agent of Russia who was acting on the present occasion in London, and found from him that the Russian faculty were not at all acquainted with either the Madras, the Bombay, or the Bengal very voluminous reports. He gave that gentleman a list of all the works which had been published on the subject of cholera, and Dr. Leyton confessed that he had not

<sup>†</sup> From those countries to the medical faculty of which the prize has been offered, France is excluded.

seen a fourth part of them. From Dr. Leyton's description of the complaint, there appeared to be no difference between the disease which was raging in Astrakhan and that of the East Indies. Dr. Johnson thought that the Russian government would not derive one particle more of evidence from any one of the treatises which might be forwarded, than was already before the profession.

Dr. GRANVILLE observed, that the statement of Dr. Leyton, with regard to the information possessed by the Russians, might be in some measure erroneous, as Dr. Leyton had been ruralizing in Yorkshire for the last fourteen or fifteen months. He was only now about to visit Russia again if his health permitted, and could not tell but that all these works had been read there. Perhaps, however, the government would, on further consideration, retract the prospectus, and announce that the premium would not be distributed.

It is more than probable that the Russian government is totally unacquainted with the existence of the works in question, as, according to this, even their medical representative in England is ignorant of what has been published.

In consequence of the accounts which have reached London, amongst which is the following despatch from Lord Heytesbury, the British ambassador at St. Petersburg, the English government, it appears, have deemed the subject of sufficient importance to justify the immediate adoption of precautions against the introduction of the disorder into this country; communications have accordingly been addressed to the collectors and comptrollers of customs at the different sea-ports, desiring that the attention of quarantine officers may be called to the subject, in order that the standing orders may be carefully enforced.

“St. Petersburg, Sept. 15.

“My Lord,—The accounts of the progress of the cholera morbus are now becoming rather alarming. It is making rapid advances towards Moscow; it is already at Sinebiask, Tyaritzigur, Saretaff, and Pewza. At Astrakhan, the governor (Nisson), and almost every officer of police, have perished, and the other deaths are at the rate of about one hundred daily. If the disease once reaches Moscow, there can be little doubt that it will spread to St. Petersburg, Warsaw, and thence into Germany.

“This will be much less extraordinary than its regular progress from India to the Caucasus, and thence into the southern provinces of the Russian empire. It appears to be of a very deadly nature, and to

have all the character of the real Indian cholera.

“I have the honour to be, &c.,

“HEYTESBURY.

“To the Right Hon. the Earl of Aberdeen, K. T.”

*The Times* of Oct. 27, says, “We understand that accounts have been received subsequently, stating that the disorder had reached Moscow, where it was making frightful ravages. The Russian government is making all possible efforts to stop its progress.”

## LONDON MEDICAL SOCIETY.

October 25, 1830.

Mr. CALLAWAY in the Chair.

### TREATMENT OF PURPERAL FEVER.

THE subject of the last evening's discussion was revived at the present meeting, and the views of Dr. Whiting were reinforced and recombated. It will be again discussed on the evening of next Monday.

As the precise mode of treating purperal fever which Dr. Whiting would adopt, in accordance with the doctrines he had broached, was not clearly understood, the Chairman begged that gentleman to explain it.

Dr. WHITING said, that as far as preventives were concerned he could say little, and but little, he conceived, was known by any one on this point. That it was contagious he had no doubt, and he believed that if the attendant had that about his person which might be considered to be the medium of contagion, the patient might take the disease. It was not necessary to its occurrence that purperal fever should be communicated by a second party. It would undoubtedly, and sometimes did, originate *de novo*. With regard to the cure, he used to entertain prejudices against the antiphlogistic mode of treatment, and at one time avoided it; but he now conceived, as the result of very decided experiment, that that was the only mode which, in the majority of cases, could be successfully employed. He said the majority, because he believed that there really were some few cases in which depletion was not absolutely necessary, for the disease would, in fact, pass away spontaneously; it would run its course, and ultimately disappear of its own accord. The truth was, that under any treatment it could not be stopped. Antiphlogistic means would tend to facilitate this, but no treatment would, of itself, perform a cure. There was this distinction between common inflammation and purperal fever, or erysipelas of internal membranes (the same being equally true of erysipelas of the skin), that the



former could be decidedly stopped by antiphlogistic measures,—by measures which would put down and keep down the heart's action, while the latter could be subdued by no such means. A patient with erysipelas of the skin might be bled to syncope, without stopping its progress; the erysipelas would still spread. All that could be done in this, and all that could be done in puerperal fever, the danger of which was much increased by its being an internal erysipelas, was to *mitigate* the inflammation. It *would* run its course, but the mitigation by antiphlogistic means assisted the inflammation to stop before it arrived at such a height as to destroy life. Such being the fact, it was important for them to observe on what principle those means should be conducted. This principle was not that of reducing the patient on the instant. If the position was correct, that the inflammatory process, the erysipelatous attack, could not be *stopped*; but would only yield of its own accord, depletion could do no further good than to mitigate its severity; it might reduce the energy of the system, by the aid of which the disease might ultimately subside. The careful and judicious employment, then, of antiphlogistic measures, was the desirable course, and amongst those, bloodletting would be found to be the most important. Now he was convinced, that if gentlemen did nothing more even than read those authors who had written on the subject, they could come to no other conclusion than that the antiphlogistic, and not the opposite, was the proper plan; but if they did this, and also saw cases of true puerperal fever, they could not possibly fail to become disciples. In connexion with bloodletting, the treatment he adopted was the administration of the tartrate of antimony and calomel. Of the antimony, his practice was, to give just enough to preserve a constant slight sickness at the stomach; the quantity, therefore, was regulated by its effects. He began, perhaps, with half a grain, and followed this up with another half or a quarter of a grain, as the purpose seemed to require. The calomel he commenced with three grains, in conjunction with opium, to allay the irritability of the system, and kept up the dose to the production and sustaining of a soreness of the gums. By this treatment he had cured two as decided cases of malignant puerperal fever (those referred to on the last evening) as he ever saw. The great fault with practitioners was, that they had generally bled too indiscriminately in the latter stages, when that course was tried, and destroyed the power which was necessary to sustain life until the inflammation stopped.

Mr. CALLAWAY here observed, that he did not exactly see in what this treatment

differed from that employed in *common peritonitis*.

Dr. WHITING replied that the difference was essential. In common peritonitis it was usual to bleed and prescribe the tart.emet. in large quantities, with a view to stop the inflammation at once; but it was to be borne in mind that this disease would proceed, in spite of remedial agents; the antiphlogistic means, therefore, should be so managed, that the energies of the system might be preserved, eventually to work out the cure.

On the whole, the members were not satisfied with this plan of treatment, but their objections were confined to the simple expression of dissent, and need not, therefore, be detailed. One or two references also were made by Dr. Whiting to authors in support of his views, the justice of which being questioned, we refrain from quoting them, as their apposition to the question required to be further shown.

\* \* In our last report, Dr. Whiting is stated to have attended a patient, to whom he referred, in *child-bed*. Dr. Whiting does not practice midwifery, and the statement, therefore, was erroneous. Mr. Olding was the accoucheur.

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#### SOCIETY OF GENERAL PRACTITIONERS.

##### *To the Editor of THE LANCET.*

SIR,—In a letter addressed “to the General Practitioners of the United Kingdom,” through the medium of *THE LANCET*, on the 9th instant, the writer submits sundry queries respecting the Metropolitan Society of General Practitioners, to which you were pleased to subjoin an appeal that places the explanation to *my* account. If I have been wanting in promptness to your correspondent, or been deficient in respect for your assurance of my ready courtesy to him, by delaying to reply, I request it may be attributed to a sense of my duty to the *Committee*, before whom I considered it incumbent on me to bring the subject. And now, not having obtained authority from the Committee to answer the questions propounded, I can only reply, that as an individual merely of that body, I dare not undertake to interpret its intentions unadvisedly.

I have the honour to be, Sir,

Your obedient servant,

JAMES SCOTT.

Regent Street, Oct. 26.

## THE LANCET.

*London, Saturday, Oct. 30, 1830.*

ALARMED at the portentous aspect and convulsive changes of the times, the FELLOWS of the College of Physicians already exhibit tokens which indicate pretty clearly that the downfall of their dynasty is fast approaching. Bullies and cowards, who deem themselves in danger, may ever be recognised by their often-repeated and boisterous threats directed against their pursuers. Destitute of real, solid power, they have recourse to artifice for protection. They elevate their empty heads, move pompously, raise the arm minaciously, and assume the stern countenance of confidence and integrity. Thus it is with the College of Physicians. Existing in a piece of old mildewed parchment, and not in the hearts of the profession, possessing the paraphernalia of titles, dignities, and power, and yet holding no place in the confidence or estimation of the great mass of the best-informed members of the community, their threats are about as wise as the antics of the fool who shook his bells in order to attract the attention of the bystanders. Experience seems to be entirely useless to the individuals who hold the reins of government in this body. Their perceptive faculties appear to be directed backwards, and their learned researches to reach no further than the year 1300. In the aggregate, always inferior in talent to the great body of practising physicians in this country, and lamentably destitute of opportunities for exhibiting the little skill they have possessed, nothing short of infatuation, or the most blind conceit, could have stimulated the "fellows" to maintain a monopoly, virtually injurious to the private interests, and nominally and really obnoxious to the feelings, of the rest of their professional brethren. In the estimation of these extraordinary gentlemen, the numberless mi-

series which follow in the train of poverty, are nothing in comparison with the pleasures derivable from an *exclusive* title. They discover in the characters—"Fellow of the London College of Physicians," ample recompense for empty coffers, unfurnished larders, and diaphanous decanters. They appear as though they lived, moved, and had their being, by *title*. The universities in which they study, have neither hospitals nor dissecting-rooms—are destitute of the materials for acquiring even the elements of medical science; but no matter; their medical accomplishments are vastly superior to those of all other physicians in the universe; and as for the surgeon in general practice, they cannot even think of his pursuits at less than a falcon height. The smell of rhubarb is fatal to them; the bare sight of a pestle and mortar would produce the horrors, and drive them stark staring mad. Their conceit is unique, and, like Narcissus, the only pursuit (an extraordinary one, certainly, for such high-minded souls) which appears to yield them any enjoyment, is that of viewing their own "exclusive" beauties and perfections.

"Pride hath no other glass  
To show itself, but *pride*; for supple knees  
Feed arrogance, and are the proud man's rage."

So says Shakspeare; and the College, in the person of their President, have split this axiom into two. In short, they are liberal in commerce, if not in science; and Sir Henry Hallford, pushing the reciprocity system to the extreme; unwearied and indefatigable in proffering the great man's compliment, the genuflexion fee, he has received, in the way of barter, an immense weight of a metal, which, could it be more generally procured, would be very frequently employed by practitioners in medicine. A flexible knee, a supple back, and a courtier's head, have enabled Sir Henry Hallford to carry on a thriving trade, and to "boo" his pretensions into the Palace, and into almost every nobleman's mansion in the kingdom. His influence in the Palace is

not inferior to his power in the College; president at Pall-mall East, and royal "bulletin" signer and medical caterer at Windsor, he obtained from his present Majesty, and filled up without opposition or remonstrance from his spiritless colleagues, a *carte blanche* for the "ordinary" and "extraordinary" personages who were to constitute the royal medical staff. The list made up by his selection on that occasion, we shall one day employ as a key to unlock, and lay open to public view, a few of the peculiar springs which have usually regulated Sir Henry's public conduct. Thus much we may now say, that the physicians of England are not his debtors. If the wheel of fortune turn but to benefit the *president* of the College, how fares it with the *fellows*? Sadly indeed; unless universal neglect and contempt are equivalent to public respect and confidence. If these gentlemen could but estimate their self-importance somewhat less erroneously, there might be hope of reformation; but, half blinded by conceit, they are unable, even transiently, to discern what is constantly obvious to every other member of the profession, namely, their present powerless, miserable, ludicrous, position as a chartered corporation. What are the privileges of which they can boast? That of demanding by virtue of their "charter," that no physician, if he be not a graduate of Oxford or Cambridge, shall practise in London, without one of their licenses. Hence they every now and then resort to the fool's play of citing their superiors to an examination; an examination incapable of conferring dignity, and insufficient for the detection of incompetency. They arrogate to themselves the exclusive management of the funds and general affairs of the College, and limit the elective franchise to their own keeping. We had well nigh forgotten another privilege, and the by-law which concedes it is entirely, exclusively of their own manufacture. It is, that every "fellow" of the College who shall meet

in consultation any physician who may not be recognised by the charter and by-laws of the College, shall forfeit, for each offence, five pounds. This by-law applies, amongst others, to the graduates of the University of Edinburgh. Now it is pretty well known that we have no very great partiality for the Scotch Colleges, but it would be disgraceful for us to withhold the fact, that those who became "fellows" of the London College of Physicians, until within a very short period, were indebted to the medical schools of Edinburgh for whatever knowledge they possessed of medical science.

Are the privileges, which we have just enumerated, consonant with the claims and dignities of a learned and liberal body? The bare mention of a *national college*, we understand, has set the whole corporation in commotion; and vengeance, with renewed fury, is threatened against the contumacious "independent" physicians; that is, against those graduates of Edinburgh and other universities, who, in defiance of the charter and the by-laws, practise in London without a license obtained from the College in Pall Mall East. It would afford us sincere pleasure to see this respectable College step once more into the arena of a court of law to enforce the penalties against the *non permisi*. Discussion, we apprehend, has no agreeable sounds for them, and it were now far too hazardous a measure to commit to Newgate for "contempt." Public feeling is rather different to what it was in 1703; but even then, the poor College fairly got its right arm broken, while outstretched in its effort to grasp after the foul fruits of monopoly. It is right that the profession should know, it is right that the *independent* physicians should know, it is right that the surgeons and apothecaries should know, that the College of Physicians, in the year 1703, prosecuted an apothecary for visiting and prescribing for a patient, and actually obtained a *verdict* for the penalties; but the apothecary, the spirited, the undaunted apo-

thetary, Mr. Rose, to whose memory a monument ought now to be erected, tried the question in parliament upon a writ of error, and obtained a splendid victory, as the judgment in the court of law was completely set aside. The College in this instance, by indulging their spirit of monopoly to the very letter of the law in that vile statute which they still hold, lost for ever all power over English apothecaries and their concerns, with the single exception of being still empowered to enter their houses and examine their medical preparations, a right "more honoured in the breach than the observance." Had it not been for the noble and spirited resistance of Mr. Rose to the unprincipled and grasping tyranny of the College, there might not have been in the British dominions, even at the present hour, a single *dispensing* surgeon.

The author of "The Laws relating to the Medical Profession," observes in his preface, that he could not "dismiss his pages without acknowledging his obligation, for much valuable information, to Dr. Macmichael, lately the registrar of the College of Physicians." It certainly affords us pleasure to find that Mr. Willcock was successful in such a quarter in his search after knowledge, for if the various published writings attributed to Dr. Macmichael really came from his pen, he is the last person to whom we should have applied for information on the subject of medical legislation. Dr. Macmichael, at all events we believe, could not look upon any laws that were favourable to surgeons or apothecaries, otherwise than through an obnoxious medium. He was an appropriate registrar for the royal "bulletin" signer, and appears to have macerated all his life in a *tinctura aristocratica*. To some such genius, Mr. Willcock, we suppose, is indebted for the following piece of information:—"The practice of the physician is universally understood, as well by their college as by the public, to be properly confined to the pre-

scribing of medicines to be compounded by the apothecaries, and in so far superintending the proceedings of the surgeon as to aid his operations by prescribing what is necessary to the general health of the patient, and for the purpose of counteracting any internal disease." Insolence! Why the practice of physicians of the present day, consists in lamenting that they have no disease for which to prescribe. Although physicians, merely because they practise as pure physicians, are now confessedly without patients, they still insist upon their exclusive right to prescribe remedies for internal diseases, and even for the general health, when that is affected by the progress of external disease. They vsunt not quite so much as formerly of their superior medical education, as the fallacy of that pretension has been completely and usefully exposed in the pages of this Journal. They have changed their ground; it has become fashionable with them to reprobate the "unnecessarily" high charges made by surgeons for operations, and the "unnecessarily" large quantities of medicines sent in by apothecaries. Thus the practice of the physician is represented as being more pure, more gentlemanly, more honourable, than that of surgeons or of apothecaries. Indeed, the system of the apothecary is denounced as one of cupidity and imposture, as one founded in deception and fraud, leading, in fact, to direct plunder. Check the strong current of your virtuous indignation for one moment, worthy doctors! Pause awhile, gentle and amiable physicians! We must ask you a question. Was it never suggested to your sagacious minds that a physician can pay an "unnecessary" visit, write an "unnecessary" prescription, such as "rep. med.," or extract an "unnecessary" fee from the pocket of his deluded patient? Oh dear! "How infamous in THE LANCET to allude to such things!" Not at all. The "unprincipled and plundering practices of apothecaries" have long since been loudly bruited abroad by physi-

cians, and why should not apothecaries promulgate the truth concerning their calumniators? Physicians are *not* upon principle, probably, very strongly opposed to the "plundering" system, and their hostility, such as it is, arises only from a dread lest they should not have all the booty to themselves. They bitterly reproach an apothecary who can presume to make his patient pay one shilling and six-pence for an "unnecessary" draught, because, being an undignified character, the misdeed is enormous; but a physician who takes one dozen or one hundred "unnecessary" fees is guilty of no immorality at all. The venality of the deed is shielded by the high reputation and collegiate title of the misdoer. The web of the law is only strong enough for small flies, and "great men have but little sins." The title of *doctor* is now the last hold which physicians have upon the public mind; and upon that ground it is hoped that all qualified English practitioners will soon meet upon equal terms. There exists no desire to *bring down* the "doctor," but it is high time that the "general practitioner," by taking *his* proper title, should be elevated to that rank which his talents and utility so pre-eminently entitle him to maintain. That many of the fellows and licentiates of the College are men of splendid professional and literary attainments, we will not deny; but as a *body* of practitioners, they must in medical acquirements be content to rank far below the majority of dispensing surgeons. Is this College of Physicians then entitled to the support or confidence of the profession? If not, let us unite all our energies in raising a NATIONAL COLLEGE OF MEDICINE, which shall command respect and admiration throughout the scientific world.

Many correspondents express great anxiety for the development of the scheme of the intended College, but we think it will be a more prudent course to withhold it,

until the merits and defects of the existing corporations shall have been fully discussed. We may state, however, *en passant*, that the plan is exceedingly simple, and founded entirely upon two great principles—EQUALITY OF TITLE, and EQUALITY OF RIGHT.

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In another part of this Journal will be found a report of an inquest held last week on the body of a Mr. Kinnear. Of the deficiencies of non-medical coroners it is now unnecessary to speak, and we do not allude to the proceedings even for the purpose of reprobating the unjustifiable and senseless hesitation of the coroner in directing the examination of the body. But we wish for one moment to call the attention of the profession to the report of the medical gentlemen who attended the *post-mortem* inspection, and if the examination were conducted as slovenly and carelessly, as the report is written loosely and inaccurately, it might as well have been avoided altogether. Death, we are told, was produced by "the rupture of a blood-vessel *on* the stomach," and that some thirteen or fourteen ounces of the blood that had escaped, were found in the right and left cavities of the thorax. Now, assuming that "*on*" is (indeed it *must* be) a misprint for *in*, we cry mercy! and ask, in what manner blood, poured into the stomach, made its way into the bags of the pleuræ. In requiring from Dr. Patterson and the other gentlemen an answer to this question, we take this opportunity of thanking the Doctor for the earnestness and pertinacity with which he insisted upon the necessity of examining the body.

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We readily insert the letter of Mr. Morrison in generous vindication of his friend, Mr. Bowen, but the writer should have borne in mind that, whatever animosity might have existed in the minds of rivals, it was *not malignity* that forcibly tore off

the arms of the fetus. The practice of Mr. Bowen in the case in question was utterly indefensible, and the correspondence on the subject had better terminate. We should like, however, to be furnished with the names of the three "lecturers on midwifery," who are said to have approved of the treatment of Mr. Bowen. Their names ought to be inscribed in conspicuous characters over every mantlepiece in the country.

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WESTMINSTER HOSPITAL.

At a general meeting of the governors on Wednesday last, it was decided by a majority of sixty-two to twenty-seven, that the building should not be erected at Charing Cross. A ballot was demanded. The longer we contemplate the scheme for the "removal," the more does it assume the appearance of a job.

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*A Treatise on the Mineral Waters of Harkogate and its Vicinity.* By ADAM HUNTER, M.D., &c. London: Longman, 1830. pp. 138.

FURTHER than the analysis of the springs is concerned, the medical profession can attach but little importance to any treatise of this description; there is, however, a vast number of curious invalids, and amateurs in therapeutics, who thirst earnestly for every information on the subject. To gratify, to a certain extent, the appetite of this interesting class of persons, we present them with a summary notice of the present publication.

As Dr. Hunter has afforded us a new and elaborate analysis of the "old sulphur" well, and of some other springs of more questionable efficacy, we shall select his results in the most remarkable instance. We shall also quote his mode of analysis of the gases contained in the former, as a fair specimen of his ingenuity and adroitness in chemical manipulation. It is true that he cannot lay claim to novelty in design, and that his execution is not totally free from error; still, as an example of the practical

application of analytic science, we think his investigation deserves considerable praise.

"To separate the gaseous contents of the water, four pints were boiled in a glass retort with slips of platina, until the quantity of gas received ceased to increase.

"It was received in a narrow vessel, over a small portion of water, in preference to mercury, on account of the action of sulphuretted hydrogen on that metal.

"It measured seventeen cubic inches, at the temperature of 60°, equal to thirty-four inches per gallon. A tube, graduated into hundredths of a cubic inch, was filled with and transferred to a bottle containing carbonate of lead, diffused in a small quantity of water; on agitation an absorption took place, amounting to 46 of a cubic inch, or 15.64 inches, from the gases contained in a gallon.

"The residual gas was treated in the same manner with liquid potash; the absorption was 8 per cent. of the gas originally operated on, or 2.73 cubic inches from the gases in a gallon.

"The method of gaseous analysis by absorption, is decidedly superior to the formation of precipitates; some sources of error are common to both; but the quantity of precipitate from the gas yielded by a moderate quantity of water is so minute, that very small errors, during the several processes of formation, collection, washing, drying, and weighing, have a material influence on the quantity of gas denoted by the final result. A loss or increase of one-hundredth of a grain on the carbonate of lime, produced in operating on a pint and half of water, would give rise to an error of one cubic inch in the calculation for a gallon. The eudiometrical method, which was pursued, is short, easy, and susceptible of great precision; an error in the carbonic acid of two whole divisions of the tube, would scarcely affect by half a cubic inch the quantity in a gallon.

"The proportion of gas, 46 per cent., which was not absorbed by carbonate of lead or by potash, was mixed with twice its bulk of oxygen, and exploded by the electric spark. On agitation with potash after the explosion, 60 measures were absorbed; one-third of this diminution was carburetted hydrogen gas; viz. 20 per cent., or 6.8 cubic inches per gallon. The residual gas, 26 per cent., was added to a mixture of oxygen gas, with more than twice its bulk of hydrogen; the diminution after explosion was exactly three times the oxygen introduced, showing the total absence of oxygen in the gases from the water. This portion of gas 26 per cent., or 8.84 cubic inches per gallon, may be considered as azote."

We do not think it necessary to notice his

method of analysing the fluid itself. The results are as follows :—

“By calculation from these data, the water of the Old Well is found to contain, in an imperial gallon :—

Sulphuretted hydrogen	15.64 cubic inches.
Carbonic acid.....	2.72
Carburetted hydrogen	6.8
Azote .....	8.84

Which are given out in the gaseous form on boiling.

Remaining in the water :—

Chloride of sodium.....	867.2 grains.
Chloride of calcium.....	87.2
Chloride of magnesium ..	42.4
Bicarbonate of soda.....	20.”

The gaseous analysis contains one remarkable error, by which the quantity of carbonic acid must be estimated at too high a rate. Dr. Hunter does not seem to have remembered that carbonate of lead evolves carbonic acid when agitated with sulphuretted hydrogen. In fact, not a particle of this gas can be absorbed without a corresponding evolution of carbonic acid from the carbonate of lead. The extent of the mis-statement, which must have been the result of oversight, may, therefore, be readily perceived.

His views respecting the origin of the sulphuretted hydrogen, are, to a certain extent, original, and, we believe, correct. It is a subject which has puzzled many experimentalists, but Dr. Hunter certainly contributes much to its elucidation.

“In reflecting upon this subject, in connexion with the analysis, I am almost convinced that the sulphuretted springs acquire their impregnation in passing through the thick stratum of shale already mentioned. It has been satisfactorily proved by experiment, that sulphate of soda, dissolved in water, is decomposed under some circumstances by vegetable matter; the water yields oxygen to the carbon of vegetables, forming carbonic acid, part of which, with the soda formerly in the state of sulphate, constitutes carbonate of soda, and the remainder is found in the state of gas. The hydrogen of the same portion of water, and the sulphur from the sulphuric acid, form sulphuretted hydrogen. If we suppose that the carbon of carbonaceous shale performs the same office, it will account for the production of the sulphuretted hydrogen, and the carbonic acid gases. And it deserves to be mentioned, in corroboration of this view, that those springs at Harrogate which yield most sulphuretted hydrogen, contain

no sulphates, while in those in which, from the absence of that gas, such a process has evidently *not* taken place, the sulphates abound.”

Dr. Hunter's object throughout the treatise, is evidently rather to render it a safe popular companion, than an efficient substitute for medical attendance: he fills his pages with the romance, and the history, rather than the science, of water medicine; and having seasoned his details with lively local descriptions and chemical episodes, he has produced a little book aptly calculated to increase his district reputation, and even, in some particular points, to extend his general celebrity. As far as Harrogate is concerned, we earnestly trust that this volume will effectually supplant the numerous and deadly manuals of empiricism which infest the hypochondriac's library. Dr. Hunter has advanced nothing which can injure, but much that may materially benefit, the non-professional peruser. More than this it is unnecessary to advance in his commendation.

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*A Demonstration of the Nerves of the Human Body.* By JOSEPH SWAN. London: Longman and Co. 1830. Eleph. folio. Four Plates. Part I.

MANY of our readers are probably aware, that Mr. Swan has bestowed much time and attention upon the anatomy of the nerves, and that the Collegial prizes for 1825, and 1828, were adjudged to his dissected preparations. The present work is intended to consist chiefly of engravings taken from those preparations, and the part before us contains the ganglia and ramifications of the sympathetic, in the head, neck, and thorax.

The author commences with a few observations on the sympathetic nerve, which afford little or no information that may not be found in most anatomical works, with the exception of the following statements, which we cannot pass over without comment. After describing “the ganglia of a healthy subject” as “firm, nearly *white*, or *pearly*, and without blood-vessels,” and as having a somewhat pulpy appearance when divided, &c., he observes,

“After a minute examination, a ganglion appears in the following manner; for in-

stance, the termination of the splanchnic nerve divides into an infinity of ramifications, which become entirely blended in the substance of the semilunar ganglion, the nerves afterwards arising from the ganglion are seen first in its substance, as very minute white streaks, and these collecting into threads, join together to form branches to be distributed to the viscera. The structure of the other ganglia of the sympathetic, appears nearly the same as that of the semilunar; the branches proceeding from these begin in a similar manner, and on approaching the spinal nerves, separate into minute threads, and become incorporated with their fibrils."

Now, in the first place, the ganglia of the sympathetic, according to our own observation, and the statements of all the anatomical writers with which we are acquainted, are not of a white or pearly, but a reddish-brown, or reddish-grey colour, and they are not generally considered as firm, but soft: in the second place, the semilunar ganglion or ganglia, being formed in a somewhat different manner from the other ganglia, often bearing more resemblance to a plexus, ought not to have been chosen as a specimen of the whole; and, thirdly, the structure described, though more perceptible, perhaps, in the ganglion in question than in the rest, is not universally admitted, and cannot at all events be demonstrated without great difficulty, whereas the author has stated it as a plain, undisputed, fact, and as though it were cognizable by any ordinary observer.

The commencement of the sympathetic nerve he considers to be from the superior cervical ganglion, and not from the sixth cerebral nerve, since, in some animals, the communication with the latter is very small, and, in others does not exist; the ascending filaments communicating chiefly with the gasserian ganglion, with respect to which he observes,

"On immersing the first cervical ganglion of the sympathetic of a sheep, and the gasserian ganglion with a portion of its nerves in a solution of potassa, the cervical ganglion and its branches became quite transparent, and proceeded with the same appearance to their connexion with the gasserian ganglion; this was white, and therefore had the branches proceeded from it to the first cervical ganglion of the sympathetic, these would have been white also. It may, therefore, be fairly concluded, that these were passing from the sympathetic to the gasserian ganglion."

Without pretending to decide the point, we will only observe, that this experiment does not appear to us to be by any means conclusive. In order to make it so, it must be shown that the minute branches of the fifth pair are not liable to be acted on by the alkaline solution, which we imagine it would be rather difficult to do.

On the rest of Mr. Swan's work, it is unnecessary for us to offer any observations, as it consists of little more than a mere description of the plates. We therefore pass on to the latter, which, we regret to state, are not such as might have been expected from the splendour, size, and price of the work. The engraving, though not first-rate, is hardly to be complained of, since, as far as the engraver was concerned, every thing is well and clearly shown; the fault lies with the draughtsman, who having probably no knowledge of anatomy, has committed several errors so conspicuous, that we wonder they were not at once observed and corrected by the author. These errors occur chiefly in the first plate, to which we shall confine our remarks. Here the sphenopalatine ganglion, instead of being distinct from the superior maxillary nerve, or second branch of the fifth pair, and connected with it by two or more short filaments, is represented as a short stem or trunk branching out from it without any intervening space whatever. The hypoglossal nerve is represented as a branch of the pneumogastric, given off more than an inch below the mastoid process, the latter nerve appearing before, as well as after this division, as a single round chord. This is surely wrong, for although the two nerves are for some distance closely united, and contained in a sheath of dense cellular tissue, they do not appear exactly as a single nerve, and ought, at all events, not to have been shown as such in the present instance, where the dissection has been carried to a great extent, and where the ascending filaments of the superior cervical ganglion, which are contained in the same sheath, are distinctly seen. The same nerve is also represented as gradually increasing in size after it has crossed the external carotid, so that where it passes behind the submaxillary gland, it is more than twice as large as where it has just given off the ramus descendens. The facial or external maxillary artery is repre-



sented as large as the trunk of the external carotid, after the origin of the occipital, though even this is rather too large. The root of the third branch of the nervus trigeminus, appears nearly as large as the sciatic nerve, and some of the other nerves and vessels, as well as all the ganglia, are certainly larger, in proportion to the other parts, than we have ever observed them. With the exception of these errors, and a few others of the same kind, but of less importance, the plates are very clear and accurate, and are far superior to any others on the subject, with the exception of Walter's, which, however, do not include the nerves of the head, neck, or upper part of the thorax.

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*The Anatomy of the Human Body, illustrated by 158 Plates, taken partly from the most celebrated Authors, partly from Nature.* By ANDREW FYFE, F.R.C.S.E. Black, Edinburgh; and Longman and Co., London. 1830. Description 8vo. pp. 233. Plates 4to.

Of the present edition of this miserable performance, which is still worse than the original one, and appears to be a mere trading job, we can hardly speak in terms of sufficient reprobation. Not only are the drawings and engravings of the lowest grade of art, but the plates are full of the most absurd blunders and misrepresentations, so that it is impossible to guess at the meaning of some of them, and others might rather be considered as *fancy sketches*, than as copies from nature. Where the whole is so utterly bad, it would be useless to waste our time and space in pointing out particular faults; we shall only, therefore, observe, in conclusion, that there is scarcely a plate which would be more instructive to the student than a tolerable description, and there are many which would either completely puzzle him, or lead him into the grossest errors.

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#### MEDICAL PROMOTIONS IN THE ARMY.

*To the Editor of THE LANCET.*

SIR,—Considering the very great and well-merited influence, which your valuable Journal has acquired with the public, I am

always sorry when any statements, savouring more of personal feeling than public good, are admitted into its pages. Of this nature I consider a letter in your last Number from some discontented medical officer, and perhaps one too (were his merits inquired into) little deserving of favour or promotion. Sir James M'Grigor may have his partialities and favourites in the department, and who, in his situation, at the head of a large public department, would not? "But let the devil have his due." Sir James M'Grigor had no more to do with the promotion of the gentleman whose name is so improperly introduced by your correspondent than you had; and as the circumstances connected with that promotion are so highly honourable to all concerned, I think they ought to be generally known.

Mr. Jemmett is a gentleman of the highest literary and professional attainments, of the most amiable and accomplished manners, and of the highest character. He is the only son of a gentleman who has spent *more than thirty years* in the King's service, and immediately about the person of his Majesty, with a devotedness and assiduity that have seldom been equalled, and which I am sure are duly appreciated where they ought to be. Mr. Jemmett, after completing his medical education, entered the army, nearly six years ago, as an hospital mate, and was afterwards removed to the 12th dragoons as an assistant-surgeon. *He had served fully the time specified by the regulations*; and, Sir, was it not natural, *aye and reasonable*, that he should try to get promotion as soon as he was eligible? and does it not say much for the kind affection and goodness of heart, the generous and noble conduct of the EXALTED MASTER, that could gladden the heart of a faithful servant, by what he knew would give the greatest joy to him as a parent, while, at the same time, it was rewarding *merit seldom to be met with*? In fact, Sir, his Majesty's commands were conveyed to Sir James M'Grigor, and in a manner that left him only obedience; and all who know Mr. Jemmett will agree with me in thinking the service is honoured by his promotion. Your correspondent ought to know that the length of time a man may have been permitted to receive his Majesty's pay, often affords but a very negative claim to further promotion, and I defy the very worst enemies of Sir James M'Grigor to accuse him of having kept back any officer of distinguished merit, when it was possible to get him provided for, even without the aid of any patron; I think I could mention one or two instances in which he has resisted the solicitations of a PRINCE REGENT; and many, where he has opposed even the recommendation of the commander-in-chief (the

second person in the empire) with effect, when the persons so recommended were unworthy; therefore let us be just in our censure. I owe Sir James no favour, but rather the contrary; and am only actuated by a love of justice in troubling you with these observations.

I am, Sir,  
Your sincere admirer,

FAIR PLAY.

London, Oct. 25, 1830.

SINGULAR RESULT FROM THE EXTERNAL  
USE OF CORROSIVE SUBLIMATE.

To the Editor of THE LANCET.

SIR,—With the following extraordinary statement you have my name and address, that there may be no doubt as to the correctness of the facts related in it.

A gentleman, ætat. circ. 26, applied to me eighteen months since, to furnish him with some remedy for certain disagreeable animals. I directed him to procure a little *white precipitate*, to rub it up with spermaceti ointment, and to apply the mixture to the infested neighbourhood. He followed the directions, and became rid of the nuisance. About a fortnight since, however, he discovered that a second invasion had taken place, but, on this occasion, forgetting the words of the prescription, he obtained a small packet of *corrosive sublimate*. Five grains of this he reduced to powder, united with some oleaginous substance, salt butter, I believe, and rubbed the mass briskly in over the whole of the lower part of the abdomen, the penis (sparing the glans), the scrotum, and the perineum. He very soon, as may be supposed, suffered the tortures of the damned, and language was hardly adequate to describe the agony that he endured during the night, which was then approaching. Being in no situation to attempt relief, nothing was done for one or two hours, and then for a long period a boy was employed, alternately with cold water and flour, to assuage his sufferings. By the morning the pain had greatly lessened, and shortly after, a tingling sensation only remained. The entire cuticle of the scrotum desquamated, having first risen all over in small blisters, each about the size of a grain of wheat, and filled with a pale yellow, barely fluid, pus. The torment was most severe in the testes; these appeared to be consuming by exposure to fierce flame.

The singular result follows. No further symptom ensued, and the circumstance might have been forgotten, but seven days after the mistake, upon trying to polish the ring on his hand with one of his fingers, he was astonished at discovering an appearance

of mercury on the gold, and proceeding to burnish the metal all over, he readily covered the entire surface with a plating of quicksilver. The circumstance was immediately made known to a medical gentleman present, and the discs of three sovereigns were also mercurialized. The following morning I chanced to see the party, and by rubbing the handle of a gold eyeglass upon the inner surface of the arm, obtained a similar result. A portion of the milled edge of a sovereign was also thus so completely coated with mercury by me, that no glimpse of the gold could be seen through it. I immediately made the strictest examination into the state of the mouth, but not the slightest pyalism, enlargement, unusual redness, or looseness of the teeth, was discoverable, or had for a moment been experienced! The health was as usual. There had been no exposure to cold air. The diet had been moderate, with large quantities of warm diluent fluid. The general personal appearance was precisely what it had been for a long time. My experiment was made on Thursday the 21st instant. I simply place these facts on record, and remain,

Sir, most faithfully yours,

M.

London, Oct. 25th, 1830.

NOTE FROM MR. KING.

To the Editor of THE LANCET.

SIR,—Mr. Earle having mentioned to me, that the report of one of my speeches made on the hustings in reply to Mr. Baker at the late election for coroner, contains expressions which he considers injurious to the character of the hospital surgeons, I lose no time in explaining that I did not intend to cast any imputation upon their private conduct. My observations were directed against the system of electing medical and surgical officers to our hospitals, which I consider unjust, and which, as far as my experience goes, they patronise. I shall feel obliged by the immediate insertion of this communication, and have the honour to remain,

Your obedient servant,

T. KING.

10, Hanover Street, Hanover Square,  
Thursday October 28th.

QUACKERY.

To the Editor of THE LANCET.

SIR,—You must not believe that the success of quackery in the practice of physic is

limited to the atmosphere of the metropolis, or even to that of England; it is most successful even here, but not altogether without the aid of the law of primogeniture, as the ladies of rank and fortune in this neighbourhood are, it is said, the only females who have "justly appreciated and handsomely rewarded the extraordinary powers" of the Lahinch professor. Pray insert, with all its typographical embellishments, the following delicate *morceau*, upon which credulity in the upper ranks has long fed most luxuriously, and happily most *loisingly*.

Yours faithfully,

CHIT.

"To the Ladies of LAHINCH, &c.

"THE celebrated Mr. EDWARD O'CONNELL DUNNE begs leave to inform the Ladies of Lahinch, and its vicinity, from the age of *FIFTEEN* to *SEVENTY*, that he has in his possession an agreeable preparation which has been found upon trial most efficacious in cases of barrenness, &c. &c., to cause the immediate procreation of children!!!

"The present is an advantage which does not frequently occur, it is therefore requested that a speedy application be made, as Professor DUNNE is about setting off for Bath and Cheltenham, where his extraordinary powers have been duly appreciated and handsomely rewarded.

"N.B. This *fructifying preparation* may be had of Professor DUNNE, by a *private* and *personal* application at his Lodgings."

#### DESCRIPTION OF A LIVING QUADRUPED CHILD.

At the sitting of the Académie des Sciences, on the 6th of September, a child with four feet was presented by Madame Heu, midwife, who had been present at its birth. The following is an extract from the report of M. Geoffroy St. Hilaire on this curious phenomenon:—

The child is of the male sex, and was born at Paris on the 4th of July last; both parents are well formed, and have several children, none of whom are deformed in any way. The mother being rather of lively temperament, has frequently exerted herself greatly in her usual occupations, but does not recollect that this had been particularly the case during her last pregnancy, which was regular, except that from the beginning to the fifth month, she was subject to a slight discharge of mucus and blood. The child was born in due time after a natural

labour. Its monstrosity consists in the lower extremities being double; the pelvis is regularly formed, but there is evidently a tendency towards the formation of a double pelvis, there being between the coccyx and the left half of the pelvis an osseous rudiment by which the sacral bone and the coccyx is pushed towards the right, and which may be considered to represent the additional iliac and ischiatic bones in an atrophic state. The heads of the supernumerary thigh-bones are in the same sockets as the natural ones, and consequently so close to them, that though the thigh-bones are distinctly double, the thighs down to the knee are simple. From the knee, however, the monstrosity is more striking, the additional limbs being perfectly separated from the regular ones. The left additional leg is ankylosed, and united to the regular one at a right angle; it is directed towards the right, and this is also the case with the foot, so that the external angle is turned downwards. The right additional leg is shorter and more closely united to the regular one; its direction is the reverse of that of the left, but it is more naturally formed, and has five toes, while the left has only two. Both legs seem to be immovable. Between the two natural nates there is a third over the rudiment of the additional pelvis; the anus is nearly below the middle of the third buttock, and the scrotum between the two left thighs; the testicles have not yet descended. There are besides three citatrices visible on the additional extremities, one longitudinal at the upper middle portion of the third buttock, another transverse on the thigh, and a third circular one on the left additional foot.

Though the occurrence of four lower or upper extremities, or both together, is not very rare, there exist but very few instances of the subjects affected with these monstrosities having lived, and in this sense the above case is very remarkable, the child being in good health and likely to do well. Some analogous cases are, however, related by medical authors; and M. Geoffroy gave a short enumeration of them; Aldrevandus, in his book *De Monstris*, mentions several instances of quadruped children, and gives, at page 535, the figure of one of them which was born at Rome; he also describes several cases of quadruped birds, some of which had even the power of using their additional legs. The *Recueil des Ecarts de la Nature* contains also the description of a quadruped chicken, the supernumerary legs being short and deformed; and that of a pigeon which used all four legs indiscriminately. There exists at this moment at Etampes a chicken, which is perfectly analogous to the above case, being provided with two thighs but having four thigh-

bones, and, besides the two natural legs, two accessory ones, which are anchylosed; in a goose also, from the collection at the *Jardin des Plantes*, the same anomaly is observed, but only on one side.

# ST. BARTHOLOMEW'S HOSPITAL.

## ERYSIPELAS AFTER ARTERIOTOMY.

JOHN SHERLOCK, ætat. 35, was admitted into Luke's Ward, under the care of Mr. Vincent, on Friday the 1st of October.

The upper and lower lids of the left eye were very much swelled, and of a brownish red hue; the left side of the forehead and nose, and the whole of the left cheek, were affected in the same manner. A partial view only of the eye could be obtained, the conjunctiva of which appeared slightly inflamed; he complained of severe burning pain in the inflamed parts; skin hot and dry; tongue white and furred; pulse 100, and rather hard; bowels constipated.

He states that, about two years and a half since, he was suddenly seized with a numbness of the left side of his tongue, which, in a few hours, extended to the face, head, arm, and leg of that side. This sensation, after remaining three or four days, left him, and then the arm and leg of the right side became similarly affected; this attack lasted about five weeks. In a few days afterwards he experienced "a dull pain" extending from the vertex towards the ear of the left side, which still continues. Since the accession of this pain, the left side of the face has been repeatedly affected with numbness similar to what he experienced in the first instance; he has also been subject ever since to loss of memory. He has been under the care of many medical men, has taken a great deal of medicine, and has been repeatedly bled from the arm, but has never experienced the slightest relief.

He came to the casualty ward of this hospital on the 24th of September, and complained of severe pain in the left side of his head; he had been advised by an eminent medical man of the city to have some blood taken from his temporal artery; his pulse being quick and rather full, the dresser opened the temporal artery of the left side, and took from it six ounces of blood, which produced syncope. After he had recovered from his faintness, which lasted about two minutes, he expressed himself as being very much relieved. The artery was then divided and secured in the manner recommended by Mr. Alcock. A dose of the mist. senn. comp. was given to him, and he left the hospital.

On the 30th of September he again ap-

peared at the casualty ward with a slight degree of redness and swelling of the upper lid of the left eye; a dose of house-medicine was given him, and a bread and water poultice ordered to be applied to the inflamed lid, and he again left the hospital. On the following day he returned in the state already described. To have a powder immediately of

*Ipecacuanha*, v. grs;  
*Calomet*, v. grs;  
*Jalap*, xxv grs;  
*Saline draught*, ʒij;  
*Solution tartar emetic*, ʒi.

This mixture to be taken every fourth hour.

Fomentations to the inflamed parts, and afterwards a bread-and-water poultice. Milk diet.

Oct. 2. The redness and swelling have extended to the forehead and scalp of the left side; bowels have been freely purged; skin hot and dry; tongue furred; pulse 100 and hard. Saline mixture, with a drachm and a half of solution of tartar emetic, to be continued every second hour. Continue fomentations and poultice.

Oct. 3. Vesications have appeared since yesterday in the lids of the left eye; the redness and swelling now occupy the *whole* of the forehead, and have extended to the lids of the right eye. The skin is still hot and dry; pulse and tongue the same as yesterday; bowels not relieved since Friday. The pain in the inflamed part is very severe.

Rx *Jalap*, gr. xxv;  
*Ipecacuanha*, gr. viij;  
*Calomet*, gr. vi, to be taken immediately.

Continue the saline draught, with ʒiij of sol. tart. emet. every third hour, to commence in two hours. Continue fomentations and poultice.

Oct. 4. He says that the powder purged him very much, and made him very sick; the nausea was increased by the first dose of antimony, and he remained very sick for about four hours, when a profuse perspiration broke out, and continued till this morning; his skin is now cool and moist; pulse 80 and soft; the inflamed parts are not so much swelled, and are of a much fainter hue; he says he feels quite comfortable. Ordered to take the saline mixture and antimony every six hours. Continue fomentations and poultice.

Oct. 5. Very much better in every respect. Ordered to discontinue the medicine.

Oct. 6. The vesications have burst, and the integuments beneath are occupied by numerous small sloughs; he is improving fast.

Oct. 8. The sloughs have separated, and the redness and swelling have nearly subsided.

Oct. 12. He has had no headach, loss of memory, or numbness since the bleeding from the temporal artery. The redness and swelling have entirely subsided; his appetite is good, and the several functions are now regularly performed. He says he feels much better than he has ever done since the first attack.

Oct. 16. Dismissed cured.

In this case there are two points particularly worthy of attention: the first is, the conjunctiva remained entirely unaffected, while all the surrounding parts, including both palpebræ, were occupied by the erysipelatous inflammation; the second is the super-vention of the erysipelas on the operation of arteriotomy, performed according to Mr. Alcock's directions, namely, by dividing the artery after a sufficient quantity of blood was abstracted, and then applying ligatures to the divided vessels.

## HOSPITAL SHIP "GRAMPUS."

### CASE OF DIFFUSED ANEURISM.

*Communicated by MR. BENNETT, Assistant Surgeon.*

JOHN MORGAN, *ætat.* 32, seaman, was admitted on board this hospital on the 28th Sept. 1830. His appearance emaciated and exsanguine; his countenance sallow and anxious. He complained of pain in the situation of a tumour, about fourteen inches in circumference, occupying the lower third and inner side of the right thigh, presenting its greatest bulk in that situation, and gradually decreasing forwards to the ham and outer side of the thigh. The circumference of the tumour had a defined, hardened, margin; the summit was tense, elastic, and gave to the touch an evident sense of fluctuation; the integuments retained their natural colour; the leg was somewhat œdematous, and remained flexed, without the power of extension. The patient denied that any morbid appearance, or uneasiness, had existed in the part previous to seven weeks since, when, without assignable cause, the whole leg and foot became swelled and tense, and ultimately "settled" into the present tumour. Upon the most careful examination no pulsation could be detected in the enlarged surface, except to a slight degree in that position which lay immediately over the seat of the popliteal artery. Pressure obstructing the passage of blood through the femoral artery produced no diminution in the bulk of the tumour, nor could any sound be detected upon application of the

stethoscope. The patient had no recollection of any pulsating tumour having ever appeared in the ham. He had had some severe rigours, and evidently suffered much constitutionally. Under these doubtful circumstances the limb was placed on a pillow, resting on its outer side, and the evaporating lotion applied. On the 29th, the tumour being in no way diminished, but rather more tense, the necessity became apparent of settling the question whether the tumour was occasioned by a collection of matter, or by disease of a more serious character. Preparations were, therefore, made to secure the femoral artery, should the tumour prove aneurismal upon introducing a lancet into its substance. This was done to the depth of an inch in a valvular direction, but with no other result than the escape of a few drops of dark blood. This attempt to ascertain the true nature of the disease having failed, adhesive plaster was placed over the puncture, and the limb restored to a state of rest, without any appearance of a disposition to hæmorrhage.

On the 30th, at noon, the patient having moved the limb roughly, and placed it over the side of his bed, about an ounce of fluid blood, unattended by arterial jet, passed from the aperture made in the tumour the day previous, and was easily checked by placing the limb in a quiet position, and by slight pressure with lint. The two following days were passed without any change in the appearance of the tumour, with the exception of a slight apparent extension towards the upper part of the thigh. A probe introduced into the lancet-orifice in the tumour, passed its entire length in every direction without resistance and without hæmorrhage.

On the 3d Oct., the swelling had extended considerably up the thigh, occupying its lower half, was much more tense at its original seat, and gave a more evident sense of fluctuation immediately above the patella. Under these circumstances Dr. Dobson, principal surgeon to Greenwich Hospital, who attended in consultation on the case, declared his opinion, that, taking into consideration the enfeebled powers of the patient, and the mass of disease in which the parts were evidently involved, the removal of the limb gave the only chance of recovery to the patient; and he having given his consent, amputation was performed on the same day by Mr. Bennett, assistant-surgeon to the hospital, in the presence of Dr. Dobson and Mr. Gilchrist. The limb was removed at the upper third of the thigh by the circular incision; about eight or ten ounces of blood were lost during the operation; ligatures were placed on the femoral, profunda, and three minor arteries,

During the operation the patient was much exhausted, and required the frequent exhibition of stimulants. When removed to bed, his pulse was feeble and skin cold; he spoke cheerfully, and appeared gratified at having lost the cause of his suffering. Half a drachm spt. ammon. arom., and forty drops of laudanum, given immediately after the operation, were instantly vomited, and vomiting continued troublesome for some hours. By the application of a mustard cataplasma and bottles of hot water to the epigastrium, with the exhibition of pil. opii, combined with but a small quantity of fluid, the stomach became tranquil, and retained beef-tea, with arrow-root and wine, given at short intervals. During the night reaction took place to some extent, the skin became warmer, and the pulse rose; he slept at intervals, and expressed himself free from pain.

At six a.m. on the 4th, he appeared to have rallied considerably, and expressed a wish for some tea and bread, of which he took a small quantity. At nine a.m. a state of collapse came on, and in two hours he expired.

Upon examination of the removed limb, between two and three pints of dark blood, partly coagulated and partly fluid, were found occupying the lower half of the thigh, nearly insulating the lower third of the shaft of the femur, which to the extent of four inches was denuded of periosteum, and presented a honeycomb appearance. The chief volume of effused blood occupied the situation of the muscles (which were nearly absorbed), and in many parts was in contact with the integuments, chiefly so immediately above the patella. Upon pursuing the examination, a fine aneurismal sac, about the size of a pullet's egg, evidently formed by a dilatation of the three structures of the artery, was found on the anterior surface of the popliteal artery; the sac, at its upper third and anterior surface, was rent to the extent of two inches in a transverse direction. Immediately above the torn sac, and externally, appearing to form a portion of it, was a second dilatation of the artery forming a sac, the size of a small walnut, lined with a thick layer of coagulum, and communicating with the larger and torn sac by an opening in size not exceeding a third of the natural calibre of the femoral artery. The cellular tissue of the leg and foot was loaded with serum.

#### *Inspectio Cadaveris.*

Enlargement of the heart, with general thinness of its muscular structure. The right kidney was placed immediately over the common iliac vessels of the same side. Other viscera were natural.

#### INQUEST ON MR. KINNENAR.

On Thursday, Oct. 21st, an inquest was held before Mr. Stirling, coroner for Middlesex, on the body of T. Kinnear, Esq., of Cornwall Terrace, Regent's Park. It appeared from the evidence, that the deceased had retired to rest on the previous Tuesday apparently in his usual state of health, but that on the morning of Wednesday, not rising at the accustomed hour, the man-servant, upon entering the chamber, found his master stretched upon the bed, to all appearance a corpse. His first impulse was to seek for medical aid, and having met Dr. J. Patterson, that gentleman, upon accompanying him to the house, found Mr. Kinnear dead in his bed, and a surgeon with him.

*A Juror.*—Can you tell the cause of his death, Dr. Patterson?

*Dr. Patterson.*—It is impossible, without a minute examination of the body. There were no appearances to indicate the cause of death; and I have no hesitation in saying, as an experienced physician, that the obscurity of the case renders a rigid investigation necessary.

*Mr. Lovegrove*, the surgeon, said he was called in, and found Mr. Kinnear quite dead. He could form no judgment as to the cause of death.

*By the Coroner.*—I have no reason to believe that he died by any other means than the visitation of God, but I have had no means of ascertaining.

A juror expressed his opinion that the body ought to be opened.

*Dr. Patterson* said, that in his opinion it was highly necessary—in fact it was indispensable to enable the jury to come to a right conclusion. He was a magistrate as well as a physician, and knew something of legal inquiries, and he would say boldly, that without a minute examination of the body, the inquisition would be a mere nullity.

The coroner and jury then proceeded to view the body, and on their return, Dr. Patterson was again questioned, and said, the appearances could not possibly enable any medical man to state the cause of death, since they might have been produced by various mortal diseases.

The room was then cleared of all but the jury, and the result of their deliberations was declared in a written paper, in the following terms:—"That the jurymen were of opinion that the body should be opened in the presence of Dr. Patterson and the parish surgeon, and any other medical man whom the family might choose to appoint."

A solicitor, who had been present from the commencement of the proceedings, submitted to the coroner whether there was any-

thing proved which could call for or warrant such an order.

The foreman of the jury (Edward King, Esq., of 34, Baker-street, Portman-square) said, that he and his brother jurymen were assembled to inquire upon oath into the cause of Mr. Kinnear's death, and he humbly conceived they were entitled to demand the best evidence. How else could they satisfy their own consciences, or the ends of public justice?

The solicitor again urged that in law the coroner alone had the right to order the dissection, and begged he would withhold that order in the present instance, as it was not proved to be necessary.

*Mr. Stirling* said, that if it was the unanimous wish of the jury, he certainly should not withhold the order, and he finally directed the body to be opened, and the inquest was then adjourned until Saturday evening at eight o'clock.

The presence of a reporter was objected to at the commencement by the solicitor, but the coroner refused to interfere.

On Saturday evening the jury again assembled, when Dr. Patterson presented the following report of the *post-mortem* examination of the body of the deceased:—

"After a minute and careful examination of the cavities of the body—viz. the chest, the abdomen, and the head, the chief morbid appearances that were observed are, an effusion of blood into the right and left cavities of the chest, amounting to about six ounces on the one side, and seven on the other, and a large accumulation of putrid blood in the stomach, mixed with its contents—half-digested food. The blood-vessels of the brain appeared more turgid than usual; these appearances on the head, however, were not sufficient to account for death. Upon mature consideration, the cause of the death of Thomas Kinnear, Esq., appears to us to have been the rupture of a blood-vessel on the stomach.

"James Patterson, M.D.  
George G. Sigmond, M.D.  
William Lovegrove, Surgeon.  
Alexander Watkins, Surgeon.  
A. Hamilton, Surgeon.  
J. Pelham Buckland, Surgeon."

The jury returned a verdict—"Died by the visitation of God."

## LITERARY INTELLIGENCE.

Dr. Gordon Smith is preparing for publication an abstract of Professor Chaussier's work on *Judiciary Necrotomy*.

## TO CORRESPONDENTS.

COMMUNICATIONS have been received from A Surgeon—Anonymous—A Constant Reader—P. R.—An Invalid Subscriber to THE LANCET—Dr. Weatherill.

A. We are well aware of the mean and petty tricks, and whenever we have been enabled to notice them, our animadversions have not been withheld.

*A Constant Reader.* Thanks. He will perceive that his hint has been anticipated.

*A Medical Student.* There are not any delivered in the summer which are "recognised" by the College of Surgeons. Two courses, as described, are not sufficient. It is now required that *two winters* should be devoted to surgical lectures. It is a heartless system of plunder.

*Mr. E. Brant.* No.

*A Medical Pupil.* Mr. Waller.

*Herodotophilus.* The difference between the heads of the two nations is considerable, and has been mentioned, we think, particularly by Blumenbach and Richerand. The cause of the difference, as stated by Herodotus, is not devoid of reason.

*An Inquirer.* No; he would be liable to the penalties named in the Act.

*G. E. E.* will find in page 5, No. 369, of THE LANCET, the information he requires.

*Machaon.* The probationary treatment, and the terms of the indentures, can alone determine the legal usage. There is no abstract unconditional law by which obedience to such practices can be enforced.

*Castigator,* in reply to the sneers of the "base Green Dub," directed against the great mass of the English medical practitioners, next week.

The letters which we receive weekly would occupy more than two entire numbers of our Journal; a very great portion, therefore, are unavoidably omitted. This omission, however, does not ultimately prejudice professional or public interests, because we generally avail ourselves, in some way or other, of all those facts and arguments, the publication of which may appear likely to benefit the public. This statement will be sufficient to explain to many valuable contributors, why their various communications have not been inserted. Correspondents should be informed, that from the nature of the arrangements for publishing a Journal of this description, so many thousands of which have to be folded, stitched, and ready for delivery by twelve o'clock on every Friday, there can be little chance of obtaining the insertion, in the "current Number," of letters consisting of more than a few lines, unless they are received at the office, on or before *Tuesday* in each week.



# THE LANCET.

Vol. 13

LONDON, SATURDAY, NOVEMBER 6.

[1830-31.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

#### MURIATIC AND OXALIC ACIDS.

In the subsequent observations we shall pursue the same order as that observed in the previous article. We shall commence with Dr. Christison's remarks on the muriatic or hydro-chloric acid.

"Concentrated hydrochloric acid is at once known by its peculiar vapour or fumes, and still more delicately by the white fumes formed when its vapour comes in contact with ammoniacal gas. This test is applied by simply bringing near one another the open mouths of two bottles which contain the two substances. The yellow colour which it usually possesses is not essential.

"In its diluted state it is recognised with extreme delicacy by means of the nitrate of silver, which forms a dense white precipitate: a similar precipitate, however, is caused by the same test, with many other acids and their salts. The best method of determining the true nature of the precipitate for the purposes of medical jurisprudence, is to collect it on a filter and then to dry it and heat it in a tube. It fuses under the point of redness, and unlike all the other white salts of silver, remains at a red heat undecomposed, and, on cooling, forms a translucent mass which cuts like horn.

"The effects of mixture on the tests for hydrochloric acid have not been particularly examined. On the whole they will not prevent the tests being applied, but they will render the results doubtful, because very many organic substances, and particularly the mixture of food and secretion in the stomach, naturally contain the muriate of soda. Fortunately this is a matter of little consequence, for hydrochloric acid very

rarely comes under the cognizance of the medical jurist as a poison."

These directions require but little comment. As far as the contents of the stomach are concerned, no chemical evidence can ever be of value, since not only the muriates but the *free acid* itself has been detected by Prout, Tiedemann, Gmelin, and others, in the secretions of that organ. The morbid appearances alone therefore are to be taken into consideration. Neither is the evidence of *free* muriatic acid of any value, as regards vomited matters, in suspected cases, where recovery has taken place, and no morbid appearances can be observed, since in the acid eructations arising in dyspepsia and pyrosis, the muriatic acid has been recognised.

The case is, however, very different as far as regards a portion of liquid remaining in the unmixed condition, and here the appearances Dr. Christison describes are scarcely explained with adequate preciseness. The test of the ammoniacal vapour is certainly not sufficient by itself, as any one may prove by exposing strong nitric, sulphuric, or acetic acids to the same reagent, when a similar white vapour, though in a lesser degree, will be immediately formed. A portion of the acid should therefore be diluted, and to one part be added nitrate of silver, to a second nitrate of baryta: if a precipitate occurs in the former and not in the latter, the evidence of muriatic acid cannot be disputed, for reasons sufficiently apparent. A case may also occur, in which the subject of examination is a vessel which has been inverted, and to all appearance emptied of its contents, and from which only the minute quantity described in the first article on sulphuric acid can be obtained by the aid of the capillary tube. From this the nitrate of silver will procure a precipitate, but certainly not sufficient to demonstrate the for-



mation of the horn silver, in the manner Dr. Christison describes. Most other authorities direct the examination of this precipitate by its solubility in ammonia, a circumstance which Dr. Christison does not notice at all, possibly because the tartrate and phosphate are similarly affected. There is one property, however, which, coupled with the effect of ammonia, is quite sufficient to give certain proof; namely, the insolubility of the chloride in nitric acid. The minute precipitate we have alluded to, should therefore be dissolved in a drop of caustic ammonia, and an *excess of pure* nitric acid added, when the chloride of silver will be again precipitated, an action which would not take place with any other ammoniacal solution of that substance.

The analysis of stains will usually afford a sufficient quantity of chloride to form the horny mass, and in this instance the evidence is more satisfactory, inasmuch as a comparative analysis may be instituted on a sound portion of the same materials, and the difference in quantity be accurately observed.

The testing of the solubility of the precipitate on a very minute scale, we should recommend to be performed on a watch crystal in preference to a tube. The nitric acid employed, should be previously examined by the addition of a little nitrate of silver, to rid it of the muriatic acid which it usually contains.

Dr. Christison next cursorily notices poisoning by phosphorus and chlorine, but as he proposes no method for the detection of these, we shall not enter on their consideration, until we shall have commented on all the processes he describes; we shall then, in a supplementary article, advance original methods by which such poisons as he passes over may be detected. We also pass by iodine and the hydriodate of potash, as it happens that these have been already fully noticed in this Journal by a correspondent. We now proceed to the consideration of the oxalic acid. This subject Dr. Christison has himself investigated, and every line of the subsequent quotation is deserving of the most serious attention.

“Oxalic acid is commonly in small crystals of the form of flattened six-sided prisms, transparent, colourless, free of odour, very acid to the taste, and permanent in the air. Two other common vegetable acids, the

citric and tartaric acids, differ from the oxalic in being seldom regularly crystallised, and never in fine prisms. In general appearance it resembles the sulphate of magnesia, for which it has been so often and so fatally mistaken.

“In determining the medico-legal tests for oxalic acid, it will be sufficient to consider it in two states,—dissolved in water, and mixed with the contents of the stomach and intestines or vomited matter. If the substance submitted to examination is in a solid state, the first step is to convert it into a solution. In the form of solution its nature may be satisfactorily determined by the following process. The acidity of the fluid is first to be established by its effect on litmus paper. This being done, the reagents might be applied at once. But it is better to neutralize the acid previously with any alkali, for then they act with greater delicacy. The remainder of the process consequently applies not only to oxalic acid itself, but also to the soluble oxalates, which will presently be proved to be likewise active poisons. The tests are the hydrochlorate (muriate) of lime, sulphate of copper, and nitrate of silver.

“Hydrochlorate of lime causes a white precipitate, the oxalate of lime, which is dissolved on the addition of a drop or two of nitric acid, and is not dissolved when similarly treated with hydrochloric acid, unless the acid is used in very large proportion. The solubility of the oxalate of lime in nitric acid, distinguishes the precipitate from the sulphate of lime, which the present test might throw down from solutions of the sulphates. The insolubility of the oxalate of lime in hydrochloric acid, on the other hand, distinguishes the precipitate from the tartrate, citrate, carbonate, and phosphate of lime, which the test might throw down from any solution containing a salt of these acids. The last four precipitates are re-dissolved by a drop or two of hydrochloric acid; but the oxalate is not taken up till a large quantity of that acid is added.

“Sulphate of copper causes a blueish-white precipitate, which is not re-dissolved on the addition of a few drops of hydrochloric acid. The precipitate is the oxalate of copper; it is re-dissolved by a large proportion of hydrochloric acid. This test does not precipitate the sulphates, hydrochlorates, nitrates, tartrates, citrates; but with the carbonates and phosphates it forms precipitates, resembling the oxalate of copper. The oxalate, however, is distinguished from the carbonate and phosphate of copper, by not being re-dissolved on the addition of a few drops of hydrochloric acid.

“Nitrate of silver causes a dense white precipitate, the oxalate of silver, which;

when collected on a filter, dried, and heated, becomes brown on the edge, then fulminates faintly, and is dispersed. The object of the supplementary test of fulmination, is to distinguish the oxalate of silver from the numberless other white precipitates, which are thrown down by the nitrate of silver from solutions of other salts. The property of fulmination, which is very characteristic, requires, for security's sake, a word or two of explanation in regard to the effect of heat on the citrate and tartrate of silver. The citrate when heated, becomes altogether brown, froths up, and then deflagrates, discharging white fumes, and leaving an abundant ash-grey, coarsely fibrous, crumbly residue, which on the further application of heat, becomes pure white, being then pure silver. The tartrate also becomes brown and froths up, but does not even deflagrate, white fumes are discharged, and there is left behind a botryoidal mass, which, like the residue from the citrate, becomes pure silver when heated to redness. Another distinction between the oxalate and tartrate is, that the former is permanent at the temperature of ebullition, while the latter becomes brown. The preceding process or combination of tests will be amply sufficient for proving the presence of oxalic acid, free or combined, in any fluid which does not contain animal or vegetable principles.

"Of the modifications which are rendered necessary by the admixture of such principles, none are of any consequence, except those acquired in the case of an analysis of the contents of the alimentary canal or matters of vomiting. Here a word or two must be premised on the changes which the poison may undergo, in consequence of being mingled with other substances in the stomach or intestines. There may either be organic principles contained in the body, or substances introduced into the body as antidotes."

"As to animal principles, Dr. Coindet and I have proved, that oxalic acid has not any chemical action with any of the common animal principles, except gelatine, which it rapidly dissolves, and that this solution is a peculiar kind, not being accompanied with any decomposition either of the acid or the gelatine. Consequently oxalic acid, so far as it concerns the tissues of the stomach or its ordinary contents, is not altered in chemical form, and remains soluble in water. In such a solution, however, a variety of soluble principles are contained, which would cause abundant precipitates with two of the tests of the process—sulphate of copper and nitrate of silver; so that the oxalates of these metals could not possibly be exhibited in their characteristic forms. The process for a pure solution, therefore, is inapplicable to the mixtures

under consideration; but changes of still greater consequence are effected in the poison, by exhibiting antidotes during life. It is now, I believe, generally known, since the researches of Dr. Thomson and those of Dr. Coindet and myself, that the proper antidotes for oxalic acid are magnesia and chalk. Each of these forms an insoluble oxalate, so that if either had been given in sufficient quantity, no oxalic acid will remain in solution, and the proof of the presence of the poison, must be sought for in the solid contents of the stomach, or solid matters of vomiting. The following process for detecting the poison will apply to all the alterations which it may thus have undergone."

"The first object is to procure a solution. If an antidote has not been given, the contents and tissues, or vomited matter, are to be boiled, distilled water being added if required; the acid is then to be neutralized with potass, and the whole filtered. If magnesia or chalk has been given as an antidote, the insoluble matter is to be separated by filtration, and boiled for twenty minutes in a solution of carbonate of potass, in eighteen or twenty parts of water. A double interchange of elements takes place between a part of the carbonate of potass, and a part of the oxalate of lime or magnesia, and in consequence, some carbonate of lime or magnesia is thrown down, while some oxalate of potass will be found in solution. The fluid after filtration is to be acidulated with pure nitric acid, oxalic acid being now in solution, whatever may have been its original state; the next step is to separate it from the animal and vegetable matter dissolved along with it. I have tried various plans for this purpose, but have found none to answer so well as precipitation with the muriate of lime, so as to procure an oxalate of lime, which, after being well washed, is to be decomposed by boiling it in a solution of carbonate of potass, as before. An oxalate of potass will again be found in solution. The excess of alkali is finally to be neutralized with nitric acid. The fluid is now to be tested with the three reagents for the pure solution of oxalic acid."

In this series of experiments, Dr. Christison is entirely original, and little can be added, either in the way of comment or alteration, to that part which relates to the properties of the acid in pure solution. We have omitted in the quotation his observations on the distinguishing properties of the oxalic acid, and the sulphate of magnesia, because he relies entirely on the tasting of the solution, and this precaution, though extremely unpleasant, should, certainly, be

invariably observed in preference to any chemical experiment whatever. There is one property, however, of which Dr. Christison makes no mention, and which eminently distinguishes oxalic acid in the mass from any other chrystalline substance with which we are acquainted, namely, that when thrown into water, its particles explode with a sharp crackling sound, and are dispersed in every direction; this phenomenon is very remarkable, and is particularly noticed when the water is poured over the oxalic acid.

In the course of our experiments on this subject, we noticed a beautiful property of the oxalic acid, which is applicable especially to the recognition of a very minute particle of that substance when found in the pure state, and which, when coupled with the evidence of the fulmination with silver, is perfectly free from the slightest imputation; we mean the property which oxalic acid possesses of being precipitated in singularly beautiful stellated crystals by caustic ammonia; if, therefore, *as often occurs in practice*, a minute crystal, say the 50th of a grain in weight, be found adhering to a paper, or accidentally scattered on the table where the admixture was made, by dissolving this in a drop of distilled water on a watch crystal, testing it with a particle of litmus paper, and adding a drop of *strong* caustic ammonia, a beautiful radiated star is immediately produced; by increasing the quantity of water this is dissolved, and by holding it for a moment over a small spirit-lamp flame, the excess of ammonia is dispelled, and a dry oxalate remains behind; this being dissolved again, and tested with the nitrate of silver, a white precipitate is produced, which, when dried in a water bath,\* and held over the spirit-lamp again, fulminates in the characteristic manner, and is entirely dispersed.

This method possesses, in point of manipulation, considerable advantages over that which Dr. Christison recommends; one of these is, that it combines the evidence of two decisive properties of the acid, in experiments performed consecutively on the same particle and in the same vessel. With reference to the ammonia test we may add,

that we believe it to be, by itself, sufficient evidence of oxalic acid in any solution which reddens litmus paper. We have tried every acid we could procure, and with none observed at all similar indications. Its evidence, however, is not available in organic mixtures, as it does not operate when gelatine is present.

Further, with respect to the pure solution, it will be observed by experimentalists, that the oxalates of lime and copper are distinguished from phosphates, etc., in Dr. Christison's text, by the comparative quantity of nitric or muriatic acid, in which they are soluble; a larger quantity producing the effect which, in a small quantity, is considered a distinguishing feature. We need not observe to what teasing objections this circumstance may expose the evidence of an inexperienced chemist.

With respect to the detection of the acid in complex mixtures, and after an antidote has been administered, a difficulty of great importance has been started by no less an authority than Gay-Lussac (*Le Globe*, 22 *Juillet*, 1829), who states, that when animal matter is heated with caustic potash, oxalic acid is generated. A question hence naturally arises, whether the *carbonate* of potash may not have the same effect. If this be decided in the affirmative, the process above quoted becomes worse than useless. In a brief appendix to his book Dr. Christison notices the objection, but advances no explanations whatever. To supply this defect, we have instituted experiments on the several animal proximate principles, individually and collectively, and have never noticed the slightest traces of oxalic acid in the fluids thus submitted to the action of the carbonate of potash. This difficulty, therefore, as far as our experiments warrant, is not applicable, unless the supposed carbonate contains, as is frequently the case, a portion of the alkali in the caustic state.

All objections may, however, be obviated by attention to the manipulation of the materials; the mixture should be filtered, and the solid parts then diluted with water, triturated together, and agitated in a suitable vessel, when the heavy oxalate of lime will invariably subside, and may be mechanically separated from the other ingredients; wash-

\* We shall furnish an engraving of an extremely convenient bath, when we come to the detection of arsenic.

ing with water will now carry away every trace of animal matter.

Another important circumstance here requires notice, which though not mentioned in the work before us, has we are informed been made the subject of observation by the distinguished author in his subsequent course of lectures. When solid carbonates are mixed in excess with oxalic acid, it rarely or never happens that the acid is perfectly neutralized; consequently a portion remains in solution, although oxalate of lime may have been abundantly formed. We have found this to occur when carbonate of lime was stirred up with thick soup containing the acid, and allowed to remain in contact with it for twenty-four hours. Hence the reason for filtration as noticed in the preceding paragraph, and hence arises the necessity of two distinct processes being instituted in every case; viz., one for the filtered acid fluid, a second for the oxalate of lime remaining on the filter. Of the latter we have already disposed, the former requires particular consideration.

Dr. Christison has, we understand, directed his class to precipitate the acid fluid by the acetate of lead, to wash, filter, suspend the precipitate in a little distilled water, and decompose it by sulphuretted hydrogen. Sulphuret of lead is thus formed and oxalic acid set free, which may be separated, he states, by filtration and subsequent boiling.

On repeating this process we find that it is liable to some objections. In the first place, in all organic fluids the muriate of soda exists to a great extent, and in the present case always accompanies the free oxalic acid in the fluids of the stomach; the acetate of lead therefore throws down not merely an oxalate but a chloride of lead, and this, when decomposed by sulphuretted hydrogen, sets free not only oxalic but muriatic acid; the application of the silver test thus becomes obscured by the formation of a chloride as well as an oxalate of silver. The evidence of the colour of the precipitate goes for nothing, the fulmination is interfered with, there is no total dispersion, which should take place, and the phenomena are so different, as not to be entitled to the same confidence as under other circumstances. For these reasons we prefer to precipitate the acid fluid by the muriate of lime; thus an oxalate of

lime is formed, while the muriate of soda remains in solution. This oxalate of lime must then be decomposed by carbonate of potash in the manner already described. Finally, in all neutralizations, we would strongly recommend the nitric acid to be avoided, and the acetic acid to be used in its stead.

As in the case of sulphuric acid we have noticed a source of fallacy which may arise from the previous employment of sulphates, we have to observe another in the present which may exist if rhubarb have been administered before death. M. Henry has found in different specimens as much oxalate of lime as from 29 to 32 per cent, and we have ourselves obtained  $1\frac{1}{8}$  grn. from 10 grains of Turkey rhubarb. The importance of this fact in medico-legal analysis needs no explanation. The difficulty it occasions can only be obviated by proving that no rhubarb in substance has been taken, or if any taken, what quantity was employed.

We are not aware that any compound of oxalic acid has ever been detected in the natural or morbid contents of the intestinal canal; its frequent occurrence in the urine, in combination with lime, will frustrate the medico-legal application of any search for it in that fluid.

No particular apparatus is necessary in the previous analyses. In the next article we shall discuss the mode of detecting arsenical preparations.

## CLINICAL LECTURES

DELIVERED AT

*St. Bartholomew's Hospital,*

BY MR. LAWRENCE.

*October 29, 1830.*

### CANCER OF THE LIP.

MR. LAWRENCE commenced by adverting to the case of cancerous lip, mentioned at a former lecture. The operation had been successful; a cicatrix had formed, and the removal of the part had not been attended with much deformity. The edges were now raised nearly to a level, and the only thing to notice was a slight indentation. The disease seemed to have been brought on by mechanical irritation, consequent on the habitual practice of smoking, to which the

man had been not only addicted, but devoted. It was worthy of notice, that the induration of the skin had occurred at the very part of the lip against which the end of the pipe had so constantly rested; for the patient did not follow the more *genteel* method adopted by some of the audience present, and for their sakes it was to be hoped that the practice of *cigar-smoking* was not so dangerous as that of the common pipe.

#### SCIRRHOUS ERREAST.

Another case was that of a patient about 50 years of age, who had felt some uneasiness in the chest for about a week. On feeling the breast, a small, perfectly hard lump was discovered on the axillary side of the nipple, which, she said, gave her not much pain. There was that peculiar hardness about this tumour which is so characteristic of scirrhus, and which has led to the vulgar appellation of "stone cancer." When it was said that the pain had existed only a week, it must not be supposed that the disease itself was only of a week's duration; for there are many instances in which, although the scirrhous state must have existed for many years, the patients had been free from uneasiness. There was one case in particular, where the disease had been of eight years standing, but yet the pain had only come on about a year and a half out of that period. This, the lecturer observed, was scirrhus in the early stage, and although the tumour formed so small a part of the breast, yet it would be seen that the whole of the mammary gland had been cut away, which was always advisable in such instances; for it was necessary to excise so much that the remainder would only be in the way, and, at the age of this patient, could be of little service. Another point to be observed in this operation was, not to preserve the whole of the skin, as there would then be a superfluous quantity, but to make an elliptical incision, so as to get rid of about half of the integument. [Here Mr. Lawrence cut into the tumour, which was lying on the table.] This, he said, is a very genuine specimen of scirrhus. The peculiarities are not so distinguishable by candle-light but you will find the structure compact and dense, and presenting to the knife the consistence of cartilage, rather than the soft and compressible natural state of the part. This is not a tumour in the gland, but a conversion of the substance of the gland itself into a perfectly incompressible, dense, structure."

#### BRONCHITIS.

The lecturer next proceeded to detail two cases of severe *bronchitis*. The first was

that of a man in Darker's Ward, who was the subject of scrotal hernia, and had been admitted under the care of Dr. Hue for disease of the chest. The second was that of a female, who was at the same time labouring under syphilitic disease. Mr. Lawrence said, that he had already observed there were not two kinds of pathology, one for the *inside* and another for the *outside*, but that the same principles which governed the treatment of external inflammation, are efficacious also in internal inflammation; and these cases of bronchitis were good examples of the reasonableness of this statement. He had treated them both by the antiphlogistic method, blisters, leeches, and purgatives, the result of which was, that the man was discharged well, and the female had been brought to a quiet state and good respiration, whilst the syphilitic ulceration had also disappeared.

There is at present, said Mr. Lawrence, in Darker's Ward, a very fine specimen (if I may so speak) of

#### PHLEGMONOUS ERYSIPELAS.

The patient is John Reed, a bootmaker, about thirty years of age. He began to feel uneasiness and soreness in the arm on the 19th of the present month, and was troubled with very great pain. On the 20th he rose early in the morning, with the intention of proceeding to his work, but he felt such headache, and was so oppressed with giddiness, that he fell down, and instead of going to work he went to the doctor. The redness, and soreness of the arm increased, extending upwards towards the shoulder, and downwards to the wrist. He got much worse, and, on the 21st, the professional gentleman who had cupped him in the neck, sent him to the Fever Hospital as a case of fever. Here he was bled in the opposite arm, and on the 27th, having been requested to see him, I found the upper extremity in a terrible state from very extensive erysipelas, and a more serious case, I think, never came under my observation. When I visited him the whole limb was enormously swelled, and the palmar surface of the fore-arm, and the same surface of the upper arm, were suffused with a bright-red colour. I cannot say, however, that the whole extent was thus coloured, on account of the great number of bullæ scattered over the surface, resembling the vesications produced by a blister. These bullæ had been pricked, and the fluid had escaped, but there were several which had since arisen, and the skin surrounding them was of a vivid scarlet hue. In this state about three-fourths of the fore and upper arm were involved; and when you consider that they were swollen to double the usual size, you may form some idea of the extent

of the vacicated surface. There was great hardness about all these parts, and that peculiar feel to the touch which may be designated *brawny*, and the state of the integuments and cellular tissue so different from that which characterises *simple* erysipelas. Now in the case of the patient afflicted with simple erysipelas, of whom I spoke last week, although the tumefaction was very considerable, yet the feeling was soft, and there was a "pitting" upon pressure. In the present case, however, there is a sensation of toughness, firmness, and, as I before said, it appears to the touch of the consistency of *brawn*. This clearly shows that there is an affection both of the skin, and of the cellular tissue beneath it. The vesications are most characteristic of the disease of the integuments, and the firmness points out its extension to the cellular tissue. When I saw the patient at the Fever Hospital there was a quietness and calmness in his manner, and a clearness about his eyes, which plainly indicated that he was not the subject of *fever*; and there was only that slight degree of feverishness which is usually excited by a severe local disturbance.

One of the most prominent circumstances in this case, is the acceleration of the pulse. When I first saw him, the beats were about 140 in a minute; at the present time they are slightly increased, being perhaps from 140 to 150. The sensorium is scarcely disturbed; when questions are put to him, he gives a clear and ready answer. Neither does the alimentary canal appear to suffer any disturbance; his bowels are regular, and there seems to be no marked disorder of the system. Indeed there is much less constitutional injury than we might have expected to find; and it is this circumstance which leads me to sugar favourably of the result, although very great destruction must occur of the integuments, and substance of the upper and fore-arm. There is one thing which strikes me as a peculiar feature in this instance. I cannot trace any immediate cause of the present erysipelatous attack. Erysipelas, in most cases which I have met with, has followed some direct irritation, bruises, or some external injury, or it has supervened upon ulcers, or some local disease already existing. Now the patient not being in a state to answer questions without inconvenience, I am not quite clear upon the point, but this seems to me to be a case of *spontaneous* erysipelas.

The only efficient treatment to be pursued, was that of making incisions throughout the whole length of the affected part, and these were freely made, in the first place, from the axillary extremity to the elbow. In cutting through the cellular tissue, there was that kind of resistance to

the knife which is felt in dividing a firm, brawny substance, and that yellow colour which is a pretty sure indication of mortification. In general you find the cellular tissue of a red tint, quite different from the bright pale yellow which is observed in this instance. I made another incision from the elbow towards the wrist, and here too the tissue was in the same condition. I should mention that the knife was carried completely through the stratum of tissue down upon the muscles, and the edges of the wounds, soon after the operation, gaped to the extent of half an inch. The bleeding was not so great as in the generality of instances; indeed the vitality of the part was so much destroyed, that the period for profuse hæmorrhage was passed. You should be given to understand, that when a large portion of cellular membrane has been deprived of its vitality, it is apt to slough, and the integuments covering that part frequently follow the same course; and the cause of this is, that the nutrient vessels of the skin are destroyed by the sloughing of the cellular substance.

The arm, after having been covered with wet cloths, was enveloped in a poultice. I ordered the patient some opening medicine, and afterwards a saline draught.

When I saw this patient to-day, I found that he had passed a comfortable night, free from pain, although he had not had much rest. His pulse continued in the state of frequency mentioned before, and a further extension of the inflammation appeared to have taken place, which rendered necessary further incisions, lateral and longitudinal, and these were followed by more copious bleeding than before. There is a more complete sloughing of the skin consequent on the loss of vitality.

If you can get a free discharge of matter, that will contribute in a great degree to the favourable progress of these cases; and if a local stimulus of resin-ointment be applied, a good effect will be produced. That plan then has been pursued here; and strips of plaster, with the yellow basilicon ointment, have been placed in the wounds. As his pulse to-day was nearly 150, feeble, countenance pallid, and as there was a state of general debility, I thought it advisable to prescribe cordials and stimuli. We always find a degree of correspondence between the local and general disturbance. Where severe local inflammation exists, we find an excited state of the constitution; and when mortification has occurred, we find that condition of the general system described as debility. I desired that the patient should have a tablespoonful of brandy to three of water. I also ordered him the sub-carb. amm., and twenty drops of the tinct. opii, the object of which was to support the constitution,

and to afford him some sleep, the want of which he complained of. I understand he was asleep this evening when I came to the hospital.

#### BLISTERS IN ERYSIPELAS.

The female patient, M. Robinson, the subject of simple erysipelas, whose case I mentioned last week, has been proceeding under the same treatment then adopted—leeches and opening medicine. There is a pretty considerable diminution of the inflammation, but it has extended down upon the foot, and up over the knee. In this case I have adopted a plan in great favour with the French, of applying a blister over the boundary between the inflamed and sound parts, with the view of stopping the further progress of the affection. This object, if attainable, would be much to be desired, because the inflammation generally travels from the extremities to the trunk, and consequently may be attended in the end with considerable danger. If therefore we apply the blister extending about an inch and a half over the sound upon diseased parts, and thereby prevent the increase of the local and general disturbance, we shall accomplish a great benefit.

The blister was put on the day before yesterday, but was not extended all round the limb. It appeared to me yesterday that the state of the leg was improved, and that the blister had effected the object. To-day, however, the inflammation seems to have passed a little above it. The same state of general debility appears to exist in this patient as in the last subject of our consideration, and I therefore ordered the subcarbonate of ammonia and the camphor mixture, which I think preferable for young persons, as the subcarbonate of ammonia is a kind of intermediate stimulus that may be employed with greater safety than wine or alcohol. Indeed, so safely may it be used, that some persons of good experience adopt it in a general manner, in small doses every two or three hours, in all stages of erysipelas; and some even go so far as to make use of it as an external application in the form of a lotion.

#### TRIAL OF JOHN LONG, THE QUACK.

*OLD BAILEY.*—Saturday, Oct. 30.

[Before Mr. Justice PARK and Mr. Baron GARROW.]

THIS being the day fixed for the trial of this person, charged with occasioning the death of Miss Cashin, the Court was tolerably fully attended. To the credit of the sound sense and excellent taste of the ladies

of the metropolis, we may observe, that there were not more than five or six females of even *apparent* respectability amongst the spectators.

Precisely at nine o'clock the prisoner, who had been out on bail, was put to the bar. The indictment charged him with administering to Catherine Cashin, spinster, a dangerous liquid, rubbing, washing, and sponging her back with the same, in consequence of which a wound, of the length of nine inches, of the width of seven inches, and of the depth of two inches, was inflicted on her back, of which she languished and died. He was also charged, on the Coroner's Inquisition, with the like offence.

The prisoner pleaded Not Guilty, in both cases.

Mr. ALLEY and Mr. C. PHILLIPS appeared for the prosecution; and Mr. GURNEY, Mr. Serjeant ANDREWS, and Mr. ADOLPHUS, for the prisoner.

Mr. C. PHILLIPS stated, that the prisoner stood charged with manslaughter, to which he had pleaded "Not Guilty."

Mr. ALLEY characterised this as one of the most important cases that had ever come within his long practice. The prisoner was charged with administering a noxious wash to the back of the deceased; and the question for them would be, whether that had been done unlawfully. The young woman was of a most respectable family in Ireland; her younger sister, labouring under indisposition, was recommended to try what change of air would do, and they accordingly came to London, where they resided, in the neighbourhood of the Hampstead-road.—Catherine Cashin occasionally attended her sick sister to the prisoner's house, under whose care the latter was. The deceased at that time, as he should distinctly prove, was in perfect health, of fine form, and firm flesh and muscle. The prisoner, however, in a short time told a person that if she did not put herself under his care, she would, in the course of two months, be in a rapid consumption. For a long time she hesitated, but at length, frightened by the declaration of the prisoner, she went to his house on the 3d of August, and was rubbed between the shoulders and on the back. On the 9th and 10th, the pain was so intolerable, that she wanted the prisoner to be sent for. She was, however, persuaded to wait till the 13th. On that day the woman of the house where she lived went to the prisoner, and told him that a dangerous ulcer was formed, and that the pain was great. His answer was, "Oh, it's all right; it is part of my system;" and he refused to do any thing, as it would interrupt the course which he wished it to take. On the 14th, she became so ill that she was confined to her bed. The prisoner was sent for, and he looked at the

wound. A large black spot was pointed out in the middle of the wound, and it was hinted that it looked like the commencement of mortification. He said, "Oh, no, it's all all right;" and added, that he would give 100 guineas to have other patients in the same state. After his departure, Mrs. Roddis, the woman where she lived, applied a poultice, in the hope of relieving the pain, but it did no good. Mr. Brodie was then sent for, but he (Mr. Alley) had not a sufficiently accurate statement of that gentleman's evidence to enter into a description of it. The next day the prisoner was sent for again: he found fault with Mr. Brodie's having been sent for, and refused to give any medicine, but recommended a tumbler of port-wine. Mrs. Roddis remonstrated, but he persisted in his prescription; a glass of wine was administered, but it was immediately thrown off the stomach. The next day he was sent for again: he exposed the wound by throwing off the bed-clothes in no very gentle or decent manner; and when spoken to about it, he said that it was necessary to expose the wound to the air. He then called for a rag, and was about to do something to the back, when Miss Cashin said, "Mr. Long, you shall not again touch me; my back you have much injured; it is horrible; for you well know that when I became your patient I was well and comfortable, and now you see my state." The prisoner then departed, and the next day the poor thing died. Mrs. Roddis, in the morning, heard the bell ringing violently, and running up stairs quickly, she found her in the agonies of death. Some difficulty was felt as to the case; and it was finally thought right to hold a Coroner's Inquest on the body. What took place at that inquiry it was neither his wish nor his duty to state; suffice it to say, the verdict of that Jury had been manslaughter, and the prisoner was now, in consequence, put on his trial. In addition to these facts, he should be able to prove, that the prisoner had himself stated to the brother of the deceased, that it was on his recommendation that the wash had been used. Mr. Alley then alluded to the examination of the body by the medical men, and he stated that they would all tell the Jury that the cause of the poor girl's death indisputably was the wound on the back. This was, in brief, an outline of the circumstances of the case as far as the facts went. He was sure that the Jury were free from all prejudice; but there was a notion prevalent abroad, that if a man, who was not a regular practitioner, administered to a patient, who subsequently died, he was guilty of a felony. This, however, was a mistaken notion, as was shown by Lord Hale, in his comments on a contrary remark made by Lord Coke. He wished to put this

point broadly and fairly to the Jury, because it was not on that ground he wished to procure a verdict. The criminal law of England, however, was so jealous of the lives of the King's subjects, that it enacted that if the act that caused the death of an individual was done heedlessly and incautiously, the agent was guilty of manslaughter. In his apprehension the conduct of the prisoner was much more than heedless and incautious; and he asked whether any man in his heart could say (if he proved the facts which he had stated) that this was not a case of manslaughter. It was well laid down by one of the best writers on the subject, that an act in itself lawful might become unlawful by the want of due care and caution. This rule he begged leave to apply to medical men; for whatever their skill or their science might be, they were bound to act with due caution. God forbid that he should say that due allowance was not to be made for the judgment and conclusions of a medical man; but when it went on to carelessness and neglect, he held with great confidence that the practitioner would be answerable in the eye of the law. One of the facts most to be remembered in this case was, that the act had been sought by the prisoner himself; the young woman was in good health, and it was on his representations that she had submitted to the operation; therefore it could not be said that he had been urged on by a desperate case to adopt a desperate remedy. The following witnesses were then called:—

Mary Ann Roddis, examined by Mr. C. PHILLIPS.—I am the wife of Mr. George Roddis, of No. 32, Mornington Place, Hampstead Road. In the month of June the Miss Cashins came to lodge in my house; the elder was called Catherine Cashin; her death is the subject of this inquiry. They came to lodge with me on the 26th June; deceased then appeared to me to be in perfect health; she so continued till within four or five days of the time, when I went with her to Mr. Long; we went there on Friday, 13th of August; Mr. Long at that time lived at 41, Harley Street; we saw Mr. Long; Miss Cashin introduced me to Mr. Long; Mrs. Cashin had requested me to accompany her daughter, and express to Mr. Long her fears respecting the wound on her daughter's back; I expressed this to Mr. Long; Mr. Long said Miss Cashin must go and inhale, after which he would go and look at her back; I went with her during the time she inhaled, and after that Mr. Long had her in another room; when I went into the inhaling room, there appeared to me to be two cabinet pianos; each lady took a pipe of about a yard and a half long, and put it to an orifice in the machine, opposite to which she placed a chair, and ap-



plying the pipe to the orifice, she inhaled; there were about eight or ten ladies in the room when I was there; Miss Cashin was from half an hour to three-quarters inhaling; after this, went into a room down stairs, into which I did not go; as we were going to the carriage, Mr. Long expressed a wish that Miss Cashin should come to his house every day, for the purpose of inhaling; Mr. Long also added, that she would be well in a few days; the next day, in consequence of something deceased said to me, I wrote to Mr. Long; he came to my house between five and six in the evening of that day; he saw the deceased in my presence, and examined the state of the wound on her back; he said it was in a beautiful state, and that he would give a hundred guineas if he could produce a similar wound on the persons of some of his patients; I directed his attention to a portion of the wound which had a dark inflamed appearance; he said it was the consequence of inhaling, and unless those appearances were produced, he could expect no beneficial result. At that time the wound and inflammation appeared to be about six inches by four; I told him that I had applied a poultice of bread and water, with a large portion of hog's-lard in it, and that I had given her saline draughts; he said that I had done very wisely; I asked Mr. Long what was to be done to allay the irritation of the stomach; he said he had heard of no irritation of the stomach; I told him that in my note I had expressed the words "unceasing sickness;" he said I had not; but on referring to the note, which he had with him, he found that I had stated it; he said that the sickness was of no consequence, but on the contrary a benefit. I begged that he would order something to quiet the stomach and bowels; he said it was all the consequence of inhaling, and that those symptoms, combined with the wound, were proofs that his system was taking due effect; I begged him to give her a composing draught, to which he replied, "that a tumbler of mulled port-wine was a better composing draught than all the doctors in the world could give, for he hated the very name of physic." On the stairs Mr. Long requested that I would expose the wound to the air; when he told me to give the mulled port-wine, I objected, but he insisted on its being given; I gave her a wine-glass full, which was immediately rejected by the stomach. When he told me to expose the wound to the air, he added, that I was to lay on a piece of linen, and keep a continual application of cream; I said that to expose a wound like that to the air would produce madness almost. He then said, that on reconsidering, he thought there could not be a better application than the poultice I had already made, and he requested that I

would continue it, and he should rely on my judgment for an account of the wound on the following morning; he stated, that as I had constantly applied the poultices, I should be better able to form a correct opinion than he should; he then took his leave. I applied the poultice as he desired; Miss Cashin, however, got worse. Mr. Long came on the following morning (Sunday, the 15th), between eleven and twelve; he went into Miss Cashin's bed-room, and I was there also; Mrs. Cashin was also there; on going into the room he very hastily took off his coat, and threw it on the bed; he requested some soft dry linen to be procured; he had asked me how Miss Cashin was, and I said she was worse; he then very unceremoniously stripped off her night-dress; he did not do it gently—he did it very rudely—as I never saw a medical man do in my life; I begged he would step aside until I removed the poultice; Miss Cashin said, "Indeed, Mr. Long, you shall not touch my back again—you very well know that when I became your patient I was in perfect health, but now you are killing me." Mr. Long replied, "Whatever inconvenience you are now suffering, it will be of short duration, for in two or three days you will be better in health than you ever were in your life," and again spoke most confidently that the result of his system would be to prolong her life; he then put on his coat; he said, alluding to her stomach and bowels, that those were the symptoms he wished to produce, and that they were the proofs that there were the seeds of consumption in her; I pointed out to him again the same spot in the wound that I had pointed out to him on the Saturday; the spot was then darker, and the wound had materially extended in that interval; he said that probably a number of boils would come out, which would be the consequence of inhaling, and which he wished to produce; he added that she was going on uncommonly well; the linen had been brought, as he desired, but he made no use of it; during this time Miss Cashin's back was lying exposed, altogether from ten to fifteen minutes; Mrs. Cashin again pressed the sickness on his attention; he said that he had a remedy with him which would stay the sickness, but that he would not then apply it, for it would be of ultimate benefit to her, and he liked the sickness; Mrs. Cashin said—"Good God! Mr. Long, why don't you now apply it?" He said he had visited a lady who had had sickness for six weeks, and she was better for it; he added that our fears were perfectly groundless, for no one could be doing better than Miss Cashin was; he then ordered some rhubarb and magnesia for her bowels; before he went away, he said that if the sickness was not over before

eleven or twelve that night, he would call and give her something to stop it; this interview was on the Sunday morning, and she died about ten on the Tuesday morning; he called again that night about eleven or twelve; she was still labouring under the sickness, and he gave her some medicine that he brought with him, but it was thrown off the stomach before Mr. Long left the room. In the morning of the Sunday she appeared to me to present a very restless and distressed appearance—tumbling and tossing about the bed; in the evening and through the day she had been getting gradually worse; I told Mr. Long that I thought the nervous system was so much affected that something ought to be done, and that probably some medicine might be given with effect; he said my fears were perfectly groundless—that it was my ignorance of his system, and that she would be perfectly well in two or three days; I was with her that night till past two o'clock; we were constantly removing her pillows; her distress was extreme; Mr. Long called twice in the course of the Monday; the first time was between eight and nine in the morning; I did not then see him with Miss Cashin, but I waited in the drawing-room to ask how she was; he then said that she was doing uncommonly well; Miss Cashin continued during the morning getting gradually worse; in consequence of her condition, Mr. Brodie was sent for; he saw her about six in the evening, and under his directions some things were administered to her; he ordered a poultice and a saline draught, and the deceased was for a time a little better; Mr. Long called about seven o'clock, after Mr. Brodie had seen the patient; Miss Cashin passed a very bad night; I saw her at half-past seven on the Tuesday morning, and gave her a saline draught by Mr. Brodie's prescription; in about half an hour afterwards I gave her a cup of coffee and some dry toast; Mr. Long had not interdicted Miss Cashin from any particular kind of food; he said, in the course of his attendance, that his patients might eat or drink whatever they liked, without restriction; after giving her the coffee and dry toast I quitted her; she was then extremely pale, and looking very ill; some time after the bell rang violently, and there was a great thumping on the floor; I was then at my breakfast; I immediately went up to Miss Cashin's bed-room; I found her dying; I tried to get a teaspoon-full of brandy into her mouth, but her jaws were quite set, and she was dead; she died about ten o'clock in the morning of Tuesday; I believe Mrs. Cashin is now in Ireland.

Mr. GURNEY said that he had no question to put in cross-examination to this witness.

By the COURT. The deceased was the elder Miss Cashin; the other Miss Cashin was a patient of Mr. Long before the deceased came under his hands; the younger Miss Cashin was under his care from the time they first came to lodge at my house; the deceased had become a patient of Mr. Long for four or five days before I went with her to Harley Street.

Mr. Patrick Sweetman examined by Mr. ALLEY. I live in Dublin, and married the sister of the deceased; in consequence of a letter I received I came over to this country; the deceased left Ireland about seven weeks before I came over; she was then in very good health; I arrived in England on the Saturday previous to her death; I went immediately to see her; Mr. Long came to see her soon after I got there; I asked him what he thought of Miss Cashin; he replied that she was doing remarkably well—as well as he could wish; I remembered that her stomach was sick; I was in the hall when Mr. Long came in; I heard Mrs. Roddis ask if something should not be done to allay the heat of Miss Cashin's back; he said it should be exposed to the air; Mrs. Roddis said she thought something ought to be put to it; Mr. Long said, Then if there must be something put, put a little cold cream, and sop it up with linen from time to time; Mrs. Roddis said she could not bear it; he then said, What would you put? She said she had applied a poultice in the morning, which had given relief.

Mr. Justice PARK. Mr. Alley, is it worth while to have this repeated? No earthly witness could have given all this better than the last witness; and she has not even been cross-examined; therefore she cannot need confirmation.

Mr. ALLEY. I am obliged to your Lordship.

Examination continued. I breakfasted with Mr. Long on the Sunday morning. I told him that I had come to inquire concerning the health of Miss Cashin; he said that her friends need be under no apprehension, for her back was in the state that he wished it to be, and there were many of his patients who would be glad to have such a discharge—her stomach, he said, would get well of itself. He told me that a young lady, a patient of his, had asked him what he thought of Miss Cashin, and that he told the young lady, that unless she (Miss Cashin) put herself under his care, she would die of consumption in two or three months; the young lady told Mrs. Cashin the conversation she had had with Mr. Long; the consequence was, that Mrs. Cashin put Miss Cashin under his course of treatment, hoping to prevent her falling into a consumption; he told me that he rubbed a mixture on different parts of the body, sometimes on

the back, sometimes on the chest, the head, or the eyes; he produced a book, and asked me to sign it—it was requiring the subscribers not to divulge what the mixture was, or what was its colour; I said I had no objection; I could not divulge it, for I neither saw it nor knew any thing about it; a gentleman in the room remarked that it was all nonsense; Mrs. Cashin is in Ireland; Miss C. Cashin was 24; Miss Ellen Cashin was about 16 or 17.

Mr. Benjamin Brodie, examined by Mr. C. PHILLIPS. I am a surgeon; I went on Monday, the 16th of August, to the house of Mrs. Roddia, to see Miss Cashin; she was at that time confined to her bed; I was there between five and six in the afternoon; I examined the person of the young lady; I found it extensively inflamed; the whole of the inflamed surface was about the size of a plate; in the centre there was a spot nearly as large as the palm of my hand, which was black, dead—in a state which we call sloughing, or mortification; she was also suffering excessively from incessant sickness; I was informed that nothing whatever would remain on her stomach; I prescribed some medicine for her to take, merely with a view to allay the sickness; nothing further could be done at that time, and a poultice was to be applied to the back; I thought her very ill indeed, though I did not think that she was in that immediate danger which it appeared she was; it appeared to me as if some powerful stimulating liniment had been applied to her back. I called at the house on the following afternoon, and found that she had died in the morning; I should think it was quite absurd to administer a tumbler of mulled port-wine, it could not be expected to stay on her stomach; I should not think it right to apply a stimulating liniment to the back of a person in perfect health to produce such a sore, nor do I think that any of the stimulating liniments in ordinary use would produce the same effects—the same extensive mischief—I mean by that to include both the constitutional effects and the local effects; in my opinion, the sickness and vomiting were as much the effect of what had been done as the mortification.

By Mr. Baron GARROW. I think the application of such a liniment to a person of the deceased's age, sex, and condition, was likely to produce disease and danger; and it has fallen to my lot to see a case similar since this occurrence.

By the COURT. There is great difference in constitutions, and I do not mean to say that it would produce equal danger in all cases; it is the practice of some medical men to apply stimulants to the chests of persons labouring under consumption; I knew nothing of the young lady before the

Monday; wine would have been proper in this case, if the stomach could have borne it, administered in moderate quantities; I was not present at any of the *post-mortem* examinations; but I can say, that what I saw on the back was quite sufficient to account for death.

Dr. Alexander Thomson, examined by Mr. ALLEY. I am a bachelor of medicine; I have heard Mr. Brodie's evidence, and I perfectly agree with his opinion.

Mr. Thomas King, examined by Mr. C. PHILLIPS. I attended the examination of the body of the deceased, at the chapel in Moorfields, on the 24th August; I observed the state of the back; there was a piece of dead, or disorganised skin—such as we call an eschar, and which Mr. Brodie has called a slough—between the shoulders, about the size of my hat; the parts immediately beneath the skin were gorged in a watery fluid, called serum; I examined, in company with Dr. Hogg, Mr. James Johnson, Dr. Maclean, and others, the body, to see if there was any latent disease; we discovered none; the vital parts of the body appeared to me to be in a tolerably healthy state, such as the body of a previously healthy person would have after lying a short time in the earth.

Dr. James Johnson, examined by Mr. ALLEY. There was no other appearance of disease except the wound on the back.

Dr. John Hogg examined by Mr. PHILLIPS. The wound on the back appeared as if produced by gunpowder. The sheath of the spinal marrow was discoloured opposite the external wound, from which he concluded that there had been great constitutional disturbance. The violence done to a delicate and nervous young lady was enough to cause death.

Dr. Goodeve examined by Mr. ALLEY. He would not have inflicted such a wound.

Alice Dyke examined by Mr. C. PHILLIPS. The prisoner is my master; I am now in his service, and have been for six months. I was in his service on the 3d of August; I remember Miss Cashin; on the 3d of August I rubbed some liquid on the back of Miss Cashin, by Mr. Long's orders that was the first day on which I rubbed her back; I never rubbed her except that time; I do not know of what that liquid was composed.

Cross-examined by Mr. GURNEY. Mr. Long had a great many patients, many of them persons of rank and station; I was employed to rub the ladies; I used to take the lady that was to be rubbed behind a screen, separate from the rest, who were in the same room; the rubbing was done for the purpose of producing a discharge; she was rubbed but once, but came day by day afterwards to be dressed; I washed round

the sore on those occasions with a lotion; I rubbed her with the same liquid, and washed her with the same lotion as others.

Cross-examination continued. The rubbing did not produce a greater discharge from Miss Cashin's back than from the back of other patients; I dressed it every day, and it did not put on a more angry appearance than in other cases; the Marchioness of Ormond and Lady Harriet Butler were there the same days as Miss Cashin, and the same lotion was used to Lady Harriet as to Miss Cashin; Mrs. Otley was also there at the same time; the lotion was used with her; Miss Roxburgh was another; the wound was dressed with a cabbage leaf, after it had been washed round with the lotion.

Re-examined. There was only one lotion used altogether; the lotion which I used for the washing was the same as that used to produce the discharge; Miss Cashin's mother and sister were the only other persons in the room when I rubbed Miss Cashin; when all the liquid in the bottle was used it was filled again by Mr. Long; the sore in Miss Cashin's back, on the 14th of August, was not bigger than the palm of my hand, and not a bit worse than that on other ladies; the colour of the sore was rather red.

The case for the prosecution here ended.

Mr. GURNEY submitted that there was no case to go to the Jury; there was no evidence to show that the deceased had been in any respect differently treated from the other patients in attendance upon Mr. Long. He had applied to her the same remedy which he had applied in other cases, and which had been so applied with the most complete success.

Mr. Serjeant ANDREWS followed Mr. Gurney on the same side, pressing upon the attention of the Court the view that Lord Hale and Mr. Justice Blackstone took of cases of medical practice, observing, that however liable formerly to actions, if not regularly licensed, medical practitioners could not be found guilty of manslaughter. The question which he conceived presented itself to the Court, was, whether or not Mr. Long had assiduously used those remedies which his means and education enabled him. If he acted *bond fide*, however mistaken, he could not be held as having committed a criminal act.

Mr. ADOLPHUS followed on the same side.

Mr. Justice PARK said that he had consulted with his learned brother, and found that their views of the case did not coincide upon the whole matter, therefore he should not feel himself justified in stopping the case.

Mr. Baron GARROW observed, that he felt bound to state his impression respecting the present case. It was his opinion that

if, upon the facts of the case, it did turn out that the verdict of the jury was unfavourable to the prisoner, the question of law ought to be submitted to the solemn adjudication of the congregated wisdom of all the judges. At that stage of the trial he would himself recommend that the opinion of the jury be taken upon the question of fact, and leave to the judges at large to decide the question of law. Adverting to the case of Mr. Van Butchell, he observed that Mr. Baron Hullock was perfectly right in stopping the case. There excellent grounds existed for his doing so, which did by no means apply to that then before the jury; and it was further to be remembered, that in Mr. Van Butchell's case no third person was present during the application of the remedies or the performance of the operation. When he considered the several authorities affecting the present question, he must say that there was not the slightest distinction between the conduct of the most eminent physician or surgeon, or the poorest, humblest, and least educated man in the community. No matter whether prejudice, ignorance, or poverty, brought his patients to Mr. Long, he must stand in a court of criminal judicature exactly in the same situation as would the president of the College of Physicians, or the president of the College of Surgeons; the humblest and the highest ought to occupy precisely the same situation; the only question was, whether the prisoner at the bar had used sufficient care and diligence in the application of a remedy which he apparently believed to be efficacious. Were he drunk, or did he do that which on the face of it could not fail to be mischievous, the law would hold him to have acted criminally. But his (Baron Garrow's) reading of the law was, that the humblest bone-setter in the remotest village stood in the same situation, in regard to a criminal prosecution, as if he were the president of the most distinguished college in the United Kingdom. It was in the highest degree important that the law should be settled if any doubt existed on the subject, and so it would be if, upon a consideration of the facts, the jury thought the conduct of Mr. Long culpable.

Mr. Justice PARK then asked the prisoner if he had any-thing to address to the jury. A written defence was put in, which the officer of the court read to the jury. It set forth that the mother of the deceased brought her to him—that a younger sister of Miss Cashin had been labouring under pulmonary consumption—that he administered to the deceased the same remedy that had been found efficacious in other cases—that he had many witnesses in court to prove that he had treated a variety of cases with the most complete success which had

been considered hopeless, and that the unfortunate failure which occasioned the death of Miss Cashin was of a nature by no means unfrequent in the course of medical practice. He complained of the effect produced against him by statements and commentaries made through the medium of the public press, and prayed the jury to discharge from their minds any feelings which such publications might have created.

Witnesses were then called on the prisoner's behalf.

Mr. Samuel Houghton, of Manchester; had consulted Mr. Long as a medical man; had attended him about eight months; was satisfied with his skill and abilities.

Mr. Samuel Wilding, of Shropshire, had once resorted to Mr. Long for the same purpose; was under his care for eleven weeks; was perfectly satisfied with his attention and medical skill.

Miss Harriet Page had been under the care of Mr. Long, and was very much satisfied with his kindness, attention, and skill.

The Marchioness of Ormond, and three of her ladyship's family, had been under the care of Mr. Long, the eldest five months, and the other four; was perfectly satisfied with his attention, humanity, and skill.

Mrs. Sarah Ottley had had occasion to resort to Mr. Long as a medical adviser; was under his care for three months. His attention was such as to perfectly satisfy her.

Miss Penelope Smith had been under the care of Mr. Long for five months up to the present time; was decidedly of a favourable opinion of his skill and humanity.

The Marquess of Sligo, four months under Mr. Long's care, deposed that he never saw nor heard of a medical practitioner more kind-hearted, attentive, or humane.

Lord Viscount Ingestrie had occasion to consult Mr. Long, and was perfectly satisfied with his skill.

Miss Ottley, Miss Sarah Webb, Mrs. Forti, Mrs. Swinden, Colonel Campbell, General Sharpe, M. Prendergast, Esq.; William Addington, Esq., of Kentish Town; the lady of General Ashworth, her sister, and three children; Mrs. Macdougall, of Guernsey; Mr. Pemberton, who produced his child, which had been cured two years since; Mr. John Braithwaite, of the New Road; Miss Anna Grindley; Miss Ann Roxburgh; Mr. George Lyng, of the Borough; Samuel Sotherby, bookseller; Mr. Roxburgh, the father of Miss Roxburgh; Mrs. Prendergast; Mr. William Conway; Francis Roxburgh; Mr. George Manley; were then called. They all expressed themselves perfectly satisfied with the skill, humanity, and kindness evinced towards them by the prisoner.

Mr. Justice PARK then proceeded to sum

up. He requested the Jury to discharge from their minds any-thing they might have heard out of doors on the subject of the accusation under which the gentleman at the bar then stood. No doubt the publications that had appeared respecting it were such as might have the effect of influencing the minds of juries, if they did not labour to free themselves from the prejudice which might so be created—not that he meant to impute to those by whom the public press was conducted, any intention of doing a disservice to Mr. Long; on the contrary, he felt perfectly satisfied that they were men of too much honour and probity to entertain any such intention. He was sure not one of them put forward such publications with the view of running down an individual. The Jury, whom he then addressed, would, he was sure, remember that they were acting under the solemn sanction of an oath, and would feel it their bounden duty not to allow themselves to be influenced one way or the other, but to give a dispassionate consideration to the case brought before them. For himself he knew nothing whatever about the case, except what he had heard that day in Court, and what he had learned from the depositions laid before him. He was, at the time of the inquest, in a distant part of the country—his mind occupied with other matters—and supposing, as he had a right to do, that the case would not come before him, but before those of his learned brethren who had presided at the September Sessions, he had, therefore, not the slightest acquaintance with the case, excepting what was derived from the depositions, and what he had that day heard in Court. He could not let pass that opportunity of saying that he had always thought, ever since he had the power of thinking, that there could not be a more dangerous error than to permit the previous publication of evidence afterwards to come before a jury. It was, in many cases, impossible for the most honest and upright mind to divest itself of prejudice; but were it possible in all cases—and he hoped it was—it would be highly desirable for a jury to divest themselves of every sort of previous knowledge; above all, they were bound to remember that they had nothing whatever to do with the verdict of the coroner's jury or of the grand jury. Doubtless, the matter could not come before them without a verdict of some sort; but it was to be observed, that the evidence upon which the Grand Jury found their bill, was far short of what came before a petit jury for their decision. He could not help saying that he thought it unfortunate the counsel for the prisoner should have sought for an immediate acquittal before the defence was entered on, because it led to an apparent difference of opinion be-

tween him and his learned brother; their difference was not so much as to the law of the case, as with respect to the course which it was then expedient to pursue. He held, and he believed there could be no second opinion amongst lawyers on the subject, that nothing but the grossest ignorance, or the most criminal inattention, could render any man, licensed or unlicensed, amenable for his medical practice to a court of criminal judicature. He then read over his notes to the jury, who immediately retired to consider their verdict.

A little after seven o'clock, Mr. Justice PARK again entered the Court, and ordered the Jury to be called, apparently with an intention, if they had not agreed on their verdict, to apprise them of his wish to retire for the night, and that they must therefore be locked up until Monday morning. The Jury did not immediately obey the summons, but in the course of about five minutes they returned into the box, and were then asked if they had as yet agreed on their verdict?

The Foreman instantly answered yes; and that they found the prisoner—Guilty.

The expression of this opinion, so different from what was anticipated by the audience in Court, from the summing up of the learned Judge, excited very great surprise, and several persons gave utterance very audibly to their feelings of satisfaction.

Mr. Justice PARK promptly reminded them of the necessity of conducting themselves with decorum in a Court of Justice, and his determination to punish those who repeated the offence.

His Lordship, who seemed to be very little prepared for such a verdict, then consulted for a few minutes, in great apparent earnestness, with the Recorder, and immediately afterwards begged the Sheriff to request the attendance of his brother Garrow.

Mr. Baron GARROW, the Sheriffs, and a number of Aldermen and Magistrates, then entered the Court; and a consultation between the two learned Judges and the Recorder was then renewed for several minutes. At its conclusion,

Mr. Justice PARK addressed the Counsel for the prisoner, and observed that under the peculiar circumstances of the case, he and his learned brother had agreed to defer passing judgment on the prisoner until Monday morning.

Mr. Serjeant ANDREWS immediately addressed his Lordship, and requested, in that case, that the prisoner might be permitted to depart, on finding sureties for his re-appearance on Monday morning.

Mr. ALLEY, however, was proceeding to oppose this application on the part of the prosecution, when

Mr. Justice PARK said he could make no distinction between the case of the prisoner

and that of any other person convicted of felony: justice must be dealt out to the same extent to the rich man as to the poor. He begged, however, that he might not, in saying this, be supposed to cast any aspersion on the character of the prisoner, as he had no doubt, if the forms of justice had allowed his taking bail for the prisoner, that he would have appeared accordingly. It was probable that the Court might pronounce a sentence of imprisonment, and consequently it would make little difference whether the judgment was pronounced then or on Monday.

The prisoner was brought in from Newgate on Monday at twelve o'clock (at which time Mr. Justice PARK attended), when he was sentenced to pay a fine to the King of TWO HUNDRED AND FIFTY POUNDS. JOHN LONG immediately pulled a handful of banknotes from his pocket, paid the money to the officer of the court, and was immediately discharged. Having quitted the bar, he proceeded to the court-yard in company with his friends, where he got into the curriole of the Marquis of Sligo, and rode off with his lordship amidst the congratulations of his "noble" friends, and the hootings, hissings, and laughter of the populace.

#### ON THE MODE OF ELECTING HOSPITAL SURGEONS.

*To the Editor of THE LANCET.*

SIR,—Your readers cannot be insensible to the strenuous efforts you have made on several occasions to direct the attention of the profession, and the governors of hospitals in particular, to the abuses exercised in the present system of electing their surgeons. You have proved how often, by interest, an inexperienced youth has been placed over his superiors, and you have deprecated the glaring impropriety of making that the prize of consanguinity which should be the boon of exalted merit, and the reward of indefatigable professional study: although this has become a thrice-told tale, still no remedy has been applied. I therefore trust I shall not be thought presumptuous if I address to hospital surgeons a few remarks which appear to me calculated, in some degree, to ensure to them an increased portion of respect and consideration in the profession of which they are responsible members.

Every hospital, in proportion to the number of surgical patients received into its wards, should maintain one or two house-surgeons to take the immediate charge and superintendence of casualties. The appointment should be given to members of the

College of Surgeons, from 23 to 26 years of age who have conducted themselves irreproachably as students and dressers at the hospital, and who, under a public examination, have given proof of superior attainments in the science, and dexterity and skill in the practice, of surgery. The office should be held one year, and where the services of two house-surgeons are required, it would be a desirable arrangement to make the election half-yearly.

With regard to the appointment of surgeons of hospitals, it should be considered as an indispensable qualification in the candidates to have filled the post of house-surgeon; in fact, the governors should be urged to reject all those who had not taken that probationary step, and not, as at present, fix their exclusive choice on the apprentices of the surgeons.

I am induced to present these suggestions to the consideration of hospital surgeons for many reasons; in the first place, after an absence of some years from the hospital of which I was a pupil, I was sensibly impressed by the increased emulation of its surgeons, I found each courting the remarks and inquiries of the student, and anxious to impart every fact illustrative of the cases presented to view; in short, instead of the taciturn perambulation of ward after ward, to which I had in some measure been accustomed, I found the whole time occupied in an interesting clinical conversation. This improved state of circumstances gives me the conviction, that surgeons of hospitals are awakened to an enlarged view of the important duties connected with their public situations; evincing then as they do, a zeal for the profession, united to the benevolence of the trust reposed in them, we may reasonably hope to gain their concurrence in any measure tending to the general good to elevate their own character as a body. Again, they have great influence in the establishment of which they are officers, and as long as that influence is exerted in a cause which ultimately tends to the amelioration of human misery, it is their just reward, and no disinterested individual of the medical profession would wish for an instant to deprive them of their well-earned prerogative, but this power furnishes us with another claim upon them, for at least a serious consideration of any proposal offered for their approval.

I cannot conclude without making a few general remarks on the favourable results likely to arise from the adoption of the foregoing suggestions. In the first place, the greatest stimulus is afforded to the student, and an excitement is given to excel in hospital pursuits, for he has always before him the prospect of filling a distinguished situation. We have had too many serious instances of

the utter incompetency of dressers not to feel assured, that any measure calculated to mature their knowledge must abound in advantage to the community, inasmuch as the patients committed, in some degree, to their care, would have present and competent aid secured to them in the distress of sickness.

Advancing in our proposition we come to the house-surgeon. This appointment, instead of being *bartered* as it is at present, and made a very expensive undertaking, should be reserved as a reward for the skilful performance of the duties of dresser, and good general conduct in the hospital; but it should be *given* under certain conditions, as, the candidate being perpetual pupil of the hospital, a member of the College of Surgeons, and having undergone a public examination.

We now arrive at the desirable ultimatum at which I am aiming, and I wish fully to establish the position, that all hospital surgeons should be selected by the governors from the *ci-devant* house-surgeons, because then the situation would be filled by men who, through all the gradations of their professional career, have been influenced by the most ardent zeal in the acquisition of knowledge, from the period of their commencing as pupils to the consummation of their highest hopes and wishes in the possession of the honourable distinction of hospital surgeon, a title which would then at once emerge from that baneful cloud (private interest) by which its brightest features are at present obscured, and bursting forth as the reward of genuine merit, and the incentive to high deeds, would become the admiration of men of science as an ornament only to be acquired by character, industry, and professional attainments.

I have the honour to be, Sir,

Your constant reader and well-wisher,

APIS.

October 6, 1830.

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COLLEGE OF SURGEONS.

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*To the Editor of THE LANCET.*

SIR,—I am greatly surprised at Mr. Willcock's misconception of the charter of that high-minded body, the Council of the Royal College of Surgeons. The error should be corrected on account of its tendency, which is to revive a custom that is falling into disuse; I allude to "passing," or, in other words, submitting to be fleeced of twenty guineas, under the false pretence that the diploma is a necessary ingredient in the composition of a surgeon.

The depressed circumstances of many medical pupils made it necessary to economise their funds; and in order thereto,

they naturally inquired what was essentially necessary to the completion of their education and their qualification to practise? THE LANCET soon satisfied them, that to practise surgery, the diploma of the College was not a necessary warrant; and they themselves well knew, that as the college examination was not a test of fitness, so was the certificate no evidence of ability. The diffusion of this knowledge has occasioned a great falling off in the exchequer of Lincoln's Inn Fields, thereby wounding those worthy men, the examiners, in their centre of sensibility—the pocket; and has I believe done more towards producing passing and approaching changes, than even your eloquent denunciations of their iniquitous legislation.

It cannot be too generally known, that the college diploma confers no advantage, that it does not protect the possessor from the rivalry of another who has not been a prey to the spoilers, that it will not enable the holder to enter the public services—in other terms, it is a piece of sealed paper certifying lies, and signed by men whose corporate injustice leaves no doubt of their willingness to sign an instrument which would consign the holder to the prince of the power of the air, for half the “consideration” they extort for the evidence of their cupidity, and the illimitable folly of their dupe—the purchaser.

With unbounded gratitude for your ceaseless and successful endeavours for the interests of your professional brethren, and those of science and humanity,

I remain, Sir,

Yours respectfully,

A SURGEON.

## LONDON HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—Although I cannot approve of the abuse which Mr. W. A. Walford has so indiscriminately and unparingly showered down upon the heads of Sir W. Blizard and Mr. Headington, or help being pleased at the spirit which has actuated the pupils of the London Hospital in taking up the cudgels in defence of their teacher; yet I think they might have spared themselves the trouble, had the former gentleman only been concerned; for they may rely upon it, that there is not one amongst them for whose interest, unconnected with his own, Sir William cares a rush. I know not what the morn of his life was, but I can recollect that the afternoon was rather unpropitious; it was much inclined to be boisterous; but with this curious anomaly, although the wind which was raised, raged

with fury amongst the shrubs and under-shrubs; yet it courteously passed by the stately tree which seemed to mock its rage, without even ruffling a leaf. The eve was rather more calm, but it led to a long and dreary night, which still continues to darken the path of the surgical student, without even an occasional ray to illumine it. From amongst the many illiberal acts of this worthy knight, may be selected the following: his continued hostility to Mr. Headington when a pupil, for daring to amputate an arm, the urgency of the case not admitting delay:

His unjustifiable conduct towards Dr. Frampton (then Mr. Frampton), one of the most talented men who ever sat in the anatomical chair of the London Hospital or of any other school, of whom an eminent surgeon of the present day was heard to say, when his name was spoken of, “Oh! you mean the young man who was so ill used by the Blizards:”

His implacable hatred to Mr. John Scott, his assistant, for presuming to think and to act for himself:

His present hostile feelings, which are displayed against those anatomical pupils who have not yet entered the hospital, in not allowing them the advantage of subscribing to the library, although it is acknowledged that they are in debt to their bookseller between 20*l.* and 30*l.*, which the subscriptions from these young men would soon liquidate; and in obstinately refusing to allow any of these anatomical pupils to witness the performance of an operation. Upon one occasion last winter, I was present at the performance of several operations, when Sir W. cast a look around, and discovering more pupils than usual, he, in a very authoritative tone, desired those gentlemen who were not pupils of the hospital, to leave the theatre. This mandate was, of course, not attended to, and the knight was content to mutter something about “very ungentlemanly conduct.” Upon leaving the hospital, I learned that the anatomical lecture had been put off for that day, in consequence of the number of operations to be performed. These disappointed young gentlemen were expected then to walk quietly back to their homes! “*Pro sancte Jupiter!*!”

Stranger, come not nigh,

He sees a *lancet* in every eye.

Should you deem this letter worthy a place in your useful journal, I shall be obliged by your inserting it.

I am, Sir,

Your most obedient servant,  
A FRIEND TO THE MEDICAL STUDENT.

23, Hadlow Street, Burton Crescent.

Oct. 12, 1830.

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## THE LANCET.

*London, Saturday, Nov. 6, 1830.*

THE forms of law,—we wish we could say the satisfactory decrees of justice,—having been fulfilled in the case of JOHN LONG, we are relieved from the pain of further silence, and may now give full expression to our feelings of indignation, without the risk of incurring the charge of “desiring to prejudice the public mind against a man who is about to endure the ordeal of a trial before a jury of his countrymen, upon an accusation of felony.”

Before advertng to the recent proceedings at the Old Bailey, it may be necessary to go back to the circumstances of the inquest, and to refer once more to those transactions with which we were so unexpectedly and unwillingly connected. As some few persons have taken upon themselves to condemn the Editor for his interference at the inquest, and as the cause of his presence on that occasion appears still to be ill-understood by a portion of the public, it may be well to re-insert in this place the explanation which was published in No. 366 of THE LANCET: “Late on Friday night, August 20th, two gentlemen called at the residence of Mr. WAKLEY, in Bedford Square, and stated that an inquest was to be held the next day at noon on the body of a young lady who had been under the treatment of Mr. Long; that her life had terminated almost suddenly, and under circumstances which appeared to demand a rigid investigation; that the sister of the deceased young lady, who had also been under Mr. Long’s care, was in a dying state, and only expected to survive a few hours; that the family was from the sister kingdom, and that the mother and brother-in-law were entire strangers to London, were suffering the most intense anguish, were half distracted, and knew not what course to adopt; that

the brother-in-law, Mr. Sweetman, had been strongly urged to request Mr. Wakley to attend at the inquest and act for the family, in order that the ends of public justice might not be defeated. In compliance with the wishes of the relatives, the two gentlemen observed they had then called. Mr. WAKLEY pointed out to them, that his appearance on the inquest at that time, as he was a candidate for the office of Coroner, might to many persons appear very objectionable, and in the absence of explanation, would indicate very bad taste, if not defective judgment. Moreover, he represented to them, that having long ago denounced Mr. Long as a quack and an “impostor,” his attending, as it were against Mr. Long, might assume the character of vindictiveness. He therefore refused, in the most positive manner, to take any part in the proceedings, unless he received, on the following morning from the deceased young lady’s relatives, an especial request for his interference. Early the next day, a gentleman called from Mr. SWEETMAN, and solicited, as a particular favour, that Mr. WAKLEY would call upon the relatives before the time appointed for holding the inquest. Accordingly, about half an hour previous to the arrival of the Coroner, Mr. WAKLEY attended in Mornington Place, and after a very few words had passed, he found that he could not, consistently with what he deemed to be his public duty, any longer withhold his consent to appear at the inquest, on behalf of Mr. SWEETMAN, and the deceased young lady’s distracted parent.

“Of course Mr. WAKLEY acted without fee or reward, and solely upon public grounds. If any one condemn his conduct, that person can neither be a kind parent nor an affectionate brother; neither can he be possessed of those feelings which should direct the conduct of an honest man.”\*

The proceedings at the inquest held on the body of the unfortunate Miss CASHIN were

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\* LANCET, September 4th.

chiefly remarkable for having exhibited the medical and *legal* incompetency of an attorney-coroner; the extreme ignorance of a bullying barrister named ADOLPHUS; the clear, scientific, and conclusive evidence given by the well-educated medical witnesses; the delusive, nonsensical, incomprehensible tales related by the Quack's "well-educated" and fashionable dupes; and the patience, clear perception, and strong judgment, which can be exercised by a jury of honest Englishmen. The coroner himself, probably, showed more of the quality of patience than was ever before displayed by human being while in the execution of the duties of such an office. The stuff, the horribly disgusting stuff, to which he listened day after day, apparently without vexation or fatigue, had well nigh smothered all the well-informed portion of the audience,—trash, which was as irrelevant to the subject under inquiry, as it was disgraceful to the insane, or insane, creatures by whom it was uttered. The following may be taken as specimens. A young lady declared that "she had been cured of *consumption* by having been rubbed with Mr. LONG's "liquid." That her "consumption" consisted of a *cough*, which had continued two or three months before she had been "rubbed;" that to cure this "consumption" she had only previously consulted a medical practitioner two or three times; that when "rubbed" the liquid produced no effect upon the skin, except over the part where "her lungs were diseased;" that *there* it instantly produced a wound and a *discharge*; that, under the application of the *same* liquid, the wound healed, when, she being well, the fluid might be rubbed all over her with impunity, as it produced no effect when persons were in health, but that, when rubbed upon skin which covers a diseased part, it would immediately produce a wound and a discharge!"

The *truth* of these statements, it must be remembered, was attested by the concurring

evidence of several witnesses. One gentleman had "inhaled" and "rubbed" for the *gout*, with attacks of which disease he had been troubled for several years, at intervals varying from "one to three months." He considered that he was cured, having had no return of his complaint for about "five weeks!" Another had been much harassed by severe headaches at intervals; the liquid was rubbed upon his chest and produced no effect, but when applied between the shoulders, the floodgates of the peccant humour were instantly opened, and the malady quickly flowed off in the form of a fine limpid stream! Another gentleman bore testimony to the fact that LONG's liquid had completely reduced a decided dislocation of his child's hip-joint! This gentleman was a colonel in the army, and he alleged that, in addition to his own personal knowledge of the fact, he had the authority of several highly-eminant surgeons for saying, that his child's hip had been dislocated. But the all-powerful liquid quickly sent back the refractory bone to its legitimate home! The Marchioness of ORMOND *knew* that Miss CASHIN's back was rubbed with the same liquid that she and her daughters had repeatedly used for washing their hands, but she did not *see* her back rubbed. She "*knew*" it was the *same* liquid because it was taken from the *same* bottle, but she did not "*see*" it taken from the bottle, neither did she "*see*" the back rubbed. Sir FRANCIS BURDETT\* bore testimony to the perfect safety of LONG's practice. The honourable baronet,

\* The motive which induced Sir FRANCIS BURDETT to first visit LONG, has been thus explained. The noble baronet is on terms of intimacy with the Marquis of ANGLESEA, who left the plains of Waterloo, minus a leg. Sir FRANCIS, keenly feeling for his friend's misfortune, having heard of the miraculous powers of the mystic "liquid," and having read probably that if the claw of a lobster be taken off, the energies of the animal are equal to the production of another claw, he applied, it is said, to LONG to know whether, if the "secret fluid" were gently "rubbed" over the skin of the stump, the Marquis's leg and foot might not grow again? It is reported, that although the leg and foot were not forthcoming, the operation was not entirely unproductive, having, within a short period, produced a great toe.

however, "knew nothing of the composition of the liquid, nor of the inhaled gas; nor had he ever seen Miss CASHIN, nor could he distinguish a glass of prussic acid from a glass of spring water."

Such was the nonsense to which the coroner lent a ready ear during several days, although, under the circumstances, it was an insult to the jury, and to the public, to attend to such witnesses, still less to the conceptions with which they had been inspired by their well-skilled juggler. The conduct of the coroner will demand a few more words presently.

Of Mr. ADOLPHUS it is almost unnecessary for us to speak. He is really a poor thing—a very ignorant creature. With all the malignity of the viper, but without the sting even of a gnat, his powerless, ill-directed, and ill-tempered movements, were incessant sources of mirth. It was fortunate for the ends of public justice that LONG had such an advocate. Concerning the *law* of the case, the Coroner and ADOLPHUS appeared to about equal advantage, both having contended, before the inquest terminated, that it was not a case of manslaughter.

The evidence of the medical witnesses, with only one exception, was given with extreme accuracy, precision, and clearness. The exception to this otherwise unqualified approbation, is to be found in the evidence of Mr. BRODIE. As the defect, however, to which we refer, was again prominently observable on the trial, where it might have proved entirely fatal to the cause of justice and humanity, we shall not further advert to it in this place, but notice it while speaking of the proceedings at the Old Bailey.

The jury, until towards the conclusion of the inquiry, listened with the most exemplary attention to a mass of evidence that was not in the slightest degree either directly or indirectly relevant to the subject under inquiry, which, in fact, was to investigate the causes that led to the death of

Miss CASHIN. Had it not been for the extraordinary address of the Coroner at the conclusion, the jury probably would not have deliberated for more than five minutes upon what should be their verdict. The Coroner did not confine himself to the facts elicited in the evidence, but went directly to the *consequences* of a verdict of manslaughter. He not only gave the jury to understand that LONG had not committed manslaughter, but that no indictment for manslaughter could be sustained against any man in such a case, whether a regular or irregular practitioner. The experience of Mr. STIRLING ought to have told him, that to make allusion to the *effects* of a verdict, was proceeding far beyond the line of his duty. It was, indeed, natural enough that the jury should hesitate, when they were given to understand, that a verdict of manslaughter would only cause the culprit to be bailed with reference to his appearance at the Old Bailey. Mr. STIRLING's opinion was so strong on this point, that instead of causing LONG to be apprehended, as was his duty, he kept the warrant for his caption, in his pocket, during several days, and, in truth, until after an application had been made to the magistrates at Bow Street for inquiring into the inexplicable circumstances of the delay. Our view of the case was entirely opposed to that of Mr. STIRLING, and, had we not been fully and firmly persuaded from the first, that it was not only a case of felony, but an aggravated case of felony, far different, we believe, would have been the salutary impression made upon the public mind.

Strongly influenced by this opinion, we pressed for an examination of the body on the first day of the inquest, although this proceeding was much opposed by Mr. SWEETMAN. It is quite certain that we could have had no desire to add torture to the distracted feelings of a family so greatly afflicted; but the omission of the dissection must have produced a mesh in the web of

the law, through which a larger culprit than JOHN LONG might have easily crept; for no medical man could have been justified (although the irritation caused by such a wound as was observed on the back would have been sufficient to kill ten strong persons) in swearing that that wound had caused death, until he had thoroughly examined the internal structures of the body. We therefore urged both the first and the second examinations, by means of which evidence of the most conclusive character was obtained.

After the coroner's jury had returned their verdict of "manslaughter" against LONG, we hoped and expected that there would have been no necessity for further interference on our part. Unhappily we were deceived, for Mr. SWEETMAN declined to appear as prosecutor, or to incur any expense in the affair. Hence Mr. CAPES, the parish beadle, was set down as prosecutor, and the names of the whole of Mr. LONG's witnesses were inserted upon the back of the bill to be preferred before the grand jury. This bill was to have been laid before the grand jury at the Sessions House, Clerkenwell, on Friday, September 17th, the eighth day of the contested election for coroner, when, from the bustle, confusion, and anxiety that prevailed, JOHN LONG entertained strong hopes, probably, that the bill as then drawn up, with the names of the whole of his witnesses distinctly inscribed upon it, would be at once ignored. On stepping from the hustings into the Sessions House, we were much surprised at seeing several of Mr. LONG's "noble" witnesses in attendance, and still more surprised at hearing that they were *all* in the neighbourhood, comfortably lodged in apartments which had been procured for them by the beadle, whose name was set down as the *prosecutor*. Of course we at once saw that a bill, with such a list of names at the back of it, could not be safely preferred before the grand jury. Further, Mrs. ROD-

DIS, from indisposition, was not in attendance. Under these circumstances, we felt little hesitation in applying to the court for a postponement until the next sessions. But it was urged to us by a gentleman of considerable legal knowledge, in the presence of Dr. JAMES JOHNSON, Mr. KING, Mr. EVANS, Dr. HOGG, and other medical gentlemen, that there would be no use in delay; that one indictment was as good as another; that the grand jury would not find "any bill," and that the charge could not be sustained at the Old Bailey, because it was not a case of *manslaughter*. Acting, however, upon the opinion which we had all along entertained, and our views having been supported by the gentlemen just named, we resolved, if possible, not to give such a culprit as JOHN LONG the benefit of an ignored bill. Most of our readers are probably aware, that had not the bill been "found," LONG would have been tried at the Old Bailey on the coroner's Inquisition, but the fact of a bill not having been sustained before the grand jury upon supposed *ex parte* proof, might, in the subsequent proceedings, have acted as a stumbling-block in the path of justice; for it would naturally have been said, how weak must be the charge against LONG, if it could not be supported upon an *ex parte* statement before the grand jury. *Ex parte*, indeed! with the names of the whole of Mr. LONG's "noble" and ignoble witnesses, flourishing in a style of unusual grandeur upon the back of the bill!

A brief reflection on what we had observed at the Sessions House, convinced us that a new bill of indictment was necessary; that the names, which had been improperly inscribed, should not be again inserted; and that the employment of counsel would be indispensable. Accordingly we applied to Mr. HENSON, of Bouverie Street, a gentleman quite unknown to us, but who, we were given to understand, was deeply conversant in the various proceedings of our criminal courts.

The redrawn bill, when laid before the grand jury, was "found," after the examination of only three or four witnesses; and in despite of all the wise and learned predictions to the contrary, in despite of the profound legal knowledge of the attorney-coroner, in despite of the ravings of the gentlemanly and learned ADOLPHUS, LONG has been tried at the Old Bailey, and by another sensible, upright jury of his countrymen, he has been found guilty of *manslaughter*.

The counsel for the prosecution conducted their case with nice tact, and discriminating ingenuity; and the opening address of Mr. ALLEY exhibited a masculine and luminous view of the facts, and of the law. Both Mr. ALLEY and Mr. PHILLIPS, as soon as they had read their briefs, entertained not the slightest doubt that the crime of which LONG had been guilty, amounted to manslaughter; and that in the absence of technical errors, a verdict of "guilty" was certain.

The public will not be a little surprised to learn, that in conducting a prosecution of this important and singular nature, the funds have been supplied exclusively by ourselves, and that we stand responsible to Mr. HENSON for whatever costs may yet remain unpaid. We should not, probably, have alluded to this circumstance, if it were not to stimulate the law commissioners to activity in an important part of their duty; and to show that a *prosecutor* may suffer nearly as great a pecuniary loss in obtaining the verdict of a jury against a *felon*, as the *felon* himself may incur from the sentence of a judge!

Want of space obliges us to postpone the further consideration of this subject until next week.

*The Edinburgh Dispensatory.* Twelfth Edition. By ANDREW DUNCAN, M.D., Prof. Mat. Med. in the Univ. of Edin., &c. Edinburgh: Black. 1830. 8vo. pp. 1127.

Of this elaborate and admirable work, it would be superfluous for us to offer any lengthened notice. The great and gradually-increasing merits of the several previous editions are already known to every well-educated practitioner; while, of the probable value of the improvements in the present edition, Dr. Duncan's characteristic industry, and eminent professional attainments, together constitute an adequate guarantee.

The principal additions in the impression now before us, consist in the introduction of the several improvements of the new Dublin Pharmacopœia, of the important facts and explanations appended to a translation of the Dispensatory by MM. Chereau and Robiquet, and of various tables of classification of the *materia medica*, on natural and physiological foundations. Dr. Duncan has also, at length, remedied an important defect in the previous editions, by adding to the notice of each article in the *materia medica* a list of synonyms, official preparations, and incompatible substances. He has also, following the model of the best continental writers, prefixed to the history of each plant as much of its botanical description as relates to its medicinal employment. Finally, we cannot pass over the highly important additions he has made to our knowledge of the effects of reagents on vegetable solutions.

We have, notwithstanding, caught one little error in the pursuit of our critical angling. In the article on copper, p. 418, Dr. Duncan continues to recommend sugar as an antidote to poisoning by that metal, apparently not aware that it has been proved that the stomach must attain the temperature of 212 before the slightest decomposition of the poison can be accomplished. This fact Orfila has stated in the last edition of his Toxicology, and he at the same time adduces abundant proof of the efficacy of albumen and the ferrocyanate of potash, as antidotes in cases of poisoning by any of the soluble cupreous preparations.

We are almost inclined to indulge in a hearty

laugh at the dismay this edition must occasion among the rising generation of "Athenian" physicians; indeed we take this early notice of the work, for the purpose of calling attention to the great mass of professional information the benevolent professor has accumulated for their edification. In the next number, we shall, perhaps, invoke their approbation of the new edition of Dr. Turner's Chemistry, which, amongst an infinite variety of novel and useful additions, contains highly-interesting details on the "haloid" salts of Berzelius, on charbazotic and aspartic acids, on indigo brown, indigo red, and indigo blue, and on many other equally important subjects.

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*Medico-Chirurgical Transactions.* Vol. XVI. Part 1. London: Longman. 8vo. 1830.

THIS volume, though not of great bulk, contains a considerable number of papers, of each of which we shall give a short analysis, varying however in length, according to the value and importance of each.

The first paper contains an account of the case in which the aorta was tied in July, 1829, for aneurism of the external iliac, by Mr. James of Exeter, which we have already mentioned more than once. The patient, *ætat.* 44, had been ill four months, his complaint had been considered as 'disease of the hip-joint, and was, for a short time, treated as such by Mr. James, there being many of the symptoms of that disease, and little or no external tumour, at the time of his admission into the hospital. On June 2d, the aneurismal swelling being then greatly increased, so as to occupy the whole of the left iliac region, and considerably protrude the lower part of the abdomen, Mr. James performed Wardrop's operation, the artery being tied about half an inch below Poupart's ligament. During the two days following this operation, there was a decided diminution in the tumour; but, on the third, it began slowly to increase again, and in another week had regained its former size. After this time it extended rapidly in every direction, particularly at its lower and outer part, where the integuments became of a dusky red, and it was evident that slough-

ing would soon take place there. Under these circumstances Mr. James resolved upon tying the aorta, notwithstanding the objections of his colleagues, who all saw the hopelessness of the case. It is unnecessary for us to describe the steps of this operation, which was performed on July 5th, as it differed in no essential point from that of Sir A. Cooper, the operator not venturing to attempt the lateral operation from the fear of peritoneal adhesions, which was subsequently proved to be well founded. Suffice it to say, that notwithstanding considerable difficulty from the protrusion of inflated intestines, and the density of the investments of the artery, the ligature was exactly placed round it, and firmly drawn, entirely putting a stop to the pulsation in the aneurismal sac, and that the patient died three hours and a half afterwards. On dissection, the ligature was found to have been completely applied about five lines below the origin of the inferior mesenteric artery, and to have included no other part except a small vein which lay close upon the aorta. The cause of the failure of the first operation was now discovered,—the femoral, or rather external iliac, artery, dividing just above Poupart's ligament, so that there had remained a free outlet from the lower part of the sac by means of the profunda. The sac itself was of such size and extent, that any attempt to tie the common iliac would have certainly failed, unless indeed it had been made at a much earlier period.

As far as the mere performance of the operation goes, Mr. James is certainly entitled to praise; but we think that he would have shown more judgment had he abstained from a proceeding which could not in this instance, and, in our opinion, never can be expected to, prove successful, since no surgeon will venture to have recourse to it but under the most unfavourable and desperate circumstances, and when all other remedies have failed.

The paper, No. 2, is by Mr. Barlow of Blackburn, and contains an account of the successful removal of a large tumour of the nature of "medullary sarcoma," which had existed for nine years, and occupied nearly the whole cheek, protruding the mucous membrane of the mouth inwards, and depending some way beyond the edge of the lower jaw. The operation had been pro-

nounced impracticable by several surgeons, and is highly creditable to the skill and boldness of Mr. Blackburn; though attended with profuse hæmorrhage, it was accomplished without much difficulty; neither the mucous membrane of the mouth nor the parotid duct was injured, and the patient, a female *ætat.* 41, was, in three weeks, completely recovered. Annexed to this case is another, which occurred more than thirty years ago, in which sudden death was caused by the entrance of air into a vein during the removal of a tumour from the neck. The circumstances of this case agree entirely with those of the case described by M. Dupuytren in 1828, on reading which, Mr. Blackburn became first aware of its real nature, having previously ascribed the fatal event to ordinary syncope from fright or nervous shock.

No. 3 is a case of ununited fracture of the thigh-bone, by Dr. Somme of Antwerp. The patient was a healthy subject, the want of union had been caused by his restlessness, and after five months had elapsed, a complete cure was effected by a new method of treatment, analogous to, though, in some respects, different from, that by seton. As the account of the operation is very short, we shall give it in the author's words:—

"The patient being placed on his back and supported, I passed a long trocar and canula at first downwards on the inside of the upper fragment, and made it pierce the skin behind, and a little to the outside; the trocar was then withdrawn, and a silver wire passed through the canula, and out at the posterior opening. The canula was then withdrawn, and being replaced on the trocar, they were introduced again above and on the outside of the lower fragment, and made to pass out at the same opening behind. The trocar having been removed, the other end of the wire was passed through the canula, so that both ends were in contact behind, leaving a loop in front. I then made an incision in front, from one orifice to the other made by the trocar, and drawing the extremities of the wire through the wound, brought the loop between the fractured ends of the bone, and approximated the edges of the skin with sticking-plaster."

The limb was, after this, carefully confined in a fracture-box constructed for the purpose, and at each dressing the wire was drawn down, so as to "depress the loop more and more into the flesh;" but in six

weeks after the operation, and before it had quite divided the parts which it encircled, it was withdrawn, the ends of the bone being then completely consolidated. To prevent all risk, the use of the apparatus was continued for six weeks longer. The union is now complete, and what is very remarkable, there is not the least shortening of the limb. It is impossible to form any positive conclusion from a single case; but the method in question certainly appears to possess some advantages over the introduction of a seton, the failure of which has, probably, in general been owing to its operation not being sufficiently extended.

No. 4 is an "account of a concrete oil existing as a constituent principle of healthy blood," by Dr. B. G. Babington. This oil, which was first suspected in milky serum by Hewson, lately demonstrated by Dr. Traill, and very recently obtained in a separate state by Dr. Christison, has now been shown by Dr. Babington to exist constantly in the healthy blood not only of man, but of other animals. It may be procured by very gently agitating a quantity of serum with a third part of ether, and separating and evaporating the latter after four or five days, and when it has become of a yellow colour. The oil thus obtained (which forms about  $\frac{1}{1000}$  of the serum of the blood), "is of a deep yellow hue, is semi-solid, and melts at a temperature of 90° Fabr. The specific gravity is .918. From its solution in ether it crystallizes, by very slow evaporation, at a low temperature, in radiated tufts. It burns with a brilliant light, has a faint and peculiar odour, resembling that of a wet bladder, and in its general characters resembles other animal oils. It is uniform in colour, in general appearance, and in all its properties, from whatever kind of serum obtained."

An important fact is thus established, which will probably serve to explain several pathological phenomena hitherto developed in obscurity, and which, therefore, well deserves the attention of the physiologist and the practitioner.

No. 5 is a case of phlegmasia dolens, by Mr. Lawrence. The patient, *ætat.* 40, was admitted into St. Bartholomew's Hospital, for carcinomatous ulceration which had destroyed the whole of the os and cervix uteri. A few days after her admission, she was

attacked with increased uneasiness in the hypogastric region, attended with some febrile excitement, and with swelling of the whole right lower extremity, the temperature of which was increased, but the colour unaltered. The thigh was tolerably firm; the lower part of the leg and the foot pitted on pressure. There was pain in the course of the femoral and iliac vessels, and the internal saphena vein could be traced at the upper part of the thigh by a hardened knotty feel. Mr. Lawrence therefore considered the disease to be essentially the same as the phlegmasia dolens occurring in women recently delivered, and as it was pretty evident that the large veins of the thigh were inflamed, the treatment was principally directed to them. Considerable relief was afforded by the application of leeches along the course of the femoral vein, both on this occasion and when the pain returned a few days afterwards. The swelling of the thigh, the pain and tenderness of the abdomen, diminished, and the patient was gradually improving with regard to this affection, when she died suddenly from violent uterine hæmorrhage. On dissection it was found, that

“The cellular and adipose tissue round the lower part of the uterus and neighbouring portion of the vagina were thickened and indurated, particularly on the right side. The hypogastric vein involved in this diseased mass, was closed in consequence of previous inflammation of its coats; and the same change had occurred in the internal iliac, the common iliac, the external iliac, the femoral and profunda veins, as well as in the internal saphena, all of which were completely impervious. The affection terminated above at the junction of the common iliac vein with that of the opposite side, the latter vessel and the inferior cava being quite natural. The saphena was closed for a length of about four or five inches, beyond which it was natural. The profunda was cut through near the femoral vein, and the latter was divided as it passes the tendon of the triceps. The disease extended in both these vessels beyond the situations where they had been divided, but its inferior limits were not ascertained; the right spermatic vein was closed in its lower half. The coats of the affected vessels and the surrounding cellular substance, were a little thickened, and their cavities were plugged by a closely adherent and tolerably firm substance of a light-brown colour. At some parts the vessels and their contents were of a dark livid hue.”

There can hardly be a doubt, but that the inflammation here, was excited by the carcinomatous disease, and beginning in the uterine veins, extended to the common iliac, and thence to the external iliac and its branches; the case strongly confirms Dr. Lee's view of the nature of phlegmasia dolens, which is still further supported by the two cases described in the following paper by Mr. Holberton. Both patients died of tubercular phthisis, and the affection of the extremity occurred but a few weeks before their deaths. The symptoms in the first case (that of a lad *ætat.* 17) were essentially the same as those observed in Mr. Lawrence's patient. In the second (that of a woman *ætat.* 35), the swelling was softer, came on more gradually, and was attended with less heat. The morbid appearances on dissection were nearly the same in both, and the probable cause of the venous inflammation was an ulcerated state of the colon and rectum. Mr. Holberton is, however, doubtful on this point, since no diseased veins could be traced from the intestine, and the branches of the internal iliac vein were less affected than those of the external.

No. 7 is “a case of stammering, successfully treated by the long-continued use of cathartics,” by Dr. Bostock. The defect of speech came on suddenly, and to a great degree, when the patient was about three years old. Two physicians, who were consulted, were unable to propose any specific plan of treatment, but in consequence of the plethoric state of the child; prescribed a strong purgative. The effect of this was so favourable, that it was repeated several times, and always with decided benefit. In addition to the occasional use of purgatives, a sparing vegetable diet was now recommended, and,

“By a steady adherence to this discipline for about eight years, the complaint was kept at bay, but whenever any relaxation in the diet took place, or when the purgatives were omitted or too long delayed, symptoms of the impediment immediately appeared. At length, when about twelve years of age, the tendency seemed so far subdued, that a relaxation of the restrictions was not followed by the usual unfavourable consequences; and the boy being then at a public school, it was not so easy to maintain the former discipline. For some time no bad effects ensued, but at length the complaint recurred, and was unusually obstinate,



so as to require a long and severe course of purgatives, which was, however, finally successful. During the last two years, the tendency has occasionally manifested itself, but it has always been easily removed by a moderate use of purgatives, and by a temperate, though not a rigidly abstemious diet. The boy, who is now in his fifteenth year, may be said to be free from the complaint."

Dr. Bostock does not of course draw any positive inference from a single case; he seems, however, to think, that the treatment in question might be of service in most instances of stammering, and certainly, considering the analogy which this complaint bears to chorea, it is well worth a trial, wherever the health of the patient offers no obstacle to its employment.

The 8th paper on the pathology of hooping-cough, by Dr. Alderson, does not appear to throw much light upon the nature of that disease; indeed all that can be learnt from it is, that in fatal cases death is generally caused by lobular hepatization of the lungs, and obstruction of the smaller bronchiæ by tenacious mucus, and that the inflammation is confined to the substance of the lungs, and does not extend to the pleura, facts which have been already published by several authors of repute, and which, at least the two former, are now pretty generally known.

[To be continued.]

## LONDON MEDICAL SOCIETY.

November 1, 1830.

MR. CALLAWAY in the Chair.

### PUERPERAL FEVER.

A LONG discussion, chiefly in explanation of remarks made on the last evening, which we did not think it necessary then to report, and need not now therefore give, preceded the immediate subject of debate on the present occasion—the treatment of puerperal fever. With the exception of Dr. Ryan, and perhaps of Mr. Callaway, the speakers were too exclusively occupied in the construction of theories (some of which, from their nature, are utterly unsusceptible of demonstration). We subjoin an abstract of M. Tonnelle's cases, and we would recommend the leaders in the debate to ponder on these facts before they renew the discussion.

### M. Tonnelle's Cases of Puerperal Fever, 238.

Simple inflammation of uterus and uterine appendages .....	79
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At the conclusion of some prefatory observations, Dr. Whiting said, that another case illustrating his views, had occurred in his practice since the preceding meeting, the particulars of which the registrar should read on the present occasion. It was that of a woman, *ætat.* 37, who, 53 hours after delivery, was attacked with rigours, succeeded by abdominal tenderness, uterine swelling, and painful micturition; her bowels were confined; pulse 102; lochia slightly diminished, but no factor described. She was immediately bled, and a course of calomel and opium commenced. It is unnecessary to pursue the detail of the treatment, but she is at present convalescent, after losing altogether  $42\frac{3}{4}$  blood, having had 60 leeches applied, and having taken 30 grs. opium, 40 grs. calomel, and 6 grs. tartar emetic. The mouth was slightly affected.

Mr. Doubleday and Mr. Hoddart had attended this case with Dr. Whiting, who now requested Mr. Doubleday to give the meeting his unbiassed opinion of its nature.

Mr. DOUBLEDAY admitted he should consider it a case of puerperal peritonitis, not of puerperal fever; amongst other features, he thought that the period of the fatal termination formed an important distinguishing feature between the two diseases.

Mr. CALLAWAY begged that gentlemen would be more precise in their terms; one spoke of puerperal fever, one of puerperal peritonitis, and not unfrequently both were confounded together; if such confusion of nomenclature prevailed, it was clear the society could come to no satisfactory understanding on the subject. He would take the liberty of asking Mr. Doubleday if he had ever seen the malignant puerperal fever terminate in peritonitis; and did he think that the case just related would, if neglected, have terminated within an early period of time?

Mr. DOUBLEDAY believed it did sometimes terminate in peritonitis; and with reference to the second question, he dwelt on the favourable influence of the treatment adopted. In this case he considered it important to notice, that the rigours took place 53 hours after delivery; unfortunately, within the last ten days, he had lost a patient in whom the rigours supervened within twenty hours after delivery; in the present instance he thought this a favour-

able circumstance. As to its treatment, there was, in the first place, a pulse of power and exquisite abdominal tendency, so, as he believed, a second opinion could not be held as to the propriety of the mode he had adopted. Although he was not fully a disciple of Dr. Whiting's, yet he considered there was something tangible in his views; but in one point he could not coincide with them at all. He believed Dr. Whiting had said, that the disease could not be knocked down by large bleedings. Now he (Mr. Doubleday) had seen much of puerperal fever, and he had decidedly known it to be cut short by venesection. In the present case he considered the calomel had much to do with saving the patient. Dr. Blundell, too, at present confided in mercury as the principal remedy. He, Mr. Doubleday, usually prescribed it in comparatively large doses; in one case he had given four grains, with one of opium, every other hour. Under such treatment as this, the amendment was usually visible from the first in favourable cases. In conclusion he remarked, that he could not agree at all with Dr. Whiting in the opinion, that the disease might wear itself out. On the contrary he was convinced, that if the pulse remained at 130 for twenty-four hours, even the most powerful remedies would produce but little effect in arresting its subsequent course.

Mr. STEVENS said, that the pathology of disease was so intimately connected with its appropriate treatment, that he should be obliged to depart a little from the regular line of the evening's discussion. Dr. Whiting's opinion of the erysipelatous nature of the disease, he did not think at all strengthened by the present case; he (Mr. Stevens) thought that all the opposing theories on this subject might be readily reconciled with each other, and referred to one and the same disease, without subdividing it into various shapes to suit the several theories proposed. If three physicians were sent to investigate intermittent fever (supposing it an unknown disease), and that one saw the hot, another the cold, and a third the sweating stage, each would form a different idea, yet eventually a better knowledge of the subject would reconcile the conflicting opinions. Thus it was, he thought, in puerperal fever. In its worst forms it had been stated by some that inflammation does not take place, and this may be fairly admitted, unless it be denied that destruction of tissue may take place independently of inflammatory action. If it would be believed that some noxious agent might produce these changes without inflammation, he believed every difference might be reconciled. He had himself formed peculiar views on the subject; he believed the diseased agent to

be the blood; he considered that the blood of the uterus was corrupted, robbed of its vitality, and rendered unfit for the uses of the system. The disorganisations of the liver and lungs which are found in this disease, could thus be satisfactorily accounted for; both the malignant form and the inflammatory he considered could thus be explained; thus a minor degree of the depravation would only affect the uterus, while the greater would involve the entire system. There were numerous analogous examples of similar agents producing in different degrees the most opposite conditions; thus alcohol or opium in a small quantity excited, and in a larger narcotized the system. On this hypothesis the lochial suppression and fetid secretions would also tend to elucidate the subject, and might be viewed as malaria, or noxious agents influencing the uterine blood. In support of this opinion he cited a case in which he had known puerperal fever to supervene on the suppression of a profuse vaginal discharge, and he had seen several cases of sporadic inflammation originating apparently in the same manner.

Dr. RYAN felt quite surprised, that in the discussions on this important subject, so much had been said of the opinions of older writers, while the more accurate and well-founded views of the most recent authors had not been alluded to at all. This year there had been published an account of 220 cases of the *malignant fever*, not of peritonitis, in the great majority of which it was found that the uterine veins were inflamed. In the German epidemic of 1819, this pathological fact had been noticed; in the last number of the Edinburgh Medical Journal, and in that with which he was connected, there were critical notices of the recent work of M. Tonnelle, in which numerous examples were described of the inflammation of the uterine veins, especially those to which the placenta had been attached, abscesses had also formed in other parts. The disease might decidedly occur before delivery. In the great majority of cases the lochia were fetid. Dr. Blicke had, in the early part of the evening, mentioned this as an undescribed symptom. Now, it was very well known that Dr. Hamilton, of Edinburgh, laid especial weight on this point in his lectures. Dr. Ryan briefly enumerated the principal modes of treatment, namely, by turpentine, depletion, and calomel and opium, and to a combination of the two last, seemed to give the preference.

Dr. WHITING begged Dr. Ryan to state whether he believed that common puerperal peritonitis could continue longer than ten days.

Dr. RYAN. Decidedly it could, and by merging into the chronic state, could even continue for forty; puerperal fever and

puerperal peritonitis were two distinct and separate affections; and if the continental writers were correct, which he (Dr. Ryan) believed them to be, the name of uterine phlebitis might be substituted for the former appellation of this disease.

Dr. BLICKS said, that in one case out of 100, he thought no treatment necessary beyond warm fomentations and opiate clysters, and certainly it would be rather too much.

## WESTMINSTER MEDICAL SOCIETY.

*Saturday, 30th October.*

Mr. BACOT in the Chair.

Dr. A. THOMSON read a voluminous paper containing an account of the progress of a supposed case of hydrophobia, and the morbid appearances found on dissection.

Considerable doubt was expressed by some of the members, especially Dr. GRANVILLE, as to the hydrophobic character of the affection. In this opinion he was joined by Dr. BARRY, who considered the symptoms rather of the tetanic kind; trismus and opisthotonos were certainly very decidedly noticed, and the morbid sensibility to atmospheric exposure was entirely wanting.

Some doubt was even expressed as to the existence of such a disease as hydrophobia, communicable by specific contagion; in reply to which reference was made to the propagation of the disease by inoculation, as proved by the experiments of Mr. Youatt.

The *treatment* of hydrophobia was but very superficially alluded to. Dr. BARRY, in reply to a question as to his opinion of the utility of applying cupping-glasses to the recent wound, related some experiments made on pigeons poisoned by the bite of the viper. In one of these death took place in five minutes where the glasses had not been applied, but where they had been used, no bad symptoms ensued.

Dr. GRANVILLE announced his intention of reading a paper at the next meeting but one, on the political condition of midwifery in the metropolis.

## STATISTICAL REPORT ON THE ASYLUM AT CHARENTON.

M. ESQUIROL, the medical superintendent of this hospital, has lately published in the "*Annales d'Hygiène Publique*," an interesting paper on the state of the lunatic asylum at Charenton, and the statistics of insanity in general. The following is a short extract:—

In 1826, 1827, and 1828, during the months of June, July, and August, the proportionally largest number of insane persons was admitted, an observation which is confirmed by the statistical reports on Aversa, and lunatic asylums in this country; the age in which insanity was observed to have been most frequent was between the twentieth and fortieth year, and the ratio between male and female patients was as three to two. The latter proportion is opposed to what has been observed at the Bicêtre and Salpêtrière, where female and male lunatics had generally been admitted in the ratio of nine to five, which is, however, readily accounted for by the circumstance, that at Charenton insane military men are also admitted, which is not the case with the two other hospitals. From a comparison between the madhouses of the northern and those of the southern provinces in France, it appears that in the former the number of females, and in the latter that of male lunatics, is observed to predominate, but that, in general, the number of female to that of male lunatics, is as fourteen to eleven. Nearly the same proportion seems to exist in Spain; the madhouses of Madrid, Valencia, and Saragossa, contained by a fifth more females than males. In the Italian madhouses, on the contrary, more men are admitted than women, as particularly appears from the report on the Neapolitan hospitals, where, from 1814 to 1823, 1877 lunatics had been admitted, of whom 1323 were men, and 554 women. In the lunatic asylums of Holland the number of female is to that of male lunatics, as thirty-four to twenty-nine. In Great Britain the proportion of the two sexes is nearly equal, or thirteen males to twelve females. In the north of Europe there are, on an average, three male to two female lunatics, of which proportion, however, St. Petersburg is to be excepted, where, from 1814 to 1821, 1024 men and 433 women were admitted into the madhouses. In the United States the number of insane males predominates. All these observations combined, give the ratio of male to female lunatics as thirty-seven to thirty-eight.

In conclusion, M. Esquirol remarks that by far the greater number of lunatics at Charenton during 1826, 1827, and 1828, consisted of unmarried persons, military men, merchants, tailors, and shoemakers, and that excesses in the use of spirituous liquors and in venery, had been the most predominant causes. Of 624 lunatics, 209 were cured, 194 were discharged as incurable, and 221 died. The number of cures appears to us to be very great, but we do not recollect having ever heard of such an enormous mortality at a madhouse as that just stated, being more than a third of the whole number of patients.

## MEDICAL INSTRUCTION AT PARIS.

According to a royal ordinance, published in the *Moniteur* of the 5th of October, all vacancies at the "Faculté de Médecine" are in future to be fitted up by a "concours general," the particular mode of which is to be decided by the "Conseil d'Instruction Publique," after a report from the existing professors of the faculty. It seems, however, that the medical public at Paris has not much confidence in them, and several petitions have lately been presented to the minister of the interior by a large number of practitioners indicating what they consider to be the best mode of concours, in order to secure to the faculty such members as are most competent to fill the chairs. One of the projects mentioned in the *Lancette Françoise* strikes us as being peculiarly appropriate, and our readers will, no doubt, read the following extract with interest, though also with envy, as the wretched state of our own medical instruction leaves little hope of such a reform here, as has even already taken place in France. It is proposed that the candidate shall undergo the following trials:—

1. A strict investigation into, and discussion of, all works and papers he has published before his candidature, as well as into the "concours" he has gone through previous to the present one, the lectures he has given, &c.

2. Three extempore lectures, namely, first, a general one on the science of which he is desirous of holding the professorship; secondly, one on a particular subject relative to the same science, both after twenty-four or forty-eight hours' preparation, and a third lecture similar to the second, but after one or two hours' preparation only.

3. A thesis on a subject determined by lot; it is to be published in French, and submitted to a discussion of two hours.

4. If a clinical professorship is the object of the "concours," the candidate is, instead of the *extempore* lecture, to treat a determined number of patients at a hospital, in the presence of the jury, to take notes of these cases which appear to him worthy of commemoration; and, lastly, to give a clinical lecture on them.

## HOPITAL DE LA CHARITE.

REMOVAL OF THE THIGH ON ACCOUNT OF  
A GUN-SHOT WOUND.

*Death during the Operation.*

A SWISS officer, who had, during the three days, received a ball at the upper part of the thigh, was admitted at the hospital; the thigh-bone was found to be fractured a little

below the trochanter, and a great many pieces of bone having been extracted, a bandage was applied in order to keep the limb in extension; this was however without any effect, for the lower fragment was soon displaced, so that the limb became shortened by nearly five inches, swelled greatly, and profuse suppuration took place in spite of repeated counter-openings. The patient had unfortunately objected to the removal of the limb, which ought to have been performed as soon as possible; and it was not before hectic fever and emaciation had acceded, that he gave his consent to it. The flaps having been formed, M. Roux seemed to hesitate between amputation and exarticulation, when all at once the patient was observed to become of deadly paleness, and his mouth was spasmodically opened; the pulse was insensible, and he died in a few moments. A fatal result of the operation might almost with certainty have been anticipated from the extreme debility of the patient, but, of course, such a sudden death had not been apprehended.—*Lanc. Franç.*

## APPLICATION OF THE LIGATURE IN EPILEPSY, ATTENDED WITH AURA EPILEPTICA.

The *Decadas de Medic. y Cirurgia Pract.* contain the case of a girl about fourteen years of age, who, for nearly half a year, had been subject to monthly epileptic fits, with aura epileptica ascending from the fourth finger of the left hand, and extending up the arm to the head; the sensation of aura was always preceded by acute pain in the finger; the fits varied in violence, but always left the patient in a state of great prostration, &c. She had not yet menstruated, and as there was no other cause of the disease, the medical attendant ascribed it to the non-appearance of the menses, and treated it accordingly, advising however, at the same time, the use of the ligature above the finger, as soon as the pain was felt. In this manner the fit was always prevented, except when the ligature was not applied soon enough, or when the constriction was not of sufficient strength; the ligature was subsequently applied round the wrist, and thus never failed to act as a prophylactic up to the time when menstruation appeared, after which there was no recurrence of the fits.—*Lanc. Franç.*

MEDULLARY FUNGUS IN THE ANTERIOR  
MEDIASTINUM.

At the sitting of the Académie de Médecine on the 14th of September, M. Martin Solon communicated the following case:—A man, thirty-one years of age, and of a good constitution, had, for about two months,

been subject to pain in the præcordial region, when, on the 28th of July, he, for the first time, applied for medical advice; on percussion, which was very painful, the anterior part of the thorax presented a dull sound, and, at the same time, the "fremissement cataire," as it is called by Laennec, was distinctly perceived; respiration was perfectly audible, and the patient did not suffer from dyspnœa; after a short time, however, respiration became short, and could not be heard any more over the left side; pain in the left shoulder and difficulty of swallowing also acceded, and all these symptoms seemed to confirm the diagnosis of aneurism of the aorta, which the disease had been declared to be. At the beginning of September, when M. Solon saw the patient for the first time, the countenance was pale and œdematous; the pulse small but regular; respiration very short; the respiratory murmur audible only on the right side; the "fremissement cataire" was no longer perceived; swallowing was quite impossible, and the patient was in an extreme state of marasmus; he died on the 11th of September. On examination the anterior mediastinum was found filled by a fungous growth about three pounds in weight, eight inches in length, and about six inches in its transverse and anterior posterior diameters; it was of fatty texture, softened in a great many points, and its external portion similar to what is called medullary fungus; the left lung was forcibly compressed, and the heart pushed aside; the pericardium was of healthy structure, but closely adherent to the lateral portion of the tumour, which seemed to have originated from the fatty cellular tissue on the surface of the pericardium. The heart was one-third smaller than usual.—*Gaz. Médicale.*

#### ANEURISM OF THE ASCENDING AORTA.

By THOMAS GLASS MELHUISE, M. D.,  
M.R.C.S.

WILLIAM MURRELL, aged 42, a resident in Gibbon Street, Lambeth, whilst exerting himself in February last in favour of a candidate for the office of surgeon to the parish, was thrown from a coach, from which he experienced much uneasiness in his right shoulder and side. About three months since a small pulsating tumour made its appearance beneath the clavicle of the right side, and continued to increase, being attended with considerable dyspnœa and cough especially in the recumbent posture.

On the first of September he consulted me, when the tumour had increased to three and a half inches in its transverse, and about

the same in its perpendicular diameter, the centre being between the first and second ribs on the right side: the pulsation of the heart, compared with that of the tumour, was very trifling; his countenance was sallow, his breathing laborious, he passed restless nights; had spat phlegm streaked with venous blood; appetite good; tongue clean; bowels regular; pulse 72; he complained of his head being occasionally drawn down towards the right side, from which inconvenience he was relieved when he placed himself in the recumbent posture. I attempted to afford him relief by administering small doses of the acetate and citrate of morphia, tincture of foxglove, hydrocyanic acid, and occasional aperients; these means were beneficial for a short time, procuring for him tolerably tranquil nights, and relieving the cough and dyspnœa.

On Monday, October 11th, the tumour had assumed a purplish appearance and had increased in its perpendicular diameter to five inches, and in its transverse to seven; the face and anoles were swollen and œdematous; respiration very laborious; he was incapable of lying down, being constantly supported in a sitting posture; he complained of pricking pains in the tumour; had little rest by night or day, and had frequently spat coagula of dark-coloured blood. On Wednesday eve, the 13th inst., the tumour burst internally, when there was at the same moment heard a gurgling noise, and the poor patient immediately discharged from his mouth about a pint and a half of florid blood, and died in less than two minutes after the rupture had taken place.

#### Autopsy thirty-two hours after death.

Having made a perpendicular incision from the upper part of the sternum to the ensiform cartilage, another was made at a right angle to the first, over the centre of the tumour, extending it to the right axilla. The pectorales major and minor were quite healthy, parts of the second, third, and fourth ribs, were completely absorbed, and their extremities easily broken down with the fingers. On removing the sternum a large quantity of sero-sanguineous fluid escaped, and at least a pound of coagulated blood was found in the right pleura; the aneurismal cyst, about the size of a fetal head, was seated under the origin of the arteria innominata, and contained a large quantity of lamellated coagulum; it had burst into the inferior and posterior part of the middle lobe of the right lung, and there was a communication with the serous cavity by a rent in the pleura pulmonalis. The opening into the cyst from the ascending aorta was about the size of a halfcrown; the bronchi were

full of frothy blood. The reflected pericardium was loaded with fat externally, and contained but little fluid. The heart was of the natural size, flabby, and almost empty, the veins on its surface being distended with air. The valves of the aorta were perfectly healthy, but on the ascending and transverse portions of that vessel were discovered a few scales of ossific deposit. The stomach was distended with fecid gas, but quite healthy; the liver was of a pale colour, large, dense, and coarsely granular.

Lambeth, October 19, 1830.

DEATH OF MR. HUSKISSON—REJOINDER  
FROM DR. WEATHERILL.

To the Editor of THE LANCET.

SIR,—I am sorry the letter of surgeon Whatton, of Manchester, published in THE LANCET of last week, and purporting to be an answer to mine of the 27th ult., has disappointed me,—in one way, because it certainly fails to fulfil the writer's intentions; in another, that he should have displayed so much of teasy humour; and lastly, that he should have so far mistaken my meaning as to quote passages from my former communication merely, it would seem, to use them his own way, and contrary to what, it is quite plain, they were originally designed for.

Were I to concede to Mr. Whatton and his colleagues in this affair the full benefit of acting according to the best practice of surgery, still it must be granted the position into which his letter has thrown him, is an unfortunate one; were no other data considered, the unmanly, the repulsive temper and spirit of his language, count seriously against him; even it might be to destroy his claims to honesty in the estimation of many. That cause is weak indeed, whose vindication rests upon irrelevancy and vituperation. But with Mr. Whatton's bad philosophy and worse generalship I have less to do than with the subject on which he has exerted them.

Mr. Whatton does not believe (I can pardon his scepticism) that the consistency and professional etiquette of the faculty here, would allow them to be censorious in this case. In this, however, he is quite mistaken, and if he will not take my word for it, the testimony of others would not be difficult to obtain. The charge of imbecility, if not of ignorance, was the constant theme of conversation among the profession at the time; and, therefore, I feel justified in reiterating that portion of my former letter which speaks of the fact.

By quotation, Mr. Whatton makes me

say, "that an army or a navy surgeon might have saved the life of Mr. Huskisson." Now this was the opinion of a writer in *The North Briton*, and I caught hold of it only to expose its fallacy. My lamentation about the experience of army surgeons has however afforded a fine opportunity for Mr. Whatton (I am not offended at his dexterity nor his modesty) to say something very handsome both for himself and Mr. Ramsome.

I am now informed that a ligature was placed upon the femoral artery. When was this done? Why, several hours after the receipt of the injury, or, if you please, immediately after the medical men had made their first examination of its nature! But Mr. Whatton has not told us whether the hæmorrhage was arrested by this ligature or not; nor has he stated the time which was suffered to transpire in the consultation during and after this examination, before it was applied; he also has entirely forgotten to mention any thing concerning a reaction in the system. Mr. Huskisson was able to arrange his domestic matters, and appeared, after the first shock had passed over, composed sufficiently to converse for some time, not only rationally, but ably, with those about him. Was not this a time, I would ask, for the performance of the humane operation of Dr. Hennen? I think it was, and so do others; nor has the report of the case by Mr. Whatton, of peninsular notoriety, moved in the slightest degree the propriety of entertaining such a belief.

Most monstrous to remark, the bleeding was allowed to continue for a period of three hours or more, by "a constant draining from the veins!" This venous draining, however, was not all; there was a profuse arterial hæmorrhage, whose fury, I have good reason to believe, only abated as it overcame the strength of its victim.

It has been boldly asserted that amputation would have saved the life of Mr. Huskisson; but whether this operation would have been followed by such success or not, it was no excuse for its not being done, when this measure held out the only hope of advantage; the dread of a fatal termination should have been no intimidation; the case was of the most desperate kind, and *ad extremos morbos, extrema remedia*, is a doctrine which has been inculcated from time out of mind. "It is much better for a man to live with three limbs than to die with four."

It is always the duty of a medical man to employ every means in his power for the benefit of his patient, and Mr. Whatton will agree with me in this; if he does not, he becomes a proper object of censure. The question then to be decided is, Was every human mean employed to rescue the life of

Mr. Haskisson? I do most conscientiously, and most unequivocally, beg leave to say, there was not.

Yours obediently,  
THOMAS WEATHERILL, M.D.  
Liverpool, Oct. 26, 1830.

LETTER FROM MR. SELLS.

*To the Editor of THE LANCET.*

SIR,—Your liberal impartiality in observing the maxim of “Audi alteram partem,” assures me that you will readily insert my short notices of two passages in Mr. Morson’s defence of Mr. Bowen.

To that of “Mr. Bowen and myself having met each other frequently,”—I have to deny it entirely, having never even seen him from the period of Mrs. Clarke’s death, until after Sir A. Halliday stopped me in the street at Hampton, and said to me, “I’ve seen Bowen, it’s all lies; he opened the head, and delivered the woman.”

To the equivocal passage of his believing something, and about my not coming forward at the meeting or council held at Mr. Jackson’s on Aug. 26th, I have to express my opinion that it never was intended I should be present, as I had no information, direct or indirect, of when it was to take place, and knew not of such meeting having occurred until two days afterwards.

I remain, Sir,  
Your most obedient servant,  
WILLIAM SELLS.

Kington, Nov. 2d, 1830.

SUMMER LECTURES ON SURGERY.

*To the Editor of THE LANCET.*

SIR,—In your last Number of THE LANCET, in answer to your correspondent, “A Medical Student,” I perceive that you are not aware that the Court of Examiners of the Royal College of Surgeons will receive a certificate of a summer course of lectures on surgery, duly delivered between the months of May and October, and including, like the winter course, not less than sixty lectures, which I am now delivering, and shall recommence on the 1st of June, 1831. I have by me a letter from the secretary of the College, in answer to one from me, dated 1st of October, stating that my summer course will be received.

I am, Sir, yours obediently,  
J. EVANS RIADORE.  
17, Tavistock Square, Nov. 1st, 1830.

MOTIONS OF THE HEART.

*To the Editor of THE LANCET.*

SIR,—In reading yesterday, in THE LANCET, your very excellent and candid review of Dr. Corrigan’s opinions on the motions of the heart, and the cause of the impulse of the heart on the chest, I was struck by the fact, that both Dr. Hope and Dr. Corrigan, as well as the reviewer, in speaking of the tendency which a flexible tube has either to become straightened or still more bent upon the injection of a fluid, omitted to consider the influence of the form of the tube—I mean the shape of its cavity—or, to speak in a different manner, that they overlooked this, viz. that the injection of a fluid into a tube of flexible materials would (particularly if its passage through were in some measure resisted) cause the sides of the tube to assume that position in which the cavity of the tube became the greatest.

Therefore, upon the injection of a fluid into a tube of flexible materials (like the aorta), with some degree of resistance to its passage off at the other end, the tube would become either more straightened or bent than it was before the injection, according to the position of the tube when partially empty or flaccid, in relation to its position when distended to the utmost.

If you think these observations worth insertion, will you favour me by giving them a place in your Journal.

I remain yours,  
H. P. L. DREW.  
Thursday, October 7, 1830.  
79, Gower Street.

TO CORRESPONDENTS.

The whole of the letters requiring answers will be noticed in our next. The Index to the last volume will also be published with our succeeding Number.

*A Married Medical Assistant.* He cannot dispense his own medicines without being liable to the penalties in question, although he may not style himself “Apothecary.” Neither will a court of law assist him to recover debts for medicines and attendance.

The letter of *Hiatus* must be authenticated.

The letter of *H. F.*, Bristol, was mislaid, and we presume that an answer to it would not now be desired.

We have not addressed a letter to our correspondent *H. R.*, of Leominster, because we cannot yet give him all the information he desires; but whenever the arrangements are complete, ample opportunities of becoming acquainted with them will be afforded in this Journal.



# THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 13.

[1830-31.]

*Dublin Hospital Reports, and Communications in Medicine and Surgery.* Vol. V.  
Dublin: Hodges and Smith. 1830. 8vo.  
pp. 631.

Of this excellent volume we should speak in lengthened terms of approbation, but the abstract we propose to make of its most prominent papers, will entirely supersede the necessity of our eulogium. The subsequent "sample" will enable our readers to estimate the value of the entire volume.

A joint report from Dr. Graves and Dr. Stokes, the physicians to the Meath Hospital, occupies a hundred and twenty-eight pages of the volume. It is subdivided into different sections on diseases of the arterial system, painful swellings of the extremities, disease of the lymphatics, diseases of the respiratory organs, and of the abdominal viscera. Of each of these topics they have given able and well-illustrated notices. The first section includes a most remarkable case of arteritis, to the abstract of which we would call the most serious attention. On the 7th of February, 1829, Patrick McGrath, ætat. 44, of strong habit, was admitted, labouring under loss of power of the right lower extremity. He had been exposed to considerable hardships for six months, and in the beginning of the previous December, was first affected with alternating sensations of cold and heat in the toes of the right foot. Soon after the same sensations were experienced in the leg, with fornications and partial loss of power. Pains of the foot next supervened, in a month the part became cold and deprived of sensation.

On admission, the temperature of the body was natural, except in the affected limb, which was as low as 58° Fahrenheit; the pulse 96, small, and soft. There was complete loss of sensation from the middle

of the thigh to the toes. The femoral artery was hard and painful, and in it no pulsation could be felt; the stethoscope further indicated absence of pulsation in the external and common iliac arteries of the affected side. The authors hence concluded, that the right common external iliac and femoral arteries, were in a state of permanent obstruction. Warmth was applied to the limb, and opiates exhibited. In the night the temperature of the parts rose to the natural standard, and the thigh became generally painful on pressure. Leeches were applied, and opium freely given; the next day the thigh was more swollen, vesications appeared, and he died on the subsequent morning.

We omit the notice of the dissection of the general cavities, and proceed to that of the arterial system: the descending aorta was healthy to within six inches of the bifurcation; here a slender red fibrinous clot was found stretching nearly to the bifurcation, beneath this clot the lining membrane was of a deep-red colour, thickened, and soft. On slitting down to the bifurcation, the right common iliac was found completely plugged up from its origin by a dark clot, which extended to the external and internal iliacs, and also engaged the gluteal and obturator arteries; the same disease was found in the femoral and profunda, and extended to the origin of the anterior and posterior tibial arteries, which vessels, including the peroneal, presented a similar appearance as far as they could be traced. Along the course of the diseased vessels, the lining membrane was found soft and thickened. It had somewhat a villous appearance, and greatly resembled an inflamed mucous membrane. No disease whatever could be detected in the veins of the affected limb.



On these symptoms and pathological appearances, the authors comment with great ability. They notice, in the first place, the commencement of the disease in the extreme arteries of the foot, and its gradual extent upwards, as proved by the consecutive progression of the coldness and pain in that direction. They observe that the coldness of the foot, while the thigh generally retained its standard warmth, indicated the affection of the ultimate branches, while the larger were yet disengaged, and that the dissection still more forcibly corroborated this opinion, by exhibiting the clot increasing in consistence from above downwards. They consider that, in this case, the clot differed in its origin and nature from that which constitutes aneurismal coagula, and which proceeds from the coagulation of blood arrested in its course. Here they think it probable that the obstruction originated from the effusion of lymph poured out from the inflamed lining membrane of the arteries, augmented perhaps by the subsequent coagulation of impeded blood.

Further, they apply with much ingenuity the detail of the symptoms to the corresponding evidence which the dissection produced. "In this case," they observe, "the extreme coldness of the limb pointed out, in the first instance, that the circulation was obstructed. Coldness occurs in some cases of paralysis from disease of the nervous system, but it is slight; here the temperature of the affected limb was  $30^{\circ}$  below the natural standard. This great coldness, and the slight and but little extended oedema observable on the admission of the patient, showed that the obstruction existed in the arterial rather than the venous system, and this was borne out by the absence of pulsation in the femoral artery, as observed by the touch, and in the iliacs by auscultation.

One of the most interesting circumstances in the case they consider to be, the occurrence of inflammatory action in the cellular tissue and skin of the affected limb towards the close of the disease; this they believe to have proceeded from a natural effort towards the restoration of the circulation, by means of anastomosing branches from the healthy arteries of the opposite side. From over-action thus induced, they believe the external inflammation to have arisen; and

they argue, that if their views be correct, the application of warmth must be injudicious, after the collateral circulation has commenced; on the same principle that warm applications are improper, or even dangerous, in the case of frost-bitten parts.

As to the diagnosis of this disease, they do not consider it to be difficult, in the advanced stages; "there is paralysis, but this has not been preceded by symptoms of cerebral or spinal disease, and the intellects remain undisturbed. To this the feeble pulsation, or its complete absence, in the arteries of the limb, are to be added, and no difficulty will be experienced in detecting the disease."

We question much how far the intellectual condition can be admitted as an item in this diagnostic evidence. Paralysis of one of the lower extremities by itself, but rarely, if ever, arises from cerebral disturbance alone, and we have seen almost innumerable examples of spinal disease, in which the intellects continued totally unclouded to the last moment. But to resume the author's observations:—

"In its early stages," they continue, "the diagnosis is more difficult. Here, however, an accurate comparison of the temperature of both limbs, and the force of the arterial pulsations, may, perhaps, lead to a discovery of the disease soon after its commencement, and thus enable us to arrest the progress of the inflammation. At all events the disease might be checked, if not cured, so as to allow the anastomosing vessels time to take on the supplementary action."

We pass by the other arterial cases which the authors describe, but which are possessed of deep interest, and we proceed to the section which relates to painful swellings of the extremities, and which contains an abundance of the most important practical information. It is moreover distinguished by the creditable candour in which they contrast their own views with the opinions of others, and draw from their practice cases to a certain extent contradictory to the opinions they had previously expressed. Of painful swellings of the extremities, they describe three cases:—The first occurred in a man named Andrews, who was admitted for apparent tertian ague, at the same time labouring under swelling of the left leg and thigh, but which affection he concealed. As several other cases of ague were in the

house at the same time, the ordinary treatment by the sulphate of quinine was adopted, which, to the surprise of the medical attendants, seemed to exert but little influence on the disease. The true nature of his illness was then discovered. The left leg and thigh were extremely painful and swollen; the limb was very tender on pressure, *particularly along the course of the saphena vein*, which, in its whole extent, felt like a hard chord. The temperature of the parts was not increased. The quinine was now omitted, leeches were applied, and calomel and opium exhibited. This treatment proved successful, and in three weeks he was discharged well.

The second case was one of more serious character:—The patient, Eliza O'Donnel, *ætat.* 21, was admitted on the 3d of June, 1839, with symptoms of gastric fever and pain in the right side; thirty leeches were applied, and aperient medicines given. Convalescence appeared to commence on the 6th; but on the 7th, without any obvious cause, it was found that a violent pain had occurred during the night in the calf of the left leg, which was extremely tender, hot, and tense, but free from redness, and did not pit upon pressure; *the tenderness was especially great along the course of the saphena vein*, which felt chordy in its whole extent. The pulse was 108, hard.

Leeches were applied along the vein, calomel and opium, and the hip-bath employed, and in a few days her symptoms were relieved; but a decided tendency to a recurrence of the disease manifested itself on several occasions, proving exceedingly distressing, but eventually yielding to leeches and stupes, so that she had nearly recovered by the middle of July.

With reference to the case of Andrews, the authors, in the first place, remark on the striking example it furnishes of the danger that may arise from neglect of accurate examination in any case, however simple in appearance, and in further illustration of this circumstance, they adduce another example of the same disease:—

"In a female patient, much debilitated by fever, convalescence had but commenced, when she complained of want of sleep from severe pain in the calf of the right leg. At this time we were not familiar with the disease. On examination of the limb, the skin was of the natural colour, and it did not ap-

pear increased in size, or swollen in the least. Narcotics were exhibited, but without benefit, and on the following day, the pain being very severe, and occupying a small spot on the leg, a moxa was applied. Next day, on taking down the bed-clothes, the left leg was accidentally uncovered, when we were at once struck with the great difference of size of the two extremities. The right, which we had supposed of natural size, was nearly twice as large as the left, which was emaciated from the long continuance of the fever."

The apparent intermittent fever in Andrews, they compare to that produced by urinary irritation, and they offer some very judicious remarks on the exasperation of these cases by the use of the sulphate of quinine. In one case of another description, they even noticed well-marked tertian ague to supervene *during the administration of large doses of this medicine.*

The disputed pathology of these swellings next engages their attention; "An accurate observation," they state, "of numerous cases both of phlegmasia dolens occurring after delivery, and of painful swellings of the extremities appearing during or after fever, has satisfied us of the pathological identity of the two diseases." This conviction they found on the similarity, if not identity of symptoms, their occupying at one time the entire limb, at another only parts of it, and changing from site to site in an erratic form.

"In some cases," they continue, "we have observed this affection to be attended by a cordy and painful state of the saphena vein, proving that it participated in the disease; but as this state of the vein, when it did occur, was in some cases subsequent to the disease in other parts of the limb; and as in the majority of cases of phlegmasia dolens, and in the painful swelling of the extremities after fever in the male and female subject, no such affection of the saphena occurred, we think that the latter cannot in justice be considered as the cause of the disease. The occasional occurrence of the swelling in the inferior portion of the limb, in the first instance, and its erratic nature, militate against the idea that the disease proceeds from an affection of the large venous trunks."

Several circumstances, which we need not mention in detail, induce Dr. Graves and Dr. Stokes to refer the primary seat of the disease to the subcutaneous cellular tissue; the external and vascular layer of the corium

remaining uninfamed will account, they believe, for the absence of redness in such cases. When leeches were applied, they observed a quantity of serous fluid to flow from the bites before blood appeared, and this fact they apply to the confirmation of their opinion on the grounds that "the cellular tissue seems to follow the same law as serous membranes; moderately inflamed it effuses an unusual quantity of its natural secretion, serum; when the irritation is more intense, the effusion is also altered, it contains more animal matter, approaching in its qualities to coagulable lymph, and sometimes it is of a puriform nature; in this latter form it is occasionally noticed in intense cases of the true phlegmasia dolens, but usually the secretion is intermediate between the serous and puriform nature."

All these arguments, it will be observed, tend to contradict the recently prevailing opinion that phlegmasia dolens is produced by phlebitis of the veins of the limb. It is worthy of notice, however, that the saphena vein was, in point of fact, inflamed in all these cases, and certainly we do not attach the same importance as the authors, to its apparently supervening after the swelling and not preceding it, as the cause should its effect. For, it is plain that the internal or deep-seated veins may be inflamed beyond the reach of our examination; that a tendency to this state may exist in the external veins, and thus that both may induce the peculiar swelling of the limb, before the progress of the phlebitis renders itself manifest in the condition of the saphena veins. In these remarks we are borne out by a case which occurred, subsequently to the writing of the authors' conjoint statement, and which they with the utmost candour describe. A young man was admitted labouring under typhoid fever, but chiefly complaining of severe pain in the upper and anterior portion of the right thigh. The limb became swollen, and four days after admission he died. On dissection, besides the evidences of pleuropneumony, pericarditis, and splenitis, the following appearances were observed in the venous system of the affected limb.

"In the external iliac vein, we found just above Poupart's ligament, a large concretion of a granular appearance, friable, and of a yellowish colour, nearly plugging up the vessel, and extending into some of the

minute collateral branches; the lining membrane was red, and in one point adhered to the coagulum; no puriform matter could be detected; the femoral and popliteal veins were healthy, as also the arteries; the cellular tissue of the limb was pale and cedematous." It cannot be denied, they add, "that this case is strongly corroborative of the opinion before entertained, and lately insisted on by Tommasini, that the phlegmasia alba dolens is in reality owing to phlebitis. It would, however, be unphilosophical to form certain conclusions as to the disease in question from a single case. We have put our experience of the disease now on record, and leave to our readers to form their own opinion."

There next follows an instructive case of psoas abscess which terminated suddenly, and in which, on dissection, a singular lymphatic affection was discovered. The internal surface of the abscess was quite smooth, as if it had been lined with serous membrane, and towards its infero-posterior portion there existed five or six orifices of the diameter of peas, with surfaces perfectly continuous with that of the sac. They terminated in organised tubes, which appeared to be lymphatics, for they led to a mass of diseased glands which lay on the brim of the pelvis. The vessels between the lymphatic glands and the abscess were filled with pus precisely similar to that in the abscess, while the glands were distended with matter evidently of similar origin, but changed in its physical properties. In some it was still fluid, but much thicker than in the abscess; in most it was converted into a soft cheesy mass. From these glands ascended a chain of lymphatics communicating with the thoracic duct, and containing solid matter resembling that of tubercles. The thoracic duct was distended to the size of the middle-finger, and felt hard and nodulated. It was found to contain a similar matter, but much harder in consistence, and mixed with a large proportion of a calcareous substance, such as occurs in diseased bronchial glands. The uterus was filled with a mass of the caseous matter.

The authors consider this case of much pathological importance, with reference to the changes observed in pulmonary tubercles. Still they build no theory on the foundation it affords; neither do they, by its assistance, endeavour to prop up any hypothesis already advanced; they judiciously content them-

selves by merely observing the fact of pus having in this instance been converted into matter of a caseous consistence, of the absorption of its fluid particles, the new arrangement of its solid particles, its assuming all the physical characters of solid tubercular matter, and like this finally passing into a state in which its calcareous matters predominate over the other ingredients.

The ensuing forty pages are occupied by extremely interesting cases with remarks on the diseases of the respiratory organs. Of these our notice must be very short. By a summary of the cases it appears that acute inflammation of the pulmonary tissue and of the bronchial mucous membrane, are the prevalent inflammatory diseases of the respiratory organs, and that simple pleuritis is in Dublin a very rare disease. Simple pneumonia, they found, was most advantageously treated by venesection and tartar emetic, and of the mode of exhibiting the latter they afford much novel and highly valuable information; they find that its use is most suitable in the *early* stages of the disease, in strong constitutions, and during the absence of gastric symptoms. The cases which resisted the use of the remedy were entirely such as combined gastro-enteritis with the pneumonic inflammation, and they have found that after leeching the abdomen and thus removing the gastro-enteritis, that then the tartar emetic operated with its accustomed efficacy. Six grains are generally administered the first day, and the dose is increased by two or three grains daily, until fifteen grains are exhibited in the twenty-four hours. At this rate they have been able to administer it for several days, always with the best effects, and seldom or never inducing the slightest abdominal irritation, further than occasional colicky pains which yielded to mild laxatives, stuping, and opiates.

In cases where a complication with abdominal disease decidedly exists, where the fever is low, and the powers of life greatly sunk, they have found the active administration of calomel and opium, followed up by the decoction of polygala, and other stimulants, to have succeeded in the most remarkable manner.

We cannot omit to notice some facts connected with the use of the stethoscope, which are of the utmost practical importance,

and which the authors explain in a masterly manner. The first is, the occasional disappearance of hepatization without the occurrence of the "crepitus" of resolution. The second respects the sonorous rale, and is of the deepest practical importance. In several cases of the worst catarrhal fever, while the patient was in a semi-comatose condition, nothing is often observable by the stethoscope during ordinary respiration, though a loud sonorous sound is heard upon a deep respiration. Where the fever, however, is on the wane, when convalescence is setting in, and the patient in every respect improved, then a loud sonorous rale is heard even in ordinary respiration, owing to a diminution of inflammatory action, and not to its increase, as an inexperienced stethoscopist might readily imagine.

The great modifications which laryngeal affections create in the stethoscopic evidence of pulmonary disease, is made the subject of lengthened observations. A singular phenomenon is also noticed of the formation of temporary tumours on the percussed parts of the chest in tubercular phthisis. Some cases of phthisis are alluded to, in which the pulse was full and slow, contrary to that state of quickness which, by many authorities, is even considered as diagnostic of the disease. A case is also cited, in which, notwithstanding the destruction of the greater part of the lungs, the calorific functions were increased in activity. Finally, a most extraordinary instance of malformation is described, in which the stomach lay within the thorax, above the diaphragm, and completely beyond the reach of its contractions. Vomiting occurred continually during the patient's illness, "a fact," as they observe, "worth a thousand experiments, and which completely decides the question that vomiting may be produced by the action of the stomach itself, unassisted by any external compressing force, notwithstanding what Le Gallois and late physiologists have said to the contrary."

Our limits will hardly permit us to give a detailed notice of the concluding portion of this paper; where it relates to the diseases of the abdominal viscera, two points of great importance are therein minutely examined and illustrated; namely, the operation of opening hepatic abscesses, and peritonitis consecutive on perforation of the intestines,

a disorder which has of late been almost epidemic in some of the Dublin hospitals, and requires very peculiar treatment, of which we can say no more than that venesection appears to be hurtful, and opium in large doses of the most unequivocal advantage.

We shall return to this volume again at an early occasion, having in the mean time given, we believe, sufficient proof of its worth, to justify the opinion we expressed at the commencement of our abstract.

*Medico-Chirurgical Transactions.*  
Vol. XVI. Part I.

(Continued from page 218.)

The first part of the 9th paper, by Mr. A. C. Hutchison, on the infrequency of calculous diseases in seafaring persons, merely confirms the statements made by him in his former essay on the same subject, and requires, therefore, no particular notice here. The second part "on the frequency of calculous diseases in Scotland," shows, that contrary to the general opinion, these diseases are, on the whole, more prevalent there than in England, the proportion being one in 83,000, though only cases observed in the principal towns are included in the calculation; while in England, according to Dr. Yelloly's statement, it is only one in 108,000. The cause of this frequency, Mr. Hutchison does not attempt to explain, otherwise than by observing, that "it may possibly be owing to the more sedentary occupations of the Scottish people." He seems, indeed, to think, that it may also be in some measure owing to the nature of the food in general use among the lower orders, but does not in any way point out how this could have such an effect.

Of the 10th paper, by Mr. Langstaff, and entitled "practical observations on the healthy and morbid conditions of stumps," it is difficult to give any thing like an analysis; it consists chiefly of descriptions of a number of preparations in his museum, which, apart from the preparations themselves, can of course have but little value. They are, indeed, preceded by a very accurate account of the healthy actions which usually take place in stumps after amputation; but of the causes of the morbid changes, especially the enlargement of the extremities of the divided

nerves, which form the particular subject of the paper, and which the preparations described are intended to illustrate, Mr. Langstaff does not attempt the least explanation; and though he promises at the beginning of the paper to describe the method he has adopted most successfully in making a good stump, and rendering the parts capable of receiving any mechanical assistance, yet all that he subsequently states on this point is, that the flap operation is preferable to the circular, and that too much muscle ought not to be left, as it is injurious, by impeding the adhesive process, the absorbents having to remove the unnecessary parts of the muscles before this process can be established. We confess, therefore, that these "practical observations" have disappointed us, and that they are not altogether such as might have been expected from so accurate an observer, and so intelligent and experienced a pathologist.

No. 11, is an account of a case of aneurisms of the external iliac and popliteal arteries, in which the common iliac was tied by Dr. Crampton, of Dublin. The operation was performed in the same manner as that in which Dr. Stevens first tied the internal iliac, the incision being made downwards from the last rib along the crista ilii, and the peritoneum being separated from the fascia iliaca without division. The vessel was thus completely exposed to view, and a ligature passed round it without the least difficulty. The patient appeared to be going on well, except that some degree of pulsation returned in the iliac tumour on the second day after the operation, and the ligature, which was of catgut, came away on the 8th; but on the 10th day violent hæmorrhage suddenly occurred from the wound, which was nearly healed, and proved almost instantaneously fatal. On dissection the artery was found to be still pervious, though the internal and middle coats were completely divided in its whole circumference and small portions of lymph adhered to its external surface. The state of the contents of the iliac aneurism is not mentioned, nor whence the fatal hæmorrhage proceeded; we suppose, however, that it was from an ulcerated aperture at the point where the ligature had been applied, as it is stated that a small abscess had formed there. The return of the pulsation, and the unfortunate

event in this case, seem evidently to have been owing to the softening of the ligature, "by which it was thrown off before the obstruction of the artery, or the coagulation of the blood in the aneurismal sac, had been completed." No reason is given why a catgut ligature was used in preference to a silken one, the employment of which would probably have ensured success to an operation undertaken under favourable circumstances, and in other respects admirably executed. It is somewhat remarkable, that at the end of this paper Dr. Crampton speaks of the operation of tying the aorta as though it had never yet been performed.

The 12th paper, the longest, and perhaps the most interesting of all, is by Dr. Elliotson, on glanders in the human subject. Two patients labouring under this terrible disease were admitted into St. Thomas' Hospital in the course of last year, and the case of the first, who was under Dr. Roots, is described in our 291st Number, under the title of "gangrene of the nose." In that of the second, who was under Dr. Elliotson, the progress of the disease was more rapid, and the symptoms were more strongly marked, but in both cases they were essentially the same: typhoid fever, with great prostration of strength; abscesses in different parts of the extremities; pustules on the face, especially on and around the *alæ nasi*; gangrene of the extremity of the nose, and a profuse discharge of fetid pus from the nostrils. Although both these cases were seen by most of the medical officers of the hospital, as well as by several other practitioners and a great number of students, no one appears to have been at all aware of their real nature. Even Dr. Elliotson, who was satisfied that the disease depended on some morbid poison, was quite unable to indicate its source, especially as the friends of both the patients, who were particularly questioned on the subject, positively denied that they had ever been exposed to any kind of contagion which could be supposed capable of producing such effects. It was, therefore, some days after the death of the second patient, and on seeing "fatal case of acute glanders" on the cover of a contemporary journal, that "the truth instantly flashed upon his mind." On reading the history of this case, which occurred in a cavalry soldier in Ireland, and under circumstances which placed the source

of the contagion beyond all doubt, Dr. Elliotson was fully satisfied of its identity with the two which he had lately observed. With this clue he recommenced his inquiry, and after much difficulty and delay succeeded in ascertaining, that in both instances the patient had been in frequent contact with a glandered horse, in the advanced stage of the disease, a short time before the commencement of the fatal affection, and under circumstances which clearly showed how it had originated. To the account of the two cases above-mentioned, and of the circumstances connected with them, Dr. Elliotson has added that of a third, which occurred not long afterwards to Mr. Parrott of Clapham, two from Mr. Travers' work on irritation, and several others from German medical journals, one of which was written so long ago as 1821, so that the disease must be pretty well known in that country. All these cases agree in every essential point; and it is not a little remarkable, that although in one of Mr. Travers' cases true glanders was actually produced in an ass by inoculation with the matter of the patient's sores, he, with a singular degree of blindness, or prejudice, regarded them as cases of mere irritation, and not of a specific disease; and did not appear, when he saw the two patients in St. Thomas's Hospital, to have the least idea that they were labouring under a similar affection.

Considering the great number of glandered and farced horses, there can be little doubt that the disease in question, though not hitherto understood in this country, is not of very unfrequent occurrence, and great merit is due to Dr. Elliotson for having clearly established the fact, that the infection of glanders is communicable to the human subject, a fact which cannot be too generally known and acted upon, and the knowledge of which may save many individuals from a dreadful and destructive disease, against which, like hydrophobia, medical science is of but little avail.

The 13th and last paper, contains an account of the dissection of the pelvis of the patient on whom the operation of tying the internal iliac artery was first performed, in 1812, by Dr. Stevens, of Santa Cruz, for aneurism of the ischiatic artery, and who died ten years afterwards of some thoracic affection. The preparation having been

lately brought to England by Dr. Stevens, was deposited by him in the museum of the College of Surgeons, and there examined by Mr. Owen. The artery was found to be entirely obliterated for the space of an inch where the ligature had been applied, but to retain its natural diameter for half an inch above its division. The obturator artery, which arose from the upper part of this pervious portion, was, as well as the ischiatic, entirely obliterated; but—

“The sacro-lateral artery was pervious, of the size of a crow-quill, and passed inwards to the second sacral foramen, whilst the gluteal artery of its natural size, received close to its origin, two vessels as large as the preceding, given off from the sacro-lateral artery near the third and fourth sacral foramina of the left side; the anastomoses of the sacro-lateral arteries with each other, and the sacra-media, were large and tortuous.”

The remains of the aneurismal tumour, about three inches and a half in length and two and a third in breadth,—

“Consisted of layers of condensed cellular membrane, and the peculiar fibrous arterial coat; it contained a quantity of dark-coloured granular, not lamellated coagulum, which, when removed, showed the internal surface of the sac to be somewhat irregular and raised in small patches by the deposition of soft matter,” &c.

To this statement Mr. Owen has added some account of two of the other four cases in which the internal iliac has been tied, but as these have been already published we need not notice them here.

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#### ON THE USE OF THE STETHOSCOPE

FOR THE DETECTION OF  
TWINS IN UTERO, THE PRESEN-  
TATION, &c. &c.,

By DAVID C. NAGLE, A.M.M.B., *Trinity  
College, Dublin.*

*Est quodam prodire tenus, si non datur ultra.*

THE perfection to which the stethoscope, so invaluable in the hands of the observant and discriminating physician, as a means of discovering the diseases of the chest, may be brought in the practice of midwifery also, will, I trust, be conceded with less reluctance than heretofore, after a perusal of the two following cases.

That auscultation has been used with decided advantage for the discovery of pregnancy, when all other means were found insufficient, is a fact that will not be denied, except by those who, from the imperfect nature of their education, or from physical impediments, have felt it an absolute impossibility to use it with even the slightest beneficial result. The following case will prove, that by it we are supplied with the most satisfactory means of discovering the existence even of twins; that we can, in most cases, determine the progress of the labour, and even the kind of presentation, without having recourse so often to the disagreeable, and frequently objectionable, mode of examination per vaginam.

On the 15th instant, a female, aged about 30, and in her first pregnancy, was admitted into the Lying-in Hospital, Dublin. The abdomen was, in this case, so enlarged as to lead to the suspicion of twins; and on the next morning my attention was directed to the patient by one of the nurses. Having applied the stethoscope, with a sheet interposed between its sternal extremity and the abdomen, I found a fetal heart to pulsate strongly, rapidly, and rather irregularly, midway between the umbilicus and the superior anterior spinous process of the left ilium. By a minute examination I satisfied myself that the cylinder was applied immediately over the fetal heart, with the rhythm of which I took particular care to make myself familiar. I next directed my attention to the other parts of the abdomen, still hearing the pulsations of a fetal heart, until I came on a point where they were most distinctly audible. This greater distinctness of resonance I found to be nearly under the linea semilunaris, between the umbilicus and the anterior inferior spinous process of the right ilium. The pulsations here I immediately recognised to be weaker, less rapid, and less regular in rhythm, varying from 125 to 133 in a minute, whilst those on the left side varied from 160 to 170. The patient, labouring under a smart bronchitis, was occasionally attacked with a severe fit of coughing, during which, the abdomen receiving a strong concussion, the pulsations of the fetal heart, on the right side, were remarkably accelerated, whilst those on the left were scarcely at all affected.

In order to draw a diagnosis, I compared, with as much accuracy as I was capable, the pulsations on both sides with each other, and then each separately with the impulse at the chest, and the pulsations at the wrist, of the mother. The diagnosis was, that there were twins; and I may add, that auscultation induced me to predict, that the head of the second child would present.

The announcement of this discovery was

received with considerable interest by some whom I took to examine the case; and Dr. Collins, the highly respectable master of the Hospital, was so satisfied of the accuracy of the diagnosis, that he declared "he could no longer repose confidence in the stethoscope in the practice of midwifery if the case did not prove to be twins." The patient, owing to a want of action in the uterus, continued to suffer a tedious, and at times a distressing, labour, until the night of the 20th, when, after the use of 45 grains of the ergot of rye, in divided doses, which at first quickened, then lowered the pulse, and evidently soon produced some slight action in the uterus, she was delivered of twins, the heads of both presenting, the delivery of the second being assisted with the forceps. From the nature and length of the woman's labour both children were dead; the second exhibiting the appearance of having been alive a short time previous to birth. The placenta in this case was single, and had to be removed by art.

Whether the following case will be considered interesting or not by the readers of THE LANCET, I will not venture an opinion, but I am induced to give it from a feeling, which I trust will ever direct me in my professional career, that by communicating to the profession whatever I find unusual, or likely to tend towards the advancement of science, I shall, *pro virili*, be discharging a duty which I think the members of a liberal profession owe to each other.

I was accidentally informed, on the 20th inst., that there was in the Lying-in Hospital, since the 16th, a patient who was not then delivered. Anxious to make some observations on the "placental murmur," as it is usually designated, I called to see the woman. She had then some smart labour pains; was 27 years old; married for three years, but had borne no child previous to her present pregnancy. Whilst preparing for the examination I proposed, I was informed by the patient, that "she was certain her child was dead, as she did not for some time feel it to stir." On the first application of the cylinder, I was enabled to assure her that her child was still alive. The phenomena first observed excited my curiosity, and pursuing my examination, I collected the following groups of symptoms, which, before delivery, I carefully committed to my note-book. Size and form of the abdomen not remarkable, as in the former case; stethoscopic symptoms peculiar and rather obscure; near the left hypochondrium a foetal heart pulsates strongly, very irregularly, but very distinctly, is occasionally exceedingly intermittent, not easily distinguishable from the pulsations at the mother's wrist, which are very quick, but dis-

tinguished with facility on comparison with the rhythm of the parent's heart. I found it to become, on a sudden, remarkably slow for a short time, much more so, indeed, than the ordinary action of an adult's heart, but soon to recover, quite unexpectedly, its natural rapidity. Immediately above the anterior inferior spinous process of the right ilium, the foetal heart is found to pulsate with rather more clearness than over any other part of the abdomen, except for a few inches in the region between the umbilicus and left hypochondrium. The rhythm in both places very nearly corresponded, except when the heart on the left side assumed that singularly slow action. The heart's action in the right ileum was a little weaker and often more rapid, more regular than that on the left side, and assuming no intermission of any consequence.

So much was I enabled to ascertain on my first examination at four o'clock. I had to leave the Hospital, requesting one of the midwives "to watch the case for me, as I was interested in the result for reasons I should afterwards explain."

Examination was resumed at half-past seven o'clock on the same day. Heart's action heard at the same relative distance, but not exactly in the same parts as at four o'clock, that on the right side having approached nearer to the pubes; that on the left nearer to the umbilicus. The heart on the left side not now irregular, nor in the slightest degree intermittent—stronger, but a little slower than that in the right ileum, where it is rapid, a little irregular in its rhythm, lower in the pelvis, and rather weaker than when last examined. Diagnosis:—"I have not the slightest doubt that it is a *twin case*, and, from the phenomena obtained by auscultation, I would be strongly inclined to think that the feet or breech of the second child will present." Previously to any examination per vaginam, auscultation enabled me to conclude, that the head of the first child was in the pelvis. Delivery of twins at eleven o'clock that night; the first dead, but with the appearance of having been recently alive; *breech and feet* of the second presenting; this a healthy-looking child, and much larger than the other two placentas in this case; a smart hæmorrhage.

Circumstances which occurred after the discovery in the first case prevented me, until the patient should be free from danger, from making known what I had ascertained in this, but I recommended some of the pupils to wait for the result of the case; and immediately on the expulsion of the first child, I read for them my notes and the diagnosis I drew.

In order to arrive at the conclusions I came to, I paid particular attention to the



points and the relative distances at which the fetal hearts were, in each case, most distinctly audible; and whenever I detected the slightest variation in the pulsations at one point, I instantly removed the cylinder to the other, in order to ascertain if the same change was observable there also. This must be done with the least possible loss of time, and with great accuracy of auscultation. When there is only a single fœtus, the auscultator must have observed that, whilst counting the pulsations of the fetal heart, he is frequently obliged to desist, in consequence of the fœtus suddenly changing its position in the uterus, except when the head has descended into the pelvis. This change of position I have not observed to take place in case of twins; hence the utility of observing the relative distances. The fetal circulation, in cases where there is but one fœtus, is not, I find, so liable to alteration in rapidity as when there are twins; and to the physiologist it may appear a curious fact, that when the pulsations of one fœtus in the latter of the two cases I have given were accelerated, those of the other would appear to have lost something of their wonted rapidity.

October 23, 1830.

#### ON THE "PYRAMID," AND "PÈRE LA CHAISE."

By THOMAS WILLSON, Esq., *Architect*.

THE General Cemetery question having now permanently engaged the public attention, it is desirable to consider it deliberately, and without prejudice; it is therefore requisite to trace its origin, and minutely examine the merits of the plans.

One of them is the design of an architect, the other is a proposition originating with a gentleman at the bar. The first of these plans was submitted to government in the year 1827, and was duly laid before the late King as well as his present Majesty. The novelty of a Mausoleum, upon a scale that contemplated interment of the millions, at once attracted the attention of the public journals, and as is usual with first impressions, met with sarcasm and wit, rather than examination. The notice of the press obtained for it the attention of men of science, and it was pronounced "one of the noblest conceptions of the age." The encouragement given to it by this class induced the architect to examine his project more attentively, and with a view to its practicability, to consider how far it could be simplified, and reduced, without prejudicing its grand feature, to a principle of economy; so that in every point of view it might be desirable for the adoption of the

public. The result of these inquiries, from the minutest calculations, exhibits upon the whole an extraordinary saving, in the course of one century, of several millions sterling! Hence the busy speculators of the day were induced to make inquiry for the Star of the West, which was to direct them to reap a rich harvest of interest upon invested capital. Under this influence, the barrister alluded to made his first visit at the Pyramid Office in May, 1829; his proffered friendship and alliance to the project were received with the utmost cordiality, and the most perfect union of interests was entered into, cemented by professions of honour and implied mutuality of good faith, inasmuch that reciprocity of interests, as well as the assurance of devotedness, opened the heart to the most perfect friendship and unreserved communication. Profiting by this, the learned gentleman, glowing in the ardour of unbounded ambition, and having recourse to the portfolio of his friend, possessed himself of the Pyramid, in detail, and liked it so well, that he borrowed the original before it was signed, and without permission, or further ado, took the said plans home with him, and exhibited them to his personal acquaintance as "a project of his own invention;" kept these plans for several months in spite of all remonstrance and expostulation, notwithstanding he had pledged his word to return them the following day; and finally, to crown all, this most honourable gentleman endeavoured to concoct the celebrated Pyramid Society at Paris, the plagiarism of which the real projector was under the necessity of exposing in the English newspapers; he, however, could form no conception that this bold and foul attempt was the work of his confidential friend; and still confiding in the worthy gentleman's integrity and honour, they laughed over the Parisian levity with the utmost good humour and surprise! The projector, however, felt it his duty to publish "The Pyramid Prospectus," and this furnished the public with the real name of the architect, which proved no joke to his honourable friend, who now began to entertain a very different view of it, and Père la Chaise became his hobby, and his hobby he is determined to ride, "come what come may," and thus determined, resolved he would sink the Pyramid at a blow; and such a blow as is rarely, it is to be hoped, to be found in the history of such friendships! He proposed, as the last act of kindness to his unsuspecting friend, that he should transfer the whole force of his support to him (the honourable gentleman's) chambers, that he might advocate the cause, and teach the assembled party the value of The Pyramid which now began to be talked of to his confusion. So that with one pesti-

lental breath, and by the single word—*impracticable*—he might at length damn “the work of genius,” and the midnight labour of years, with one withering blast! That he did so attempt who will endeavour to deny?—(Vide the *Père la Chaise Prospectus*.)

The above proceeding was, doubtless, enough to astound the boldest projector, who now writhing under his wound, and disgusted with the world's deceit, nearly sunk into a state of fatal stupor. He, however, rose above the shock, looked upon its depravity with pity rather than contempt, but for security-sake requested permission to deposit his plans of the Pyramid in his Majesty's Office of Works; and we shall now show how graciously they have been received by the Surveyor-General, who was pleased to send the following acknowledgment, with his unbiassed judgment, which will speak for itself:—

“Office of Works, 14 April, 1830.

“SIR,—I have to acknowledge, with many thanks, the receipt of your obliging letter, with the accompanying plans of your very valuable and scientific design for a general metropolitan cemetery, which does great credit to your professional talents, and with my best wishes for your success in your great and arduous undertaking,

“I have the honour to be, Sir,

“Your most obedient servant,

(Signed) “B. C. STEPHENSON.

“To Thomas Willson, Esq.  
&c. &c. &c.”

The foregoing letter, with several others of the same encouraging nature from some of the most eminent scientific individuals in the kingdom, which admit “that the Pyramid has the exclusive property of creating hundreds of acres out of a void space, and that no other plan can be invented with the like advantages, that it is also the most complete and comprehensive for the purpose required, and that no other plan can compete with it for its numerous and original qualities—that, in fine, it is the only one commensurate with the end proposed,” &c. These testimonials had the good effect of cheering up the spirits of the projector, and emboldened him to meet his honourable friend in the field of argument. He addressed him publicly at the meeting at Freemasons' Tavern, in condemnation of servilely copying the French, in the *Père la Chaise* scheme, and without deigning to think of his treacherous wound (fearing to injure a good cause), he checked every emotion of his aggrieved soul, and even offered his support for the general benefit—he moreover purchased five shares, in order to qualify himself to be a member of the committee—and, how has he been treated for his liberality and public spirit?

It is only a few days ago that the honourable gentleman (still smiling in the confidence of his proffered friendship) called at the Pyramid Office, and made the extraordinary proposal of a bribe to the projector, “if he would only descend further to qualify himself for the committee, by renouncing his Pyramid, and give the pledge of his word to support the vanity of the *Père la Chaise* hobby, through thick and thin, to the exclusion of every other plan, he would then confer office upon him, and have him on his committee forthwith; for (contingued he) as long as your Pyramid is before the public, it distracts our hopes, retards our progress, and prevents our receiving subscriptions, (which are of the utmost consequence to the honourable treasurer!) Write me, I beseech you, that you consent to my proposal, and you shall have my friendship for ever—adieu.” He instantly disappeared, like the bursting of a bubble! Adieu! aye, for ever; his friendship! what an insult! further qualification! a bribe too for dishonour! Surely as the projector has been duped of his deposit (12*l.* 10*s.*), he has doubly a right to demand restitution. These were the natural feelings of the insulted author of the Pyramid; and he appeals with confidence to an enlightened public to examine well the plan of the General Cemetery which they are about to adopt, before they venture upon subscriptions that may otherwise be applied contrary to their wishes, without regard to their true interests, and derogatory to the honour of the country.

From this statement the public will be assisted to form a correct judgment of the kind of man they have to deal with in the projecting barrister, who has travelled out of his record to obtain emoluments and fame. He is deliberately accused of duplicity and meanness, of cajoling and deceit; he has betrayed confidence, and under the mask of friendship deprived a deserving and laborious individual of all that he had ever hoped to enjoy, as the reward of talents devoted to the public. It remains to be seen whether that public will allow itself to be duped by pretensions, unsupported by a single claim to its patronage,—whether it will be satisfied with a *Père la Chaise*—a servile imitation of what requires no ingenuity to carry it into effect, which is a mere temporary expedient to meet a necessity, which accumulates with every succeeding generation, and which is designed to supersede a great national undertaking, which combines within itself a novel and permanent monument of metropolitan wealth and magnificence, commensurate with the growing demands of a dense and increasing population. Must the Pyramid sink to prepare the way for a scheme without genius, and a pro-

jector without veracity? who has forfeited every claim to confidence by a dishonourable breach of unsought and proffered friendship to him whom he first betrayed and then insulted? These are grave accusations: the worst part of them is that they are true, and cannot be controverted by the miserable delinquent they thus publicly and fearlessly denounce.

## CLINICAL LECTURES

DELIVERED AT

*'St. Bartholomew's Hospital,*

BY MR. LAWRENCE,

*Friday, Nov. 5, 1830.*

### PHLEGMONOUS ERYSIPELAS.

GENTLEMEN,—The severe case of phlegmonous erysipelas in Darker's Ward, to which I directed your attention at the last lecture, has since terminated fatally. I regret much that I cannot give you any account of the morbid appearances which the disease may have produced, in consequence of the examination of the body having been prevented by the friends of the deceased. The case was altogether one of unusual severity, and it would have been interesting to ascertain the state of the internal organs, whether they were sound, or whether there existed in them any morbid condition which might have given rise to a new state of the general system, and might, in some degree, have explained the occurrence, and the serious extent of the local disease. The nature of the case was moreover interesting, both in a pathological and practical point of view; pathological, since it afforded us as severe an example as I have ever witnessed of inflammation and mortification of the cellular tissue of the upper arm to at least two-thirds of its extent, and which, had the patient lived some time longer, would have induced sloughing of the integuments to a corresponding degree; practical, since it afforded a salutary caution with respect to the necessity of treating this disease efficiently from the first; and it shows also the danger that arises from inappropriate or inadequate treatment. In this patient, from the first, the disease must have been severe, yet the necessary treatment was not adopted, and he was six days in the Fever Hospital before I saw him.

When I mentioned, on the preceding evening, the mode of treating this disease by incisions, I did not mean that they should be limited in their application to that period in which suppuration and mortification have already taken place. On the contrary, they

are of the utmost utility in a far earlier stage, for they prevent the occurrence of the suppuration and mortification of the cellular membrane, which would otherwise supervene. When these have occurred, this treatment is above all others the best calculated to limit the further progress of the disease, and to relieve the congestion and tension of the inflamed parts. From the incisions in the present instance, the patient derived all the relief which could have been expected; the pain was diminished, and the general irritation lessened, but the disease had proceeded too far before they were performed.

### SIMPLE ERYSIPELAS, FOLLOWED BY METASTASIS.

The patient Robinson, in Faith's Ward, also requires notice this evening. Since the last lecture she went on fairly enough, as regards the inflammation, till to-day. A blister was applied above the inflamed parts, with a view to prevent its spreading towards the body, and this seemed to produce the desired effect. Subsequently, however, the inflammation has extended a little above the blister, but it soon stopped, and did not reach the groin. To-day the case has again become alarming, but from a different cause, from the sudden supervention of serious internal disease on the cessation of the external affection, or that which is technically called "metastasis." You will remember, that for the erysipelas she had been treated with considerable activity; in consequence of this depletion, the local inflammation has abated. She complained much of debility and exhaustion, and I ordered her the subcarbonate of ammonia and camphor mixture. Early to-day she complained of extreme pain in the chest, in the abdomen, and in the back, and her breathing became very much oppressed. She appeared in great distress, and in such general pain, that she could not precisely indicate the parts which were most affected; so that when I desired her to inspire deeply, she referred the pain which it created to her back. Her pulse was excessively rapid, and very feeble; her tongue inclined to be dry. Under all the circumstances, there is no doubt but that she has been seized with a violent pulmonary attack. As to the treatment, depletion has already been carried so far during the progress of the erysipelas, and she has been so enfeebled by the duration of that affection, that very active treatment cannot be instituted at present. I have directed twenty-four leeches to be applied to the chest, and a mixture containing tartar emetic to be taken occasionally, but I fear there is but little chance of a desirable termination of the disease.

## ANASARCA.

When you look, Gentlemen, to the catalogues of nosologists, and see the vast number of diseases they enumerate, the study of medicine appears of a most complicated nature; indeed it seems almost endless. Sauvages, for instance, has no fewer than one thousand three hundred *genera* of diseases. Now if you were to suppose that for each of these subdivisions a separate and distinct mode of practice were necessary, you might think the task an endless one, as I before observed; but when we examine into them practically, when we investigate the causes which have given rise to them, and the mode in which these causes operate, the matter is reduced to a much more simple bearing. Thus, though the forms of disease are very varied and greatly modified, yet the causes are comparatively few; they may act on the several divisions of the alimentary canal, or on the head, or on the circulation generally. Inflammation thus according to the organ it attacks, and many other circumstances, may assume various forms; yet, when we trace it back to its causes, we find that if they do not amount to absolute identity, yet they are in the closest degree alike. In this way bad habits and intemperate diet are known to operate as predisposing causes of disease, to produce an unusual state of the circulation, which may show itself in the end by inflammations in the thoracic viscera, the liver, the joints, in the form of gout, and numerous other modifications, and according to the constitution of the patient, apparently differing in nature, but in reality with respect to their causes.

Subcutaneous cellular effusion, Gentlemen, is one of the forms of disease originating in a disturbed state of the circulation, which irregular habits very frequently occasion, and an example of which we have now under consideration in a man named Simpson, about 30 years of age, on whose board "anasarca" is marked, and who was admitted on the 18th of October. In patients of thirty, Gentlemen, you usually do not expect to find anasarca as a symptom of general debility; but, on the contrary, the pulse will be usually firm, and the several symptoms indicative of a condition evidently depending on increased arterial action, and which is readily understood where irregular habits are acknowledged by the patient. This man, for instance, was a last and boot-maker, his employments were sedentary, kept him within doors, and, as is not unusual with persons of his class, he indulged himself in spirituous liquors, on the hypothesis, that the more strong drink he consumed, the more his strength should increase. He was very systematic, more-

over, in his mode of drinking, in which, by the way, he did not consider himself guilty of any excess; he had three pints of porter daily, in divided doses, half a pint in the morning, a pint at dinner, half a pint in the afternoon, and a pint at supper. I observed to him, "You take this quantity regularly?" "Oh yes, sir," he replied, "I keep very regularly to my times." Indeed he seemed to make a great merit of his systematic habits. (*Laughter.*) He took besides, he informed me, a small quantity of stronger materials now and then, a glass of gin and water occasionally, perhaps about seven glasses a week; and as he latterly felt himself getting weak, why to make himself stronger, he took an odd glass of wine. When I inquired as to his consumption of solids, he allowed, that except on extraordinary occasions, he seldom ate meat more than four times a day.

When you consider all this, Gentlemen, it will not appear very strange that a person of such habits should be liable to disease; accordingly he has been affected with rheumatism once before, about a year since, in this hospital. On the present occasion, about a fortnight since, he noticed his ankles tumid, the scrotum then became swollen; lastly, his face, and the subcutaneous cellular membrane generally, and for these symptoms he has been admitted now. I found the pulse full and strong, which facts, coupled with his previous mode of living, denoted the necessity of antiphlogistic treatment; he was accordingly bled to twelve ounces. I ordered him also active aperient medicines. On the first occasion, only four ounces of blood could be extracted from the arm, and he was cupped to 16 ounces. On the 21st October he was bled to 14 ounces, and the blood exhibited decidedly inflammatory characters. On the 25th, I directed him 2 grs. calomel, with a little opium every eighth hour, considering that depletion had already been carried far enough, and that the influence of the mercury would be sufficient to arrest any further inflammatory action, and at the same time to promote the absorption of the effused fluid. Under this treatment he rapidly improved, and, as far as the anasarca is concerned, may now be considered well.

A short time since I had a somewhat similar example of this affection in private practice, in the case of a gentleman about sixty years of age, of rather corpulent form; his aspect was full, and his face red. He was a gentleman who had recently retired from business, and was rather of free habits; his pulse was moreover full and strong, and when I saw him, his respiration was considerably accelerated by the exertion of coming to obtain my advice. I told him I should recommend the abstraction of blood, he

seemed greatly surprised. "Blood, sir," said he, "why I feel very weak." "I bleed you, sir," I rejoined, "in order to increase your strength." "Why, sir," he said, "my medical attendant has directed me to take strengthening things; but what appears to me strange is, that the more wine and spirits I drink, the weaker I become." I told the gentleman I did not wish him to believe me, if he preferred to obey the directions of any other practitioner; however, he eventually put himself under my care. I had him bled, gave him nitre and cream of tartar, with a little of the compound spirit of juniper; and as it is necessary to sacrifice a little to the habits of such persons, I allowed him a pint of porter every day. He returned to see me in a week; the blood had been sizzly; he had obeyed my directions; the serous effusion was removed from the legs, and in the course of a few days he was effectually relieved from all troublesome symptoms.

#### OPHTHALMIC INFLAMMATIONS.

There are two or three cases of inflammation affecting the various tissues of the eye which demand our notice at present. The first I will mention, is that of Sarah Dickson, in "Faith," ætat. 26, who was admitted on the 22nd October, with inflammation of the external tunics of the left eye, and you will see on her board a query affixed as to the existence of "iritis" also. The eye, she said, became first painful on the 16th October; she went to a medical person for advice, and had a lotion, which produced no relief. When admitted, there was evident inflammation both of the conjunctiva and sclerotic; there was a great deal of general disturbance, heat, feverishness, and headache; her rest was also disturbed by deep-seated pain in the eye. From this circumstance I was led to suspect internal inflammation; moreover her vision was dim, and on comparing both the irides, a manifest difference of colour could be perceived. Though the disease was but recent, yet the violent nature of the symptoms was well-marked, and in order to arrest the progress of an affection, which was serious as far as regarded the external parts, and suspicious as to the internal structures of the eye, I directed a pint of blood to be removed by cupping from the temple of the affected side. This evacuation was performed on the 22d October, and by the 25th she was completely well.

I must here observe, that in inflammatory affections of the eye, it is essentially necessary to use vigorous and effective measures from the commencement; you should not be content with the application of four or six leeches, and cooling washes, and then think the case will do well. Under such

useless treatment, it repeatedly happens, that the inflammation proceeds unabated, or even becomes aggravated. In my long experience, I have always observed the benefits attending active treatment in the early stages, and I have never known any evil to result from the depletory plan. I have no hesitation in saying, that if ineffective treatment had been continued in this case, the inflammation might have proceeded to the irreparable destruction of vision.

In the same ward, Gentlemen, there is a woman named Thomson, about 37 years of age, affected with chronic inflammation of the conjunctiva; her eyelids are also red; her nose, by the bye, is of the same complexion. On admission on the 1st October, the affection did not appear very serious, and no very active medicines were prescribed. On the 6th, however, 24 leeches were applied; on the 11th, she was cupped, to 16 ounces. The symptoms were still not at all diminished; and on further examination of the eyes, there appeared something like sclerotic inflammation, with some minute ulcers on the conjunctiva; the eyelids, too, were redder at their margins than they were before observed. She was cupped again to 16 ounces; on the 13th she was leeches, and again on the 15th; on the 18th leeches were again directed, but at her own request cupping was substituted, as she stated she felt herself much more relieved by the use of this evacuation. This, Gentlemen, may appear very large depletion, but it was strictly proportioned to the necessities of the disease, and the patient's own sense of the benefits it conferred. She was accordingly in the end entirely relieved.

In the same ward there is another patient, Mary Jones, aged 18, affected with strumous ophthalmia and nebulous opacities of the cornea; she had suffered repeated attacks of inflammation of the eye, which had induced the nebulous opacities occupying the central cornea. It is the nature of strumous affections, Gentlemen, to recur frequently, though apparently removed, and, in the present instance, the attack was rather severe; she suffered great intolerance of light; there was considerable external redness of the conjunctivæ, and fasciculi of congested vessels were seen running over the cornea, and terminating in the opacities which former inflammations had produced. Great intolerance of light I consider to be one of the most striking characteristics of the strumous inflammation. In this instance, although the patient was quite willing to open the eye and submit it to the trial, she could not bear the light for an instant. It is a very common doctrine, that scrofulous affections are diseases of debility, and that in their treatment, the object should consequently be not to depress, but to strengthen.

Certainly there are not a few cases of strumous ophthalmia, which, to a certain extent, sustain this opinion: for example, in the children of the poor, who are continually exposed to the depressing causes of insufficient or noxious food, and the want of necessary clothing; but, on the other hand, there are many instances of the disease in which, at the same time, the causes are different, and an opposite treatment must be observed.

In the present case, besides the ophthalmic affection, it appeared that the menses had been absent for three months; this circumstance, coupled with a rather prominent, respectable state of the abdomen, induced me to inquire whether there might not be some natural cause or other to account for the suppression. The sister also assisted in the investigation, but it turned out that the suspicions were erroneous; the suppression, nevertheless, was concerned in the support of the ophthalmic disease, and it accordingly received its share of attention. On the 23rd she was bled; on the 24th, twelve leeches were applied, with fomentations, and she was placed on milk diet. On the 27th, twelve leeches were again applied, and she was directed to rub in the tartar emetic ointment behind the ears and the back of the neck. To this point I wish to direct your particular attention. In the treatment of scrofulous inflammations, you will often find the counter-irritant practice of special service. In the natural course of these diseases, you find that, on the retrocession of one inflammation, another appears; that, when a second part becomes affected, the first is relieved. The mode of operation by counter-irritation, is thus sufficiently explained.

Besides the above treatment, this patient has been repeatedly leeches, and subsequently twice cupped; she has also used active aperient medicines. These means have been followed by the return of the menstrual discharge, soon after which the pain and redness of the eyes gradually abated, and she may now be considered quite well. You here see that the suppression of the menstrual secretion was connected with the ophthalmic disease.

#### FRACTURED PATELLA.

In Rahere, Gentlemen, there is a patient about fifty years of age, admitted on the 15th of October with a fractured patella. I merely mention the case, in order to point out that, in many instances of fractures, simple attention to position will accomplish the desired object, without the necessity of employing bandages, or any other mechanical apparatus. In this example the knee was kept perfectly straight, and the thigh bent upon the pelvis; and thus the muscles,

which act on the patella, were completely relaxed, and the broken parts of the bone so closely approximated, that the tip of the fore-finger could not be insinuated into the separation. Indeed they could not be brought nearer by the hands, consequently bandages were useless. In such a case it would be extremely difficult to apply a bandage so tightly, that it would bring the fractured parts together, without slipping over their ends, and thus defeating the object it was applied to promote. In this case, as there was a slight tendency to inflammation of the surrounding soft parts, leeches and cupping-glasses were applied to the knee, and a saturnine lotion was also employed.

While mentioning this case, I may remind you that fractures of the patella, in a great majority of cases, take place as the result of muscular action; I do not mean to say that this force directly drags the patella in two, but the fracture takes place in consequence of a person slipping forward, and the instant occurrence of a violent involuntary effort of the extensor muscles of the thigh towards replacing the body in the erect position; the patella is thus dragged over the anterior surface of the femur, and snapped across, as a stick would be broken over the edge of this table: the bone thus yields to a kind of pulley action, and the patient falls to the ground in consequence of the fracture of the patella; it is not that the patella has been broken by the fall.

In the same ward there are some other cases which illustrate reunion, part of the treatment of fracture, by mere attention to position, without the use of splints.

#### FRACTURE OF THE LEG.

A patient was admitted with compound fracture on the 27th of October; he is a man about twenty-eight years old; he fell from a scaffold at a moderate height, and a fracture took place without any great violence. There was a simple fracture of the fibula, and compound fracture of the tibia, and the bone protruded through a wound about half an inch in length; the protruded end was replaced, and as the external opening was so small, I was induced to try to heal it at once, and thus convert the compound into a simple fracture. The limb was placed in a fracture-box, two sides and the end of which are moveable, and lined with soft cushions; and thus the limb was readily placed in the desired position, and retained there with the necessary degree of force, and without inconvenience. A bit of lint dipped in blood was placed on the wound, and it was left thus for a few days, when the wound became red and inflamed. In accordance with the suggestion of Mr. Wood, the intelligent house-surgeon, I caused ice to be applied to the irritated

parts, a practice which he had known to be employed with benefit in the hospitals at Berlin. In compound fractures, it is from the state of the soft parts, from the effects of inflammation in them, that danger is usually to be apprehended; if therefore we can prevent its occurrence, we shall do much to secure a favourable termination even in the worst cases; and I think that the ice-plan may be adopted with great advantage even in cases of simple fracture. In this case it was applied two days, and completely with the desired effect; the inflammation has entirely abated, the slight swelling which had arisen has disappeared, and the limb is now of its natural size. There is now no reason to apprehend an unfavourable turn in the progress of this case.

#### SYPHILIS.

Mr. Lawrence next made a few remarks on the case of a young woman who had been admitted on the 21st of October with a syphilitic affection of rather formidable appearance, consisting of sloughy phagedenic sores at the entrance of the vagina; her habit of living had been full, and her disease was communicated by a waiter in the same tavern, and was not the result of promiscuous prostitution; her pulse was quick and full, tongue white, and there was much constitutional disturbance.

If you could lay aside the idea of a specific affection in this case, said Mr. Lawrence, and consider that you had to treat three considerable and highly-inflamed ulcers, it is pretty clear that mercury is not the remedy you would employ. I therefore directed her to be bled to sixteen ounces, and to have four grains of calomel and twenty of jalap; the blood was, as I expected, of an inflammatory character, cupped and buffed; poultices were applied to the inflamed parts. This treatment was persevered in, and to-day, the 5th of November, Guy Fawkes' day, all her symptoms are abated, and she is nearly well.

#### ST. THOMAS'S HOSPITAL.

#### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 1, 1830.

I AM sorry, Gentlemen, that I was prevented having the pleasure of meeting you on Monday last. I was sent for to a considerable distance from town during the preceding Saturday night, and was unable to return before Monday morning, when I

was too much fatigued for business, and was compelled to retire to rest. Had I met you on Monday, I should have stated that only three patients were admitted on Thursday the 21st, all of whom were females; one of these was a case of continued fever, one a case of apoplexy, and one a case of rheumatism. I should also have had to state, that this week also no patients had died in my wards, consequently I could have shown you no specimens of morbid anatomy.

On Thursday last, the 28th, there were admitted among the women a case of ascites and diseased liver, a case of convulsions occurring in a female who had lately lain in, apparently from hæmorrhage (the case might be called one of hæmorrhagic puerperal convulsions), a case of fever, and a case of rheumatism. Among the men was a case of inflammation of the spine, which might have been mistaken for rheumatism; two cases of rheumatism, and what is very singular, from its admission just at this moment, a case illustrative of the ill effects resulting from excessive loss of blood, for it is similar at least in its causes to that of the woman. With respect to the presentations among those who had been admitted since the commencement of the month, I may mention that, of female patients, there has gone out the case of hysteria, the two cases of peritonitis, and the case of apparent tumour in the abdomen. Among the men—the case of rheumatism of the chest, of which I spoke in my last, and the two cases of fever. These cases of fever were exceedingly slight, as are most of those which are admitted into the hospital; they required nothing more than local bleeding from the head; the pit of the stomach, and other parts of the abdomen; tepid ablution, a moderate exhibition of aperients, and an equally moderate exhibition of mercury, though some cases of this kind would probably do nearly as well without mercury. The case of hysteria was successfully treated by bleeding (for it was characterised by great pain of the head and loins) and mercury. I mentioned that there was a case apparently of tumour of the abdomen. In this instance I felt a moveable hard tumour upon the right side of the umbilicus; in other respects the woman appeared to be in perfect health; by purging her an immense quantity of hard fæces was brought away, and on my second visit I could discover no enlargement, so that the tumour consisted of nothing but a collection of hardened fæces; some degree of pain was afterwards complained of, but that subsequently disappeared, or, at any rate, she thought proper to complain of it no longer, after leeches and a blister had been applied. The tumour appeared to have arisen merely from having permitted the bowels to get into a costive

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state. This shows the necessity of a careful investigation before forming an opinion on any case, for the present might at first really have appeared to be a disease of considerable danger: by the removal of the faces, however, the case was fully cleared up. The two cases of peritonitis which I mentioned as having been presented, were cured by general and local bleeding, mercury, and low diet.

### ILL-EFFECTS ARISING FROM EXCESSIVE LOSS OF BLOOD.

The cases which I purpose to introduce to your notice this morning, are those of the man and the woman who appeared to be labouring under the ill effects of excessive loss of blood. The case of the man was this:—

Abraham Dick, ætat. 39, a bargeman, was cupped at the back of the neck, and between the shoulders, on the 21st of last month, in consequence of violent pains of the head, and epistaxis, experienced during the preceding fortnight. He experienced great relief from the bleeding. During a fit of vomiting, which came on the day after the cupping had been performed, the scarifications began to bleed afresh in spite of every effort to stop the hæmorrhage, and a very large quantity of blood was lost. In consequence of this he was brought to the hospital on the 26th. There can be no question about the propriety of the cupping; for, at the time of the operation, he had vertigo, drowsiness, and violent pain of the head, and all these symptoms the cupping relieved; it was therefore to the subsequent hæmorrhage the mischief is to be ascribed. It appeared that, besides the original affection, he had been subject to fits of vomiting, and likewise to a slight cough, but particularly to vomiting, which, most likely, depended on the state of the head. The vomiting, however, after bleeding, got worse; every thing he took was rejected from the stomach, and the act of throwing up its contents was attended with considerable pain. The appearance of his countenance corresponded with the effect usually produced by loss of blood; he was of a pale straw colour; he complained of great debility, and of inability to stand or walk; his pulse was low and feeble, and he complained of great thirst, a circumstance which is common, when there has been any great loss of the fluids, either by sweating, purging, great flow of urine, or bloodletting. He had now no pain of the head, but on sitting up, or moving about, there was giddiness; this, however, passed off the moment he lay down; he was subject also to chilliness, and sometimes almost fainted; he was likewise restless and anxious, and when I first saw him his hands were tremulous. On

feeling his pulse, first while he was lying, and afterwards when sitting up, I that there was a considerable difference: the moment he sat up it became weak irregular, but as soon as he again lay do it became more full and regular. I repeated this experiment, and obtained the same result, but on a third trial the change was not observable.

He came into the hospital after I had made my visit on the evening of October 26, and was then very properly ordered laudanum and good nourishment. He took thirty minims of tincture of opium, and was ordered two pints of beef-tea, and two of milk. The case was not one of great intensity, but was decidedly one in which the ill-effects arose from the loss of blood. He was likewise ordered iron, in the form of the subcarbonate; certainly one of the best agents in restoring the system when an abundance of blood has been lost. It will not, however, act quickly, so that if you want to obtain an immediate effect, this would not be the proper remedy to adopt. As in the present case, however, there was no immediate urgency, it was very proper to administer the iron, any immediate benefit being rather intended to be derived from the opium. At the time of his admission the scarifications were bleeding, but the flow was arrested by pressure.

On the 27th it was found that he still vomited, that all his food was rejected, and that he had great pain in the scrobiculus cordis at the moment of vomiting, though at no other time. The pulse was said to be 88 and full, and there was thirst. At night he appeared to revive.

At four o'clock the next morning, the 28th, he coughed, and the hæmorrhage was renewed to such a degree, that it became necessary to call the dresser, who again stopped the bleeding by pressure. At noon, the vomiting being no better, half a grain of opium was prescribed in substance, in room of the tincture, which had been rejected by the stomach. The same quantity of solid opium was ordered to be given every four hours. By the first dose the vomiting was in some measure checked, and the opium was no longer rejected. He slept during that night, and it appeared on the following day that he had vomited only four times during the twenty-four hours, and that then the vomiting was only produced on coughing or taking food, a circumstance which is very common where persons have been subject to severe vomiting. There was less pain too, on these occasions, and less tenderness in the epigastric region. It appeared, therefore, that there was rather a morbid irritability than an inflammatory condition of the stomach. He still complained of giddiness, but his headach was now slight; his pulse



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Full, and rather sharp, and his hands all tremulous.

On the 29th he had slept better, and had vomited only once, thus evincing the propriety of the treatment. If the vomiting had been supposed to arise from an inflammatory condition, and there had been considerable and constant tenderness on pressure; leeches would have been indicated, but the application of these would only have made him worse, whereas the administration of opium relieved him, as regarded the vomiting. On the 28th, as he complained of want of sleep, I substituted a full dose for the smaller ones, giving him three grains at once at bed-time, and I allowed him four ounces of wine in the twenty-four hours. A clyster was required on the 29th. I found that he had vomited but once, had slept better, and felt stronger. The three grains of opium, the wine, strong beef-tea, milk, and iron, were ordered to be continued daily.

On the 30th the report is, that he had been rather restless, and complained a good deal of giddiness; his bowels had been opened by the clyster, and from this he felt better; he had vomited only four times in the course of the last twenty-four hours, and that was when he had coughed; the pulse was softer.

On the 31st he had suffered great restlessness and anxiety, and had passed a very bad night. He had also wandered in his conversation, and had attempted to leave his bed. At two o'clock his nose began to bleed, and continued to bleed at intervals until six in the morning, though measures were used to stop the flow; he did not, however, lose altogether more than two or three ounces of blood. At midnight his pulse was very variable; at one time it seemed to be rather full and compressible, and at another it was almost indistinct. The sister of the ward said, that fits of palpitation of the heart came on so violently, as to cause the bed to shake, and that during his sleep his breathing was performed with a great noise, like that of croup. I presume it was stertorous. He was given half a drachm of liquor ammoniæ subcarbonatis every three hours, and three ounces of brandy at intervals; by this he was much relieved, and towards morning was considerably better, but on visiting him on Sunday afternoon at four o'clock, his countenance was still very anxious, and he wandered in his conversation; there was also rather more tremor in his hands, and the pulse was sharp and variable, sometimes being a mere thread. At nine o'clock in the evening he was lying perfectly insensible; his eyes were fixed, his pupils contracted, his pulse was slow and feeble, and respiration was

taking place at long intervals, and at half past ten o'clock he died.

In this case the original affection was in the head; at least that was the only affection of which, I understand, he had complained, and for which he had been treated; the excessive loss of blood produced drowsiness, giddiness, and, in like manner with the previous fulness, pain of the head. It might have been supposed that the giddiness and headach under which he was suffering on admission, only arose from the violence of the original affection of the head, but the sharpness and feebleness of the pulse, the blanched appearance, the faintness, and the knowledge of the previous excessive loss of blood, declared the true nature of the case. When I saw him last he was doing well; and the change for the worse and his death happened between my visits.

The other case of a similar nature, which I shall mention, occurred among the women, and here the affection of the head, arising from loss of blood, proceeded to actual convulsions. Considerable difficulty must have been experienced on admission in ascertaining the nature of this case. The woman was nineteen years of age, and had had two children; she was brought to the hospital on Thursday last in a state of insensibility and convulsions. It appeared that she had been delivered of a child rather more than three weeks before. The convulsions were of an irregular character, with insensibility and stertorous breathing. She was seen and prescribed for; after my visit, sixteen ounces of blood were taken from the back of her neck, and fifteen grains of comp. ext. col. were administered, together with an injection; also a lotion was applied to her head. No information was given as to the history of the case; all that the friends said was, that she had that morning been seized with convulsions and became insensible. The natural conclusion certainly was, that this was a case of determination of blood to the head, and the proper indication of cure was, to take blood from that part. Further, the head was hot; and had she been prescribed for by myself, I think it is more than likely I should have treated her in the same way. Her pulse was full. Three weeks had elapsed since her confinement; the head was hot; she was in a state of insensibility and convulsions, and the breathing was stertorous, and had she died that day without being cupped, without the abstraction of blood from the head—I think, had I been the person on whom this omission depended, I should have blamed myself. But it turned out, when more of her history was known, that the propriety of the treatment was doubtful. When I first

saw her on the following morning she was in a state of convulsion, moaning, with stupor, and stertorous breathing. Luckily for me, the gentleman who had attended her in her confinement had come to the hospital to see her, and he then informed me that she had experienced excessive flooding in her labour, that it had been necessary to turn the child, and that at the time of this hæmorrhage, convulsions had come on—convulsions similar to those which were now present. He also told me, that although three weeks had elapsed, she had never once regained her colour, and she certainly still was of a deadly white. But notwithstanding this appearance, had I seen her the day before, I should have considered her as a person in an epileptic state, with great stupor, and a tendency to apoplexy; I should have ascribed the paleness to the epilepsy, in which I have often seen persons of a ghastly paleness. I found her pulse full, and I should have thought on first feeling it, had I not been informed by this gentleman that she had had previous flooding, and had I not noticed that, besides the fulness, the pulse had a peculiar sharpness, and it justified me in taking blood, at least, from the head; it certainly possessed a hæmorrhagic sharpness, but yet it was also so full, that I was induced to hesitate for a moment, and consider still whether I ought not to apply leeches to the head. It happened, however, that while I was standing at the bedside, considering the nature of her case, and taking all the circumstances connected with it into consideration, the character of the pulse altered; it actually became a little irregular and decidedly weaker, and I then very soon clearly saw, that the case was one of exhaustion—of convulsions from loss of blood.

The treatment to be adopted was at once indicated, namely, to give stimuli and nourishment. I administered at first twenty minims of liquor ammoniæ in camphor mixture, and on watching its effects I perceived that it scarcely even stimulated her. I repeated the dose in about twenty minutes, with half a drachm of tincture of opium. I waited perhaps twenty minutes more, and during the whole of this time the pulse regularly sank, becoming weaker and weaker, and gradually losing its sharpness; she became colder, and so great a difficulty of swallowing supervened, that nothing could be taken into the mouth. I sent for the stomach-pump, but as the stomach is very weak in these cases, and frequently becomes so irritable as to reject nourishment, and render the subsequent administration of medicine and other stimulants fruitless, I attempted to nourish her *per rectum*; a quantity of strong beef-tea, with four eggs beat up in it, was accordingly thrown up.

The whole, however, was immediately rejected; it was scarcely thrown in before it was discharged. Under these circumstances I at once employed the stomach-pump, and got some brandy, wine, and more laudanum, into the stomach. I remained in the hospital some few hours, and in the course of that time a considerable quantity of brandy was got down. Still she regularly sank, none of the stimulants making any impression upon her, except in one instance, when, for a few minutes, the pulse rallied, though in a very slight degree. With that exception, the decline of life was steady and progressive; the breathing became slower by degrees, and at about four o'clock in the afternoon she expired.

I am sorry to say that the body of the woman was not opened. The friends took it away, so that I had no opportunity of examining the state of the internal organs.

The body of the man was examined by the gentleman who is my clinical assistant, and the internal parts, particularly the brain and its membranes, proved extremely pale and exsanguineous, and the brain unusually soft, but no further disease was anywhere discovered.

I need not say that convulsions are very common in the puerperal state. The convulsions of this woman were exactly of the puerperal character. In the convulsions of lying-in women, there are the general symptoms of epilepsy; but in these there is frequently the stertorous breathing of apoplexy, though no apoplexy is present. The patients are either perfectly comatose, the same as apoplectic persons, or between the convulsions they revive, as if awaking from slumber, and completely regain their senses. It is said that patients generally close their teeth, withdraw the under lip, and make a hisping noise. This is described by Denman in his great work on midwifery. I do not know that, in the present case, there was this noise, but she had so far symptoms of epilepsy as that she was convulsed and insensible, and inasmuch as the state of stupor was constant and lasting, and the breathing decidedly stertorous; she had symptoms of apoplexy. Hence she presented every mark of puerperal convulsions, except that the convulsions occurred three weeks after delivery, which is rather unusual. But whether it might properly be deemed a case of puerperal convulsions or not, and considering that there was no knowledge of any hæmorrhage having occurred, the state of the pulse appeared to justify the bleeding that was resorted to by those who prescribed for her the day before.

One effect of excessive loss of blood is great stupor, a consequence which is well known, though I cannot tell how long the

observation has been made. You will also find it stated in obstetric books, both English and French, that loss of blood from great flooding leaves intense pain of the head, and intense giddiness, affections which are not to be removed by cupping, but by stimulants. The existence of intense pain in the head is particularly dwelt on, and you will also find it mentioned that there are many attending nervous symptoms; that there is debility, sinking at the pit of the stomach, frequent vomiting, and palpitations of the heart sufficiently violent to shake the bed. It has always been known that sudden profuse hæmorrhage frequently produces convulsions. I have known persons, on the one hand, die from hæmorrhage, in whom the convulsions before death have been extremely violent, and other instances, in which symptoms of extreme and rapid exhaustion have been produced, and the patient has died without convulsions. I recollect a case of a man who died from hæmorrhage of the thigh. The surgeon having made a deep incision near the groin, because the extremity was swelled—was in a state of phlegmasia dolens—wounded the great vessels of the part; a basin or two of blood were soon lost, and death ensued in two hours, accompanied by restlessness and convulsions. It has also been long known, not only that there is this violent pain in the head, this giddiness and palpitation, but also that stimulants and tonics are the proper medicines for this state, and that bleeding is injurious. When I was studying books on midwifery, I recollect reading that this state was not to be relieved by leeches, but by Peruvian bark. Notwithstanding our long acquaintance with these facts, however, the profession are much indebted to a gentleman who has lately brought this subject more particularly before them, and who has described with great accuracy the effects arising from great loss of blood. I allude to Dr. Marshall Hall. In a paper contained in the thirteenth volume of the *Medico-Chirurgical Transactions*, part I., you will find some very valuable information on this point. When I was a pupil the facts now stated were familiar to me, and formed the subject both of instruction and conversation; but the importance of the affection, and its frequency were by no means dwelt upon, and on that account I think the profession much indebted to Dr. Hall for impressing on them how frequently all these symptoms arise from mere loss of blood, instead of inflammation, and for particularly pointing out the liability of some of them to be mistaken for the effects of inflammation. You will find it stated by him that there is “forcible beating of the pulse, of the carotids, and of the heart, accompanied by a sense of throbbing in the head, of palpi-

tion of the heart, and eventually, perhaps, of beating or throbbing in the scrobiculus cordis, and in the course of the aorta. This state of reaction is augmented occasionally by a turbulent dream, mental agitation, or bodily exertion. At other times it is modified by a temporary faintness or syncope. In the more exquisite cases of excessive reaction, the symptoms are seen more strongly marked. The beating of the temples is accompanied by a throbbing pain of the head, and the energies and sensibilities of the brain are morbidly augmented. Sometimes there is intolerance of light, but still more frequently intolerance of noise and disturbances of any kind, requiring stillness to be strictly enjoined—the knockers to be tied, and straw to be strowed along the pavement. The sleep is agitated and disturbed by fearful dreams, and the patient is liable to awake in a state of great hurry of mind, sometimes almost approaching to delirium. In some this is slight, but occasionally severe, and even continued. More frequently there are great noises in the head, as of singing, of crackers, of a storm, or of a cataract, and in some instances flashes of light are seen. Sometimes there is a sense of great pressure or tightness in one part or round the head, as if the skull were pressed by an iron nail, or bound by an iron hoop.”—You are well aware that we see these very symptoms arising every day from fulness of the head, and that they are every day cured by bleeding, purging, and starvation—“The action of the heart and arteries, Dr. Hall proceeds, is morbidly increased, and there occur great palpitation, and visible throbbing of the carotids, and sometimes even of the abdominal aorta, augmented to a still greater degree by every hurry of mind or exertion of the body, by sudden noises, or hurried dreams and wakings. The patient is often greatly alarmed and impressed with the feeling of approaching dissolution. The pulse varies from 100 to 120 or 130, and is accompanied with a forcible jerk or bounding of the artery. The respiration is apt to be frequent and hurried, and attended with alternate panting and sighing, and in this state of exhaustion sudden dissolution has sometimes occurred.” Dr. Hall likewise mentions that among the very earliest symptoms, in these cases, there is “a rattle in respiration only to be heard on the most attentive listening. This crepitus gradually becomes more audible, and passes into slight rattling.” This I distinctly heard in the case of the woman before us.—“There is also oppression in the breathing, inducing acuteness of the nostrils, which are dilated below and drawn in above the lobes at each inspiration.”

Several cases are given by Dr. Hall illustrative of this description, and it is mention-

ed in them that stupor, stertorous breathing, and convulsions, are among the more intense effects.

Now I think it exceedingly probable that this woman was labouring simply under some of the effects of the great flooding which she had experienced three weeks before. You are not at all to be surprised at the distant effects which injurious circumstances will produce on the body; for you will recollect what I have before referred to, namely, the great length of time after which injury of the head will produce inflammation and organic disease. I know an instance of a gentleman now having hemiplegia of the right side of the body, in consequence of a *coup de soleil* received thirty-six years ago on the left half half of the head. The *coup de soleil* rendered him perfectly insensible for a long period. He was at that time living in a hot climate, and his life was endangered, and now the opposite side of his body has become paralytic. This is one of the longest periods of time at which I have known such an effect to take place. In an opposite state of the frame, however, where there is great exhaustion, you will also have ill effects at a later period of time after the original cause than you would imagine. Instances have been known where persons have been nearly starved to death, who, although they have appeared to improve after taking food, have, after a certain time, suddenly sunk. In cases of hæmorrhage the same thing is observed. Although you stop the hæmorrhage, although the patient takes nourishment, although, perhaps, you transfuse blood, yet, at a distant period, he may gradually and quickly sink; or, on making some little effort, he may suddenly expire. I have been told of an instance of a lady in whose case transfusion was performed, who died at the end of a week, while merely turning in bed. Now it is very possible that the present poor woman suffered so much from the flooding which took place in her labour, that particularly, perhaps for want of paying sufficient attention to herself, from not being sufficiently careful of her strength, or not taking proper nourishment, she fell suddenly at last into the state which I have described. This is very possible, and not at all contrary to what we frequently observe. If so, we must believe that such ill effects may arise from extensive loss of blood at the end of three weeks. That ill effects did remain is certain; for, as I told you, the gentleman who attended her informed me, that she had never since regained her colour, but remained as pale at the end of the three weeks, as she was at the time of the flooding. Besides, the symptoms under which she laboured were generally those which are well known to ensue upon loss of blood—vertigo, headach,

dulness of mind, palpitation, and all the varieties of nervous feelings, and, in a minor degree, these symptoms are well known to last for a considerable time.

Respecting the diagnosis in this state, it must be taken in a very great measure from the history of the patient; but that, with the paleness and the state of the pulse, enable us to make out the real state of things. The pulse in this case was, certainly, full enough to justify the trial of bleeding, the effect being of course watched as the blood flowed. It was indeed rather sharp, which is frequently the case after too great loss of blood has occurred, and this sharpness, with great compressibility, has been peculiarly called a hæmorrhagic pulse. It would seem that the heart, having so small a load of blood, and that blood being of morbid tenuity, the organ is able to act violently upon the fluid; whence the sharpness; while the reduction in the quantity and consistency of the blood, and the debility of the arteries, prevent the pulse from having any solidity. If the flooding had been known by the gentleman who prescribed for her on her admission, I have no doubt that the sharpness of the pulse would have been at once attributed to the proper circumstance; but without a history of the case, it is possible for the best practitioner to be deceived. When such symptoms as violent palpitations, convulsions, pain in the head, or giddiness, afford no clue to a knowledge of their origin, and you cannot ascertain whether they arise on the one hand from an inflammatory state or fullness, or from exhaustion or depletion on the other (the sharpness of the pulse being often calculated to deceive), the surest mode is to observe whether there is any appearance of great loss of blood having taken place, to examine the general powers of the patient, to get a full history of the case, and to give a close attention to the effects produced by such measures as are adopted; to notice whether the pulse improves or not on a small bleeding, or whether rather it is not improved by the cautious administration of stimuli. These inquiries may lead you to a just conclusion, though frequently you may be unable to see your way clearly, without a knowledge of the history of the case. I have no doubt that mistakes often occur, in consequence of the symptoms I have mentioned having arisen from excessive venesection, without the practitioner being aware of any excessive loss of the true nature of blood, and that a cure is attempted by still further depletion.

The proper treatment, in instances of derangement from excessive loss of blood, is to give nourishment, to give stimulants, and to administer opium. It is the custom of many practitioners in cases of excessive

bleeding, and indeed in every species of hæmorrhage, where a great deal of irritability, with excessive exhaustion, ensues, to give full doses of opium, and to repeat them every few hours, according to the effect produced. Ammonia too is exceedingly proper, as also are brandy and good nourishment. How far the dose requires to be increased, must depend upon your observation of the case. I believe Dr. Marshall Hall has published a book on the subject, since the paper I before alluded to, in which he speaks of the *treatment* as well as of the symptoms. I have not yet had time to read this work, but I have no doubt that it contains much more information on every part of the subject, than the paper in the *Medico-Chirurgical Transactions*, which you will find in the hospital library.

This state is very analogous to one which we sometimes observe in children, and that which occurs in adults labouring under delirium tremens. You will find it mentioned in practical works, that children are liable to all the signs of acute inflammation of the membranes of the brain, that is to say, of acute hydrocephalus; and yet you would be wrong if you treated the disease as hydrocephalus. You know that in hydrocephalus there is acute pain in the head, intolerance of light, squinting, and vomiting, and, afterwards, dilatation of the pupils, convulsions, and complete insensibility. Now these signs will take place more or less, though a child have no inflammation of the brain, and may all frequently be remedied, not by bleeding, but by giving ammonia and nourishment. You will find the subject spoken of by Dr. Gooch in a collection of papers which he published on different subjects, but particularly those connected with the diseases of women. You are to form a judgment, and to decide on the mode of treatment to be adopted, by observing that the pulse, although quick, is weak, that there is no force in it, and that the surface of the body is not flushed, as in common cases of acute hydrocephalus, but that the whole of the skin is loose and pale; if there be any flushing of the face it is only transient. Under these circumstances it is right to give a few drops of the liquor ammoniæ from time to time, and beef-tea, keeping the child warm. You will thus soon discover the true nature of the case. Indeed, if this treatment be not pursued, but the opposite plan be adopted, the child most certainly will die. There is also a variety of disease of this kind to which adults are liable, requiring similar treatment,—cases in which there are delirium and a rapid pulse, and in which bleeding would be followed by destruction; this disease is called “delirium tremens.” The patient talks rapidly on a variety of subjects, particularly on his own

affairs, and fancies that conspiracies are formed against him. There is not violent delirium, yet he talks rapidly and incoherently, and gets out of bed, though you may easily lead him back again; his delirium is not of that terrific kind which requires several persons to hold him. He is weak, is in a constant tremor, and his pulse is quick. In this state of things the eyes are not red, nor is there ever any striking pain of the head; if you bleed him you may make him worse, whereas if you give him a full dose of opium—from three to five grains of solid opium, or from sixty to eighty drops of tincture of opium, repeating the dose every few hours, according to its effects, and giving him good nourishment, the condition will frequently go off. It is to be remembered, that the mere circumstance of trembling is no proof that the delirium requires this mode of treatment. If the face be flushed, and the eyes red; the pulse full or hard, and the patient young, it would be destruction to give opium; bleeding is the proper course to pursue. You must not prescribe for the name of the disease, but for the state of the patient. I have seen cases of delirium tremens which required not opium, but bloodletting. You are to judge between the two by observing whether the pulse be weak, whether the delirium be of a violent nature, and whether the tongue be moist, for generally it is covered by a creamy sort of mucus; you must act according to the strength, the age, and the constitution of the patient, the presence or absence of pain in the head, and the redness, or natural condition of the eyes. These circumstances will generally lead you to form a correct opinion as to the practice to be adopted. You may arrange all these cases together: the headach and convulsion consequent on hæmorrhage, the various hydrocephalic symptoms connected with debility, and the weak form of delirium tremens. There is in delirium tremens a mere debility, with morbid irritability of the brain, which is to be subdued by narcotics, stimuli, and good nourishment. There is the same state in children, resembling, to an incautious observer, acute hydrocephalus,—an inflammatory complaint, where you have very much the same symptoms, but which are independent of inflammation, and arise from exhaustion. There is the state of which I am more particularly speaking in this lecture, arising from loss of blood, which is to be cured (if it can be remedied) not by bleeding but by stimuli, nourishment and opium, and sometimes by transfusion.

I saw this female but a few hours before her decease, but I despaired of her from the beginning. Cases of this kind are always to be considered exceedingly dangerous, because, however well they may be

going on, there is always a chance of the patient suddenly sinking. When I saw this woman she was sinking rapidly. The man, however, whose case I have given you, was going on exceedingly well on Friday, and he appeared still advancing towards convalescence, when I passed through the ward on Saturday. A fatal change, however, took place so rapidly from that time, that I never saw him again.

With regard to the employment of transfusion. Although I had no hope of doing good by this means, yet knowing the benefits that had arisen from it, I deemed it right to consider the propriety of giving the woman the chance of its advantages, and I therefore requested Mr. Green to see her with me, to consult upon the propriety of pouring fresh blood into her veins. When I was at her bed-side, however, she was sinking so rapidly, that it was almost out of the question to suppose that an addition of blood would be beneficial to her. Then, in the next place, from the heat and great affection of the head, and the suddenness with which the stupor at so great a length of time had come on, it was exceedingly probable, that besides the great exhaustion, there was some effusion into the head, or some extreme congestion. I was not certain of this being the case, but the suddenness with which the symptoms had appeared, and the length of period since the flooding, deterred it possible that the disease might not be altogether one of exhaustion only. Mr. Green considered that there was so little hope from transfusion, that it was not worth while to risk the credit of the operation, by the addition of one more case of failure, and I did not press it. I did not think it would have done any good, but it was right for us to consider whether it was proper or not.

#### CASE OF MALFORMATION OF THE PULMONARY ARTERY AND AORTA.

Although I have not the opportunity of showing you any of the morbid parts of these two cases (the patients having been removed from the hospital), I am anxious to present to you a rare case of malformation of the great blood-vessels of the heart, which occurred in the surgeons' ward. I was requested by Mr. Green, in August last, to see a patient of his, a young girl, who entered the hospital a few weeks before with difficulty of breathing and swelling of the legs. I believe it was on account of the latter affection that she was taken to the surgeons' ward. Mr. Green, under whose care she was, thought that an affection of the heart existed, and requested that she might be seen by me. On examination I could not satisfy myself that there was any of those

diseases of the heart which can ordinarily be known by auscultation, for several exist upon which auscultation throws no light. I found her lying in bed, with difficulty of breathing, and great blueness of the face and hands. These may arise merely from a great difficulty of respiration, or from any obstruction to the course of the blood. I had a woman in this hospital last year whose face was nearly black from congestion in chronic bronchitis, although there was no direct communication in the system between the currents of black and red blood. I examined the lungs of Mr. Green's patient to see if there was any disease there which would explain the blueness, but I found there was none. On listening to her heart I found that it beat violently, but I could not satisfy myself that she laboured under any disease of the organ; yet there was of course a reason for the blueness: it was evident there was some disease, but what it was I could not ascertain. Judging, however from the countenance, I was led to ask her whether she had been blue from her birth, to which she replied—"Yes, always more or less." My own conclusion was that she had a malformation of the heart, and that the blood communicated between the right and the left sides, without the intervention of the lungs. She died about a fortnight ago, and on inspection a very rare malformation was found,—so rare, indeed, that I do not recollect ever having read of a similar case. I have examined several works since, but I can find no account of one like it. It presents an instance of an aperture between the pulmonary artery and the aorta. It does not appear that the ductus arteriosus is open, so as to present a communication by that means; but between the two vessels, at the point where they lie in contact, there is a small opening, so that by putting the finger either into the pulmonary artery or the aorta, it may be seen from the other vessel. On the table there are a great variety of specimens of malformation of the heart, but no case similar to the one I now show you. The pulmonary artery and aorta sometimes communicate after birth by the continuance of the ductus arteriosus; but in the present case there is no duct but a mere aperture. In the specimen I now exhibit there is a communication between the pulmonary artery and the aorta; the history of the case is not known, the parts having been found in a body in the dissecting room. An aneurism had existed in either the aorta or pulmonary artery, most probably in the aorta, and had burst into the other vessel, so that a communication was established between the two. You will find the best information on the subject of malformation of the heart in Mr. Burns' work on Diseases of the Heart, and Dr. Farre's Pathological Re-

searches, of which the first part, relating to malformations of the heart, is published. The preparations from which Dr. Farre has made his engraving belong now to this hospital, and are those before you. To produce such symptoms as appeared in this patient, there must have been a communication between the blood of the right and left cavities of the heart, or between the great veins and the great arteries, without the intervention of the lung. The symptoms are called the "blue disease," or "*morbus cœruleus*," or, if we prefer Greek to Latin or English, "*cyanosis*." The patient is more or less blue, especially the cheeks, and the extreme parts; he is cold, generally has dyspœa, and some degree of cough, and at length dropsy and dilatation or hypertrophy of the heart ensue. These symptoms, however, do not always occur when there is a communication between the two sides of the heart. I recollect opening a lady who died of rupture of the stomach, but who was never blue, although there was a free communication between the right and left auricles, by the existence of the *foramen ovale*: for in truth the blood never got mixed, and simply for this reason, that the connexion was valvular, and when each ventricle was filled, the two leaves were laid against each other, and the opening closed precisely in the same manner as the bladder, when distended, prevents a regurgitation into the ureters. This is observed by Bichat in his work upon Life and Death, and likewise in his General Anatomy. The presence of the *foramen ovale* does not necessarily imply a communication between the auricles when they are distended. This open state is certainly not very uncommon, but yet it is not so common as some people imagine. The mischief in malformation of the heart depends in a great measure upon another circumstance, namely, whether, when there is a communication between the right side and the left of the heart; the right side, or the pulmonary artery, is smaller than it ought to be, or not. If the right side be below its natural proportion to the left, or the pulmonary artery too small, then, if from any malformation, a quantity of black blood can escape, it will go at once very freely to the left side.

Among the preparations which I will demonstrate after lecture, you will see a remarkable instance of the pulmonary artery forming the descending aorta, and the aorta going no further than to give off the innominate, and the left carotid and subclavian, all the rest of the body being supplied by the pulmonary artery.

## THE LANCET.

*London, Saturday, November 13, 1830.*

In the long catalogue of "bad witnesses," medical men have been almost universally placed next in succession to barristers and attorneys, who *nem. con.* have been always inscribed at the very head of the list. The lawyers contend that they make such unhappy figures in the witness-box, chiefly from two causes,—their intimate and profound acquaintance with the multitudinous labyrinths of legal study, and the facility with which their actual defects are discovered and exposed by their brethren at the bar. So far as our experience has extended, *our* professional brethren have no such pleas to urge, and it still remains to be explained by lawyers, why that man who is supposed to be best acquainted with a subject, should communicate to his auditors the impression that he is least acquainted with it, when he is endeavouring to display his knowledge the most. The "bad witnesses," whom we have been in the habit of seeing in the ranks of our own profession, have had, we fear, but little claim to a profound acquaintance with the science in which they have dabbled. Ignorance, unmixed ignorance, either in themselves or in those by whom they were examined, has been generally the source of their failure. We say in their examiners, because medical testimony is often completely destitute of weight, and has not the slightest influence with the court, owing to the acquirements of barristers being entirely foreign to medical science. Therefore medical gentlemen cannot urge, as an excuse for their apparent imbecility in the witness-box, the tact, dexterity, research, and foresight of their scrutinizers. The study of medical jurisprudence has been completely neglected in the medical schools of this country, and there have been no medical judges, scarcely a

single medical coroner, to influence, even by the remote indirect demands of his office, the investigation of those matters which more particularly pertain to the proceedings of judicial inquiry. The cultivation of medical science has, however, of late years, proceeded with marked, satisfactory, and rapid steps of improvement, and in the man best acquainted with the principles and practice of his profession, we always find the most competent medical jurist. The medical witnesses, therefore, of 1830, are very different in attainments and influence from the medical witnesses of 1810; and, at the inquest on the unfortunate and *slaughtered*, we had almost said the *murdered*, Miss CASHIN, the evidence of the medical gentlemen left scarcely any-thing to be desired; it was at once perspicuous, scientific, and practical. It not only produced the proper impression upon the minds of the intelligent jury, who did not fail to feel its force, and appreciate its value, but it has given to our profession a peculiar stamp of authority throughout the whole country; hence it is now unhesitatingly admitted, that *competent* medical practitioners are fully equal to give *competent* testimony in a court of justice. There was, however, as we mentioned in our last number, an error which might have proved fatal to the cause of justice; and that its repetition was not thus disastrous on the late trial at the Old Bailey, must be attributed to the intelligence of the jury and the ignorance of ADOLPHUS.

Mr. BRODIE, who visited Miss CASHIN about ten hours previous to her death, stated at the inquest that he found Miss CASHIN's back "mortified;" and Mrs. RODDIS, in her luminous testimony, proved that the quack had directed mulled wine to be given to the young lady immediately before Mr. BRODIE's arrival. Of course it was a matter of great moment to *prove*, in such an inquiry, that LONG was grossly ignorant of the duties which he had voluntarily taken upon himself to execute. In order to produce a

conviction upon a charge of felony, it is not enough for the profession to *know* that LONG is ignorant, it is not enough for all the intelligent portion of the public to *assume* that LONG is ignorant; it was necessary that proof—direct proof, of his stupidity and rashness should be adduced at the trial, or the indictment could not have been sustained. Accordingly, at the inquest, we were anxious to obtain from LONG's own witnesses, what was his opinion (if the fellow be equal to connect two ideas upon a medical subject) of the cause of Miss CASHIN's death, and by constantly directing our attention to this point, we at last elicited from one of the witnesses, Mrs. General SHARPE, that LONG had told her that Miss CASHIN died from an "inflammation of the stomach." This was a fact of great importance, for here we had direct evidence of the wretch's brutal ignorance of even the rudiments of medical practice. What said Mrs. RODDIS? "LONG directed me to give the deceased a tumblerful of mulled wine." What said LONG to Mrs. General SHARPE? "The deceased had inflammation of the stomach." And what was the monstrous remedy? A TUMBLER OF MULLED WINE! Here was a point of great importance fully established; but in comes Mr. BRODIE, who, by one thoughtless movement, had nearly kicked down the whole fabric. At the time that Mr. BRODIE was examined at the inquest, he undoubtedly had some ground for believing that the skin was "mortified," for, upon looking at the part, a mere view must have led the most experienced eye to believe it was in that state, and Mr. BRODIE only saw it. At that time the part had not been cut into, and he merely judged of its condition from the greenish-black appearance. The body, however, subsequently underwent a most minute and careful *post-mortem* inspection; a portion of the skin was removed, it was shown to Mr. BRODIE, and the other medical witnesses all concurred in the opinion that



the skin was *not* mortified. In a word, with the exception of the dark film or pellicle which appeared to have been produced upon the surface of the cutis, the cuticle having been entirely abraded, the skin was not only *not* "mortified," but unusually vascular. The vessels were exceedingly enlarged, and the cutis, from this cause, was thickened to the extent in some places of the eighth of an inch. The mouths of the blood-vessels, when the cutis was cut into, were discernible at a considerable distance from the eye, so much had they become distended; but there was no coagulated blood, no line of separation, no yielding of texture; in fact, with the exception of the dark external appearance, there was not a single circumstance to justify any man in asserting that the state of the part even *indicated* the approach of mortification. Then how inaccurate, and therefore unfortunate, was the evidence of Mr. BRODIE. Besides, there is an unaccountable disagreement between the opinion which that gentleman says he entertained of the condition of the wound, and the treatment which he adopted. Here is an exact copy of Mr. BRODIE's prescription:—

"R Potass. carbon., ʒij;  
Spir. myrist., ʒij;  
Aq. menth. sativ., ʒiiss;  
Tr. opii, ℥ x.

"M. ft. mist. cujus capt. sextampartem  
sextis horis cum coch. ampl. succi  
limonis in effervescent.

"B. C. Brodie.

"For Miss Cath. Cashin."

How squares such a prescription with "mortification" produced by violent, and still existing, inflammatory action? Beyond all question, Mr. BRODIE must confess that he was strangely in error, either in his therapeutics or in his pathology, and we feel little hesitation in asserting that he was wrong in both. Mr. BRODIE saw the wound, and was furnished with ocular proof that it was in an active state of suppuration, discharging, indeed, not less than from a pint to a pint and a half of pus daily; yet he

swears on two occasions that this highly vitalised, highly organised part was "mortified," and for the patient labouring under the violent, the almost unparalleled inflammation by which the supposed "mortification" was produced, he prescribed six scruples of the carbonate of potash, ten drops of the tincture of opium, three ounces and a half of mint water, and three drachms of the spirit of nutmeg with lemon juice, to be taken in the *short* space of *thirty-six hours*! One scruple of the carbonate of potash, and one drop and two-thirds of laudanum, every six hours! This surely was not the best and only treatment which a man of Mr. BRODIE's experience and attainments could adopt, in the occurrence of "mortification" caused by excessive inflammation. If the first dose of the medicine had been rejected, then the poor girl must have remained until six hours had elapsed before she could derive the ease and consolation capable of being afforded by one drop and two-thirds of laudanum! In a word, if Mr. BRODIE were correct in his diagnosis, his treatment was miserably incorrect and inefficient; but, having been completely wrong in his diagnosis, his error had nearly caused the escape of the felon LONG.

Mr. BRODIE, we believe, is a very honourable gentleman, and would not for a moment make a statement which he deemed to be untrue; but, as the error into which he has fallen might have proved doubly fatal, we trust that on all other occasions he will adopt the necessary means for arriving at a correct knowledge of disease, and thus protect his patients against a repetition of such inefficient treatment for "mortification," and the public against the chance of such abandoned fellows as LONG escaping from punishment.

Come we now to the trial at the Old Bailey, and taken as a whole it was probably one of the most disgraceful scenes ever witnessed in a court of justice, the sentence

having been the climax. On the trial of COOPER v. WALKER, several of the plaintiff's "eminent" witnesses, it will be recollected, sat upon the bench, and at no great distance from the judge; but Lord TENTERDEN, in passing over this unwarrantable and offensive presumption, differed from his brother of the Old Bailey, in not allowing the witnesses to converse with him both before and after they had given their evidence. It is literally a fact that during the trial the Marchioness of ORMOND was snugly seated by the side of Mr. Justice PARK, spoke to the judge in the progress of the trial, and repeatedly nodded assent (as well she might, being LONG's witness), while the learned judge was delivering his charge to the jury. Why, we ask, was the Marchioness of ORMOND on the bench? Why was there any attempt made to influence the minds of the jury by such a display of rank and power on the bench, in favour of the prisoner? If the Marchioness of ORMOND could associate with a felon, could still show such partiality for a man who had inhumanly destroyed an unoffending, innocent fellow-creature for the sake of paltry gain, surely her ladyship, without any dread of contamination, without any fear of deteriorating her refined taste, or insulting her "order," might have taken her stand in that situation which is properly assigned for all individuals who attend for the purpose of giving evidence, namely, the witness-box. Judge PARK was quite pathetic, quite lachrymose, when declaring that there was no distinction made between rich and poor in that court; but would the learned and discreet judge have taken by his side the wife of a poor tradesman who had come to speak to the character of a pickpocket? No; nor the wife of a rich tradesman: it was the *title* that gave the *entrée* to the seat of—we must say justice, we suppose. The aristocracy appear to be racing against time, in their endeavours to bring themselves into disrepute with all the thinking part of the com-

munity. Incapable of commanding respect, or of attracting attention by actions of an exalted character, they seem to labour unceasingly in their exertions to attract notice by the excesses of folly and pride. John LONG is worthy of his supporters, and the "order" quite befitting the felonious quack whom they have apparently solemnly sworn to patronise.

The Editors of the various public Journals have commented on the proceedings in this trial in terms of well-merited opprobrium. A whole torrent of sarcasm and ridicule has been poured down upon the heads of the "order;" but, like "the Tenth," the "order" can't feel ridicule; no matter how biting, how pinching, how withering, the "order" are quite proof against annoyance, and equally protected against improvement. If they had not been the veriest dolts that breathe, they must long ago have perceived that LONG was an unprincipled impostor,—a juggler, a knave. But the felon endeavoured to convert his house into a lounging stool for the silly things, and it became "fashionable" to support Mr. Singe—ing LONG; it became fashionable to "inhele" through long red morocco tubes, to undress, to expose the person before this painter and limner, and to be "rubbed" with his brush. These things became fashionable, and so beneficial withal, that titled dames and nursery misses could go forward in the presence of hundreds of spectators, and attest the "skill, humanity, and kind attention" of the artist! Monstrous exhibition! But the juries were not to be blinded by all the aristocratic dust that was thrown into their eyes; nay, nor were they to be frightened or diverted from the honest discharge of their duty by the rigmarole tale of the coroner, or the specious summing up of the judge. They have merited and received the thanks of their countrymen for their impartial and intelligent verdicts; the press has every where approved of their conduct. On the Mon-

day after the trial, the *Times* said, that it "sincerely rejoiced in the verdict;" but sentence had not then been pronounced. The *Times* rejoiced, probably, in the verdict, because it perceived in the declaration of the judge, "that there was no distinction to be made between the rich and poor; that justice must be dealt to the one as well as to the other;" that a sentence would be pronounced which must have the effect, at least for a time, of protecting the public against the atrocious frauds and "killings" of the felon. There may be some excuse for any thing said by Mr. Justice PARK on the Saturday night, as he appeared to sit awfully aghast when the verdict was pronounced. He was quite astounded; so much so, that he knew not what sentence to pronounce; he required time, "until Monday; but that could make no difference, as the punishment would be probably imprisonment." To be sure, then, as there was to be no distinction between rich and poor, it could make little difference whether the sentence were pronounced on the Saturday night or on Monday. But when Monday arrived, what was the sentence passed upon the author of a most atrocious felony? what was the sentence passed upon a man who had been convicted of a most infamous manslaughter? what the sentence pronounced upon a felon, whose "goods and chattels" had been forfeited to the King by the verdict of the jury?—this poor man, who had lost his all, who had not a shilling in the world, nor a friend to help him to one? Why a FINE of two hundred and fifty pounds, and to be imprisoned until such fine were paid. There—that's the way to maintain an even line between rich and poor. Mr. Justice PARK of course would have passed the same sentence upon a labouring man, towards whom it would have amounted to one of perpetual imprisonment; for how would the labouring man have obtained the two-hundred-and-fifty pounds, seeing too that the few shillings

he had possessed before the trial had been forfeited to the crown by the verdict of the jury? The judge, therefore, thought not of Long's rich aristocratic connexions; thought not of any assignment that he might have made of his property before the trial; thought not of any funds that he might have gained by his jugglery, and secreted from the King's officer, the sheriff. No; the learned judge resolved that the stream of justice should not be polluted by his hands, that there should be "no distinction between rich and poor," that he would sentence LONG to a fine of two hundred and fifty pounds, because, like other poor men, who had committed similar acts of atrocity, he should be imprisoned for life, that the public might be guarded against a repetition of his nefarious and destructive practices. The humane judge, however, unhappily was not a match for the cunning of the criminal, who, it appears, had cheated the sheriff, and had not only sufficient money in his pocket to discharge the fine, but plenty to spare. Within five minutes, this poor man terminated his "perpetual imprisonment," and was riding cheek-by-jowl with Lord SLIGO, in his Lordship's curricule. Who can withhold his commendation from the judge, for the manifestation he has thus made of his severe attachment to even-handed justice!

The whole of our contemporaries, in noticing this trial, appear to have forgotten that a "felon's" property is forfeited to the crown, therefore if only two hundred and fifty pounds have been taken from LONG, the KING has been made to subscribe handsomely to the FELON for his kind and considerate "slaughter" of the unfortunate Miss Catherine CASHIN! Is this the law! is this the justice of England!

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THE PROSECUTOR'S COSTS IN THE TRIAL OF  
JOHN LONG.

"Dr. Johnson thinks the profession ought to indemnify Mr. Wakley for the expenses

of St. John Long's trial, and offers his mite of five pounds for that purpose.

"Suffolk Place, Pall Mall East,  
6th November, 1830."

In acknowledging the receipt of this note, which, from a variety of circumstances, cannot be otherwise than gratifying to our feelings, we beg to state that Mr. Henson, the solicitor, has given us to understand that upon presenting a petition, supported by affidavit, to the Lords of the Treasury, the prosecutor's costs will be allowed out of the fine paid by the FELON. This is the source whence *every* expense incurred by the prosecution ought certainly to be defrayed.

#### THE FELON AGAIN!

A LADY, of the name of Lloyd, has now fallen a victim to the "*rubbing*" system of this atrocious quack. The unhappy sufferer expired, in the most excruciating tortures, about ten days after she had first been "*rubbed*." A horrid wound was produced on the breast; and, according to the evidence of the medical witnesses, the consequent inflammation and mortification were of great extent. A coroner's inquest sat on the body on Wednesday, which was adjourned to Thursday; and just as this sheet of our Journal was going to press, we heard that the jury had returned a verdict of "*manslaughter*" against LONG. A few persons have had the temerity to assert that the late sentence was a scandalous one; what will they say now?

Dr. ELLIOTSON thus concluded his clinical lecture, delivered on Monday last at St. Thomas's Hospital, on the impositions sometimes practised by patients on their medical attendants.

"Remember, gentlemen, that though patients sometimes deceive medical men, practitioners often deceive their patients. It is but fair, then, for patients to play these tricks upon us; especially if we take into consideration that any one may practise upon their credulity with impunity—that quackery may flourish; that the most ignorant may practise in spite of the Royal College of Physicians, and the Royal College

of Surgeons, and the Worshipful Company of Apothecaries; that no one can touch such persons; no one can prevent their proceedings; for, of course, those great bodies would do their duty to the public if they had the power to interfere. A quack may make his twelve thousand a year in spite of any laws that can be put in force against him; and if he do chance to destroy a few of his patients, we know that he can be allowed to do so at the rate of two hundred and fifty pounds a head. We can afford, then, to forgive our patients for occasionally deceiving us in return."\*

#### ST. BARTHOLOMEW'S HOSPITAL.

##### EXTENSIVE FRACTURE OF THE PELVIS.

JOHN SMITH, *etat.* 27, was admitted into Colston's Ward, on the evening of the 13th of October, under the care of Mr. Vincent. He complained of his left hip being injured, and on examination, a point of bone was discovered, projecting a little above the centre of the dorsum ilii of that side. No solution of continuity could be detected in the extent of the crista, and the severed fragment was supposed to be a portion of the external table of the ilium. The swelling of the soft parts, which had taken place previous to his admission, entirely precluded the possibility of ascertaining the precise direction and extent of the fracture. Some difference of opinion, we understand, arose as to whether a second fracture of the posterior portion of the ilium existed, or a dislocation at the sacro-iliac symphysis. He complained of excessive pain in the injured part, which was exceedingly increased on the slightest motion of the thigh. Mr. Vincent was sent for, and arrived in about half an hour. He examined the parts with great attention, and thought that the fracture of the ilium extended in the direction of the acetabulum, and that the horizontal ramus of the pubis was also fractured. Soon after his admission, there was an involuntary discharge of feces, but there was no paralysis of the bladder or lower extremities.

He stated that he was a wagoner, and was in perfect health previous to the accident. He was driving a wagon over Blackfriars Bridge, and slipped from off the curb-stone on the carriage-road, and fell with his left hip against the ground. He stated distinctly, that the wagon did not pass over him, nor touch him in the slightest degree, and he attributed the injury he has sustained solely to the fall.

\* We had not room for this lecture in our present Number.

Mr. Vincent ordered him to be laid on his back, and to have ʒij of blood taken from the hip by cupping, and afterwards a broad bandage to be put around the pelvis.

Oct. 14. Has passed a sleepless night, in consequence of the severity of the pain in the injured parts. The rectum is now under the influence of the will. The bowels have not been open since last night. He lies with his thighs widely separated, and says he is easier in that position than in any other. He is still in a great deal of pain. An ounce of castor oil to be taken immediately.

15, ten A.M. He complains of acute pain about the angles of the 7th, 8th, and 9th ribs of the left side; his respiration is frequent, painful, and hurried. The ribs appear to be immoveable, particularly those corresponding to the seat of the pain. His tongue is white, skin hot and dry; pulse 100, strong and full; a deep inspiration produced cough and increased the pain. The pain in the hip is still severe; bowels freely relieved yesterday by the castor oil. To be bled to 18 ounces immediately.

Six P.M. The pain and breathing were both relieved by the V.S.; his pulse rose to 110, and became soft; within the last three hours he is become considerably worse, and the pain in the side is more severe than it was in the morning. The blood taken at ten o'clock is very much buffed and cupped. Bleeding to be repeated to 18 ounces immediately; to have a saline draught, with the solution tartar emetic every fourth hour.

16, eleven A.M. Felt relieved by the bleeding, but is now worse than before he was bled. Blood drawn last night buffed and cupped; cough very much worse, and kept him awake all night; he expectorates a great deal of viscid mucus. He now experiences severe pain in the abdomen at each inspiration. Eighteen leeches to the chest, and the same number to the abdomen. The abdomen to be well fomented after the leeches are taken off. Venesection to 18 ounces immediately.

Ten P.M. Much worse in every respect.

17, two A.M. The bleeding produced the same effect as on previous occasions. He has now more difficulty of breathing, and the cough is attended with a more copious expectoration. The pain in the side has extended over a larger surface, and is much increased in intensity. There has been no occasion for aperient medicine since the 14th inst. To be bled to 18 ounces. Continue the saline antimonial mixture.

Eleven P.M. Was relieved by the bleeding, and slept for three hours after it. His respiration is now very laborious; the blood continues buffed and cupped; pulse has continued at about 120, and very full, since

the 15th, and still remains so. Venesection to 18 ounces.

18, two P.M. He is daily getting much worse; his expectoration is now attended with great difficulty, and the respiration is exceedingly laborious. He complains of pain in the fore part of the thigh, which was bruised at the time the accident occurred. The pain in the abdomen has not been severe since the 16th, and he can now bear pressure on it pretty well. He complains of severe pain over the trochanter major. Let him be bled from the arm to 20 ounces; cupping on the hip to 18 ounces. Discontinue the saline and antimony, and take of solution of acetate of ammonia ʒjss.; ipecac. wine, 16 drops every fourth hour.

10 P.M. Still great difficulty of breathing; and the pain in the chest rather increased; pulse very rapid, but much softer and very small; in other respects the same. Add ten drops of tincture of digitalis to each of the above draughts.

19, Two P.M. Feels considerable pain in the abdomen to-day; has passed a very restless night; pulse still very frequent, but much fuller than last night; he now complains of great debility; in other respects the same. Twenty leeches to the chest; twenty leeches to the abdomen, with fomentations.

Nine P.M. Worse than in the morning; pulse rather stronger and fuller; venesection to twelve ounces.

20. All the symptoms are increasing rapidly; he is sinking fast; bowels still continue open.

21. Last night he became delirious, and still remains so; his eyelids are half-closed; breathing rather easier, and the pain in the side is also easier; pulse still full and frequent; countenance exsanguine and of a citron tint.

22. Died last night at eleven o'clock,

#### *Examination 14 hours after Death.*

*Brain* healthy.

*Chest*.—The pleura covering the posterior surface of the left lung, and that lining the corresponding part of the wall of the thorax, was covered with a thick layer of yellow, opaque, and very tenacious lymph. On removing this lymph, the pleura was found minutely injected, and dark-red spots were visible beneath it. The lung throughout was less crepitant than natural, and when cut into, pus exuded from the ramifications of the bronchial tubes. The entire lung was in a state of *engouement*. There was no change of structure. The right lung was tolerably healthy.

*Abdomen*.—Peritoneum slightly inflamed; pus was found in the *poas magnus* of the left side in its whole extent. The abdominal and pelvic viscera were healthy.

*Pelvis.*—The soft parts over the ilium were in a state approaching to gangrene; there was a comminuted fracture of the left ilium, which commenced about two inches and a half from its anterior superior spine, extended through the substance of the bone in an oblique direction, and having described a semicircle, terminated at the sacro-iliac symphysis. The remaining portion of the ilium was separated from its articulation with the sacrum, and thrown considerably upwards and forwards. The ramus of the left ischium, and the horizontal ramus of the corresponding pubes, were also fractured. A small collection of pus was found within the capsule of the hip-joint, and the cartilage of the acetabulum was in several parts absorbed.

## SINGULAR EFFECT OF LIGHTNING.

WE lately communicated a very remarkable instance of the effect of lightning on a man who, though the shock seemed to have passed directly through him, afterwards completely recovered; we find a similar case in a late number of the "Kuitische Repertorium." On the 5th of last May, in the neighbourhood of Moersbach, a large oak was struck by lightning, at the time when two children were standing underneath. They were found a short time after the accident in a state of complete insensibility, from which, however, they soon recovered. The elder, eleven years of age, had on the outer side of the left thigh, a livid streak, about half an inch in breadth, and five inches in length; another two inches in length, on the posterior surface of the left upper arm; and a third from the inner angle of the right foot to the great toe, where the shoe was completely torn through. The other child, seven years of age, had only one streak at the outer side of the left thigh, terminating at the knee; both children complained of great lassitude, stiffness of the limbs, and pain in the abdomen; but after the use of aperients and the external application of camphorated spirit, completely recovered in ten days.

## ERRATUM.

*To the Editor of THE LANCET.*

SIR,—I perceive in "THE LANCET" of the 6th November, an anonymous communication, containing strictures on the professional character of Sir W. Blizard, and dated the 12th of October, 23, Hadlow Street, Burton Crescent.

As that has been my place of residence since the 29th of September, and as I have communicated to THE LANCET an authenti-

cated article (besides two advertisements of Lectures) with that address, I beg you will afford me the earliest opportunity of emphatically disclaiming the slightest connexion with the anonymous communication.

I am, Sir,

Your obedient servant,

W. B. O'SHAUGHNESSY, M.D.  
23, Hadlow Street, Burton Crescent,  
9th November, 1830.

## SURGICAL PRACTICE IN WORKHOUSES.

*To the Editor of THE LANCET.*

SIR,—Under the impression from the past, that you are always ready to expose in your valuable periodical, all professional "humbug" and "hole-and-corner practice," I am led to ask insertion for these lines, arising from a sincere wish that, as medical students pay the most exorbitant and shameful fees for the little knowledge they are enabled to acquire, so they should in like manner, make the most of it whenever an opportunity presents itself. I am an apprentice to the surgeon of one of our largest metropolitan workhouses, and in latter part of my time, from which, up to the period when I entered the profession, I have invariably been allowed to examine and derive what knowledge I could from the cases contained in the ward appropriated to the male venereal patients; but, will it be believed, in the present enlightened state of the profession, when I write that the surgeon of the establishment refuses to admit me when he examines female cases, differing frequently from the disease in the male, in consequence of the difference of the parts, and, forsooth, because his sense of decorum bids him pronounce his "veto." "O chastitas! O pristina fides!" Surely nothing can exceed the well-timed benevolence of this worthy man, in thus sparing the feelings of generally the lowest class of prostitutes, and, in consequence, denying a stripling of twenty-one, who has paid him handsomely, to acquire all professional knowledge, and who possesses an anxious wish to understand his calling, from witnessing cases which tend to illustrate and afford to the student correct pathological data relative to this important disease.

In begging you a sincere pardon for thus trespassing on your press and patience,

I am, Sir,

Your most obedient servant,

A CONSTANT READER.

Oct. 28th, 1830.

\* \* If the writer of this letter be of mature age, we think the restriction imposed by his master is neither sensible nor just.

## TO CORRESPONDENTS.

COMMUNICATIONS have been received from Mr. Morson—An Enemy to Humbug—Vindex—Mr. H. D. C. De La Motte—Mr. John Barrow—Mr. Williams—Martin Evans, M.D.

Dr. Blicke's communication shall appear next week.

S. P. Yes; but it must be done with caution.

*Chirurgicus.* We are firmly of opinion that a member of the College of Surgeons can dispense his own prescriptions without hazarding the penalties of the Apothecaries Act. The chemist and druggist certainly incurs no risk at all.

*A Junior Member of the Profession.* Out of the house from 60 to 80*l.* per annum, but such situations are very rare; as indoor assistant, from 2*l.* to 4*l.*

*Alpha.* That state originates from such a variety of causes that it is impossible to give a satisfactory reply to his question in this case.

If M. D. of Edinburgh will send his name and address to our office, his request shall be attended to.

*Scalpellum,* on reflection, must be aware, that to insert, unauthenticated, such letters as the one he last sent, might be an act of very gross injustice to Sir——, and if the principle were widely acted upon, would bring a scandal upon the press generally, and completely neutralize its good effects.

The unfair dealing of which a writer signing himself *Salus Populi* complains, sinks into nothing when placed in comparison with the disgusting knavery and jobbing which are daily practised in most of our dispensaries and infirmaries. His letter is too general to produce a good effect. The title of the institution, and the names and addresses of the underhand members of the committee should all be published.

H. M. Such a party cannot recover in a court of law for medicines and attendance. He certainly is liable to no penalty for the mere act of sending in an account.

A correspondent says he cures the tooth-ach by putting "two or three drops of prussic acid on a bit of lint and inserting it in the cavity of the decayed tooth!" He cannot be serious.

The communication of *Humanitas*, or some remarks on it, would have been inserted, had not the letter been accidentally mislaid.

*An Inquirer.* It is contended by the lawyers, that the Apothecaries Act has altered the law. We contend for the contrary. The question has not yet been fairly tried.

*Bibliophilus.* The second volume of Dr. Mackintosh's Practice of Physic was published a week or two ago. It is an excellent work.

The plates in question we have not seen, but original drawings from the same hand, which we have seen, were neither well drawn nor well coloured.

The Atlas is an able production. A. T. T.'s edition of Bateman is the most proper companion to it.

The works of Beck and Christison.

*A Webb Street Pupil.* We are too much pressed for space to insert the questions propounded by the Examiners of the Company of Apothecaries. Nevertheless we feel obliged to our correspondent for his communication.

*A Pupil* is greatly mistaken in supposing that any such change in our "medical politics" has taken place. The expressions to which he refers were the sentiments of a correspondent. It certainly never was the intention of the legislature to grant the powers which have been assumed, and a radical change in the government of the body is probably at hand. The principle, however, for which our correspondent would argue, he must, on reflection, agree with us, is not a sound one, for surely the qualifications of the individuals to whose care the health of the community is mainly committed should be carefully examined.

*A Non-Medical Subscriber* will find the subject at page 82 of Cooper's Surgical Dictionary.

We may refer H. F. to page 144 of our last LANCET.

## BOOKS RECEIVED.

Elements of Pathology and Practice of Physic. By John Mackintosh, M.D., Lecturer on the Practice of Physic in Edinburgh. Vol. II. Edinburgh: Carfrae. London: Longman. 8vo. pp. 467. 1830.

The Pyramid, Prospectus of a General Cemetery, to be erected in the vicinity of Primrose Hill. Thomas Willson, Architect. London, 1830.

An Introductory Lecture to a Course of Anatomical Lectures. By Thomas Firth, Surgeon. London: Limebeer. 1830. pp. 32.

## ERRATUM.

At the close of the report of the London Medical Society in our last, page 220, the last line should have been printed "and certainly it would be rather too much to tell him that he had never met with a case of puerperal fever."

# THE LANCET.

Vol. I.]

LONDON, SATURDAY, NOVEMBER 20.

[1830-31.]

## *Hôtel-Dieu de Paris en Juillet et Août 1830. Par PR. MENIÈRE.*

INDEPENDENTLY of the great political interest which is attached to the history of the Hôtel-Dieu during the months of July and August, this hospital being almost in the centre of the field of battle, the above report is important in a medical point of view, and we think we shall obtain the thanks of our readers for presenting them with some extracts.

On the evening of the 26th of July, the day of the publication of the ordinances, the number of patients in the Hôtel-Dieu amounted to 878; on the morning of the following day some disturbances took place, and in the evening the fighting began between the citizens and gend'armes. On that night six wounded persons were conveyed to the Hôtel-Dieu, and one of them died almost immediately.

At the very beginning of the struggle, the medical authorities of the Hôtel-Dieu considered it necessary to discontinue the further admission of patients, except in urgent cases, and to discharge as many reconvalescents as possible, so confident were they that a serious conflict was at hand; and owing to these wise measures, the hospital contained on the evening of the 27th, only 900 patients,\* a great number of whom were in a state to leave on the first notice.

During the disastrous fight on the 28th, 110 wounded citizens were admitted, 17 of whom died on the same day; the wounds were all from musket balls, cartridges, and cannon balls. Every-thing was immediately done to assist the wounded, and to provide for the morrow. Thirty-eight convalescents left the hospital, some of them to

take part in the fight. An additional number of beds was placed in the different wards, and a "service d'ambulance" was organised; a large number of old "internes" of the Hôtel-Dieu came to the hospital, and offered to place themselves under the "chirurgien en chef," and to share the service of their younger colleagues. A large number of litters was distributed over the immediate neighbourhood of the hospital, in order to carry the wounded from the conveyance in which they had been brought, into the wards—a measure which was indispensable, as every wounded man being accompanied by a large escort of friends, they would have otherwise entered with him, and have caused great confusion in the wards. As it was necessary to perform many operations immediately, one particular ward was destined for that purpose; this plan was, however, soon found to be impracticable, as the number of wounded rapidly increased, and the operations were accordingly performed on the beds of the patients themselves. M. Dupuytren performed nearly all the operations himself, not only the greater operations, but also such as enlarging of the wounds, extraction of balls, &c. A great number of wounded left the hospital after their wounds had been dressed, some to go home, but others to return to the fight; and M. Menière states, that he saw more than one who was wounded, at two, three, and even four, different periods of the battle. From this day wounded soldiers were also admitted; they were placed in the same wards with the wounded citizens, as there was no time to assign to them a particular ward; besides, it was soon found that there existed no sort of animosity on the part of the citizens against them, and within a few days they were completely fraternized.

After the murderous night of the 28th, a

\* The average number of daily admissions at the Hôtel-Dieu, is about 38.



sort of armistice was concluded, which the troops employed in throwing their dead into the Seine, and in carrying their wounded to the "ambulances," and the "Hôpital de la Garde;" a great number of the most severely wounded was also brought to the Hôtel-Dieu. It was on this occasion particularly that the citizens, animated by the most generous feelings of humanity, made themselves worthy of the greatest praise; they themselves carried the wounded soldiers to the hospitals, and evinced the same care and attention to them, as if they had fought for their own good cause.

After a short cessation of hostilities, the battle recommenced, and terminated on the evening of the 29th; on that day no less than 204 wounded persons were received at the Hôtel-Dieu, twenty of whom died before any surgical treatment could be administered to them. All the other patients of the hospital who were in a state which admitted of their being conveyed, were discharged, and 362 of them were sent to the Salpêtrière and the Bicêtre, in order to make room for the wounded, the number of whom was expected to increase after the battle. Several young surgeons were stationed at a greater distance from the hospital (the neighbourhood of which became by this time really covered by litters, &c.), in order to assist such as required immediate aid, as in case of hæmorrhage, &c.; others were sent into other quarters of the town, for the purpose of establishing ambulances for the temporary reception of the wounded, until they could be sent to the hospitals. Those of the wounded who could bear being conveyed were carried to other hospitals; others were removed to their homes, or into houses in the neighbourhood.

About 400 wounded persons received this sort of temporary surgical treatment at the Hôtel-Dieu, and it is necessary to remark that these are not comprised in the general report of the hospital.

During the following four days fifty-eight wounded were admitted, and their admission continued for some weeks, but of course most of the wounds were less dangerous. The greater part of these were workmen, who found themselves unable to provide for the expenses of a long illness. During the same period, a great number of those who had received temporary treat-

ment also returned to the Hôtel-Dieu, where they were further attended as out-patients.

The total number of wounded, who were regularly admitted into the hospital, amounts to 390, of whom 302 were citizens, 62 soldiers of different ranks, 21 females, and five children under fifteen years of age. Forty wounded died during the first three days after their admission.

We shall now say a few words on the internal organisation of the hospital, and the distribution of medical service, during and immediately after the revolution. Besides the five surgical wards, three medical wards which had been evacuated in the manner above described were destined to receive the wounded; the surgical service was organised by M. Dupuytren, under whom all the surgical officers, not only of the hospital, but also the old "internes," and other surgeons, who had volunteered their assistance, placed themselves; the "chirurgien en chef" immediately assigned to every one his post and appointment, and it was owing to the strict adherence to these orders that the service of the hospital was, during the whole period, performed without the least confusion or interruption; the morning visit, which generally took about five hours, was made by M. Dupuytren, and the evening visit alternately by his colleagues, MM. Breschet and Sanson. As to the frequent complaint of the Hôtel-Dieu having been crowded, it is sufficient to say that in consequence of the discharge of convalescents and transportable patients on the evening of the 28th, the number of patients amounted only to 771, a number considerably less than can be accommodated at the Hôtel-Dieu; during the following days also, the number of discharges always exceeded that of admissions; and the number of patients in the hospital was, on an average, not more than between 680 and 710; a statement for the authenticity of which M. Menière declares himself responsible.

The diet at the hospital is rather indifferent, and M. Dupuytren justly considered the present a very proper opportunity of making improvements in this respect; orders were immediately given to the domestic department of the house to make the proper alterations; and it is probable that to these measures, and to the liberal contributions

of the citizens themselves, the speedy recovery of many patients may be ascribed.

Another want which soon became very urgent, was that of lint and linen, but this had no sooner begun to be known in the town, than large donations were sent from all quarters, particularly from the "Dames de la Halle," the "Collège Louis-le-Grand," the hospices, and even from other towns as far distant as Angers; at the same time a great number of workshops was established in the neighbourhood of, and on the very place before, the Hôtel-Dieu, to supply the wards with lint, bandages, &c. By such efforts, and lastly from the contents of the magazine of the "ambulances de l'armée," which was immediately given up by the provisory administration to the civil hospital, these wants were speedily supplied. Another circumstance which was extremely beneficial in this respect deserves notice: the palace of the archbishop (which is quite close to the hospital) having been invaded, a report spread that it was to be plundered, and the furniture destroyed and thrown into the Seine. In consequence of this rumour, M. Breschet immediately proceeded thither with his apron (in his dress as hospital surgeon), and called upon the people in the possession of the palace to carry everything that might be useful to the wounded, to the Hôtel; these orders were immediately followed, and all the linen, beds, furniture, and even money, was faithfully delivered to the authorities at the hospital. Another incident connected with the archbishop's palace must here be mentioned. Some of the people were going to set fire to the building, and others proposed to dig a large hole in the garden, and to bury there a great number of dead from the Place de Grève, &c.; but as soon as they were reminded that the execution of either of these plans might be injurious to the Hôtel-Dieu, they immediately abandoned them. In conclusion of this part of his report, M. Menière mentions the honourable readiness with which the medical officers of the hospital adopted the proposition of one of their colleagues to make a collection for the wounded, which, within a few days, amounted to about six thousand francs (240*l.*).

We do not follow M. Menière in his inquiry on the nature of gun-shot wounds, as this is for the present foreign to our pur-

pose. We also omit entering into many particulars respecting the severity of the cases, such as for instance that the citizens were more dangerously wounded than the soldiers, but that in the former the wounds were comparatively less fatal than in the latter, because of the different emotions of mind which were necessarily produced by the event of the struggle, &c.

We give a short extract of some of the most interesting cases:—

"A soldier of the Royal Guards received a shot a little above the temporal extremity of the eyebrow; the ball having traversed the skin and temporal muscle, glided along the skull in a semicircular direction till it came behind the ear, where it stopped; it was extracted by means of an incision. The patient went on very well, till all at once hæmorrhage took place from the temporal artery, which was, however, soon arrested by the ligature; this patient is now recovered.—A pupil of the Polytechnic School was stabbed in the right eye; the instrument pierced the orbit and perforated the brain in its whole length, and of course produced immediate death.—A deaf and dumb person, about 34 years of age, who had taken a very active part in the fighting, was brought to the hospital covered with wounds, and lacerated in the most pitiful manner; there was a penetrating wound at the temporal region of the skull, and there was evidently a lesion of the brain; he was largely bled and went on favourably, when secondary encephalitis acceded and carried him off in a few days.—A citizen received a ball on the forehead; he was brought to the hospital in a state of insensibility; the skin was found lacerated, but there was no fracture; when he recovered his senses he was quite blind, and it was only after a few days that the right eye became sensible of light; the vision of both eyes was gradually but completely restored.—One fracture only of the clavicle was observed, from a blow with a musket, and curiously enough it was in a citizen who had recently been discharged from the Hôtel-Dieu, after recovery from a fracture of the clavicle of the other side.—Two exarticulations of the upper arm were made with success; a third case proved fatal, probably only because the patient objected to the operation being performed immediately after the accident.—A few severe cases of burns were also admitted. Some citizens had taken possession of a cannon, which they directed against the enemy, but in the heat of the moment they had put the ball behind the powder; the cannon was accordingly turned, and the powder was scattered over the pavement; the ball also fell on the stones, and unfor-

tunately caused a spark, by which the powder took fire and burnt five or six individuals.—A young man, with his pocket filled with cartridges, had a pistol discharged close to him, so that they took fire, and he was in one moment burnt from head to foot. None of these burns were fatal.—One case of amputation of the index of the left hand proved fatal, in consequence of nervous symptoms supervening, which were probably caused by a violent emotion of mind.—In two cases both thighs had been traversed by the same ball without producing fracture, and in one the ball had even perforated both legs without even any lesion of the bone.—One case of tetanus only was observed, in a patient with penetrating wound of the chest; it seems that it was principally caused by the frequent discharges of muskets and pistols, which continued for a considerable time after the fighting had ceased. Several cases were observed, in which the ball had passed through the neck without injuring any important organs, and some of them were speedily cured; some, however, proved fatal by hæmorrhage, as was the case in a young man who had been shot through the neck, and was in a fair way of recovering, when, on the 12th day, hæmorrhage occurred and carried him off within a few hours.—A boy of 17 received a large wound at the left side, immediately above the heart; the ball, after having broken a rib, traversed the lung and the scapula, and he was apparently in a dying state when he was admitted at the hospital; reaction, however, soon took place, and it is hoped that he will recover.—A voltigeur received a musket-ball on the occiput; though it came in an oblique direction, it fractured and depressed the skull, and such was its force, that it was almost divided into two parts, one half having entered the cerebellum and the other remaining outside; it was very firm, and it required a great effort to detach it; the patient died on the second day.—A young girl, whilst looking out of a window on the fifth story, received a ball in the breast, after it had penetrated the chest of a man before her; happily she was thickly clothed, else the ball would have entered the chest; it had been fired at the distance of about 60 paces.—A soldier of the Guard was shot in the hypogastric region; the neck of the bladder was wounded, and the ball entered a little above the anus; the os pubis was fractured. Notwithstanding the extent and the nature of the wound the patient lived till the 30th day, when he died of inflammation.”

With respect to the situation and effects of the wounds, there were observed to be,—

		FATAL.
Wounds of the head *	20.....	13
— face ..	17.....	5
— neck ..	6.....	3
— chest ..	20.....	10
— abdomen	21.....	14
— pelvis	21.....	9
Fractures of long bones	78.....	45
Wounds of the thigh	30.....	0
— knee ..	6.....	0
— leg ..	14.....	0
— foot ..	10.....	0
— shoulder	9.....	0
— upper arm ..	8.....	0
— fore-arm ..	6.....	0
— elbow ..	3.....	0
— hand ..	5.....	0
	274	99

Besides the above number, eleven citizens died almost immediately after admission, and their wounds were not specified. The total number of deaths is stated to have been 122 (which however does not accord with the above), 40 of whom, at least, did not admit of any surgical treatment. Of the 91 wounds of the extremities without fractures none proved fatal, and it was peculiarly fortunate that there were no penetrating wounds of the joints among them. The other wounds, which are not entered in the above list, were comparatively slight. At the end of September there were but twenty wounded left; the greater number of convalescents having been sent to St. Cloud, where the barracks of the Gardes du Corps had been appropriated to that purpose.

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*Transactions of the Medical and Physical Society of Calcutta.* Volume the fourth. Calcutta: Thacker and Co. 1829. 8vo.

OF the thirty-three articles contained in the volume before us, a small number only require our notice, the rest being chiefly on subjects of local importance, and such as can afford but little interest to European readers.

We shall begin with the first paper, on lactucarium, by Dr. Graham, who caused a quantity of this drug to be prepared, and employed it in a number of cases with con-

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\* At the Hôpital Beaujon, a citizen was admitted with eight wounds of the head, at one of which a piece of bone three inches long and two broad, had been separated from the skull; he recovered, and is at present in St. Cloud.

siderable benefit. It was obtained from the coss lettuce just before flowering, by cutting the stem obliquely into a great number of pieces, and scraping off the juice from the ends of each with a broad blunt knife, by which it was conveyed into a cup or bason having a cross-bar and containing a small quantity of water. The juice thus collected was merely inspissated by standing for a short time in the shade, and then made into cakes with the hand, without being subjected to any other preparation whatever. It was given in somewhat larger doses than those which have been hitherto recommended, viz., from two to eight or ten grains, and was productive of very beneficial effects in several instances where opium and other narcotics had failed, or could not be borne by the patient. In this country the expense attending the collection of lactucarium has been so great as alone to prevent its being brought into general use; but Dr. Graham states that the above method of preparing it is already understood, in several places, by the natives, and that any quantity of it might easily be procured at a very reasonable price. In the appendix an account is given of some trials which were made with a quantity of the drug sent by Dr. Graham to Calcutta, and the results fully justify the commendations which he bestows upon it.

The seventh article contains a very interesting case of diabetes completely and permanently cured by bleeding. The patient, a military officer *æt.* 40, had been ill several months, and was extremely weakened and emaciated, when he applied to Dr. Kennedy. His previous medical attendants had considered his case as one of hypochondriasis and general debility, without being at all aware of its real nature, although he was actually at this time voiding from ten to twelve pints of inodorous sweet urine in the twenty-four hours. Leeches and a large blister to the loins, lime-water and subcarbonate of ammonia with an animal diet, were first tried, but under this treatment the patient, though somewhat improved in spirits, evidently became worse, and the urinary discharge increased to seventeen pints daily. Although he was now still further reduced, Dr. Kennedy was "firmly convinced that his only chance of recovery was in the bleeding system of Dr. Watt," and accordingly on Sept. 20th began by ab-

stracting twelve ounces of blood from the arm. The relief afforded by this measure was very striking, the headach which had previously been very distressing was almost entirely removed, the patient regained his former cheerfulness, and declared that he felt better than he had done for some years; and the quantity of urine discharged in the subsequent twenty-four hours was only nine pints. On the next day, however, the quantity being again slightly increased, and the headach having partially returned, the bleeding was repeated with the same immediate relief as before, and five grains of blue-pill every other night, with a pint of decoct. sarasp. daily, were prescribed. On the 23d the patient continued better, the urine amounted to only eight pints in the twenty-four hours, and the thirst had altogether ceased. On the 24th the headach and thirst were again slightly felt, the quantity of urine for the twenty-four hours was eight and a half pints. Venesection was therefore again employed, and with the same good effect as on the previous occasions. Between this date and Oct. 14, the bleeding was repeated four times, and always with decided benefit, the urinary discharge gradually diminishing in quantity, and becoming of a more natural quality, and the patient improving rapidly in health and strength, so that by the beginning of November he was completely recovered. The sore from the blister on the loins was kept open during the whole period of treatment, but there can be no doubt that the beneficial result was chiefly, if not entirely, owing to the abstraction of blood.

The following article contains a case related by Mr. Twining, in which he succeeded in reducing a dislocation of the humerus in a robust and healthy sailor, which had existed fifteen weeks, no attempt at reduction having been made. Gradually increased extension with the pulleys was maintained for fifty minutes, and during that time nausea and faintness were induced by a large dose of tartar emetic and the abstraction of  $\frac{1}{2}$ ij of blood. The head of the bone was raised with considerable force from the axilla, and returned into the glenoid cavity suddenly and with a very audible grinding noise. The patient left the hospital only a few days after the reduction, and was then able to move his arm as much as, at that

early period, could be prudently permitted. The following note is appended by Mr. Twining, and we may observe that any information on the subject will be acceptable to us, as we know of no other case where the bone has been reduced at so long a period after the occurrence of the accident.

"The patient, William Foss, returned in the brig Francis to Liverpool, and should he not recover the use of his arm, it is probable that he will apply to a hospital for aid; and any communication as to the degree of his recovery would be interesting to the Calcutta Medical Society."

The 14th article is by the same gentleman on the employment of *Ipecacuanha* in dysentery. From the cases, of which a number are concisely related, this medicine appears to have been most efficacious in the simple acute form of the disease; it was not, however, considered as by any means a substitute for antiphlogistic measures, its administration being always preceded by free general or local bleeding, when the patient was seen soon after the commencement of the disease, or at a later period, when the symptoms indicated the existence of inflammation. It was invariably combined with extract of gentian, and was given sometimes even in twelve-grain doses, without inducing the least nausea. The usual dose was, however, six grains, with four grains of the extract, twice a day; in some cases, where the liver appeared to be affected, it was advantageously combined with blue-pill, in others it does not appear to have been rendered more efficacious by this addition, on the contrary, its good effects were much more evident after the mercury had been omitted. In some cases, which are related by Dr. Mortimer of Madras, the *Ipecacuanha* was given much more frequently, and combined with gum acaciæ instead of extract of gentian; it appears, however, to have been less efficacious in this form, though still of much service. The use of *Ipecacuanha* in dysentery has been long known, but we are not aware that it has been given before in this particular manner, or combined with any medicine which has so completely obviated its nauseating effects, without at all diminishing its beneficial action on the lower intestines.

No. 15 is a case of stone, in which the recto-vesical operation was performed by

Mr. Tweedie, at Rangoon. The patient, a Mussulman boy nine years old, had been afflicted with the disease for about seven years. The stone, which consisted externally of the ammoniæo-magnesian phosphate, and was four inches and a half in length and three and a quarter in circumference, was very easily felt from the rectum; no staff, therefore, was employed, and the sphincter ani was not divided. From the latter circumstance, and probably also from the smallness of the incision into the bladder, though this is not mentioned, some difficulty was experienced in the extraction of the calculus; the operation was, however, completed in about five minutes. Fæces (and even a live round worm, *ascaris lumbricoides*) were passed by the urethra for more than a month; in six weeks, however, the recto-vesical opening was entirely healed, and the patient perfectly recovered. In the appendix, another case of calculus is related, in which lithotomy was performed by a native, who, by his own account, had operated on about 150 patients, and lost only sixteen. His method was that which has been termed the apparatus minor. His whole stock of instruments consisted of an old lancet, a small folding knife, and a piece of unpolished iron, about the size of a common uncut drawing-pencil, having one end coarsely scoop-shaped," and he was "totally ignorant of anatomy, having no rational idea of the parts to be divided, nor of those which would have been endangered by a slip of the knife. Notwithstanding these disadvantages, the calculus was speedily extracted, and the patient, a native boy seven years old, was going on remarkably well on the tenth day, after which he was not seen by the relater of the case. The operation is thus described:

"Without any preparation whatever, nay, allowing the boy to void his urine just before commencing, the operator proceeded as follows, having first gladly accepted a double-edged scalpel as a substitute for his own knife, but refusing forceps of any kind. The patient having been placed on the knees of his father, who was seated on the edge of a cot, with each hand passed under the ham of the same side, and the wrists held in such a position as to draw the knees as far upwards and outwards as possible; the operator knelt before him, introduced the two fingers of the left hand into the anus, and with the right having roughly

pressed above the pubes for a few seconds, brought the calculus to press out the skin of the perinæum to the left of the raphe near the anus; he then boldly cut down on the stone, the incision running nearly in the same direction as that made in the lateral operation, and attempted to scoop it out very roughly with the bit of iron. Having failed in this attempt, at our suggestion he slightly enlarged the wound, and then extracted with ease a calculus of a flattened oval shape, and larger than a pigeon's egg, the whole being over in less than two minutes."

Two cases of hydrophobia are described in Nos. 12 and 16. In the one the extract of belladonna, in the other the superacetate of lead was tried; both cases proved fatal under the usual symptoms. The belladonna appeared to have no beneficial effect whatever. In the second case, the patient, a native boy *ætat.* ten, appeared to improve under the use of the lead, and a blister to the throat, and was able to swallow water with very little effort; unfortunately, however, he was removed by his friends on the second, became speedily worse on the omission of the medicine, and died on the evening of the third. Another case is given in the appendix, of a native girl, nine years old, in whom a very evident beneficial effect was produced by the administration of two large doses of opium; the improvement, however, was only of very short duration; the violence of the disease soon returned, and she died in a few hours.

The twenty-second paper, by Dr. Moust, gives an account of an epidemic cholera which occurred in March, 1828, among the soldiers of a European regiment stationed at Berhampore. It came on suddenly, without any assignable cause, and lasted one month, during which time 27 out of the 132 patients admitted into the hospital died. It is remarkable, that only the European private soldiers, and some native servants and bazaar attendants, were affected; neither the officers, nor any of the sepoys at the same station, were attacked by it. The general phenomena of the disease were nearly the same as those which have been usually observed, but it was characterised by immediate and extreme collapse and prostration of strength, with little or no tendency to reaction. The symptoms of course varied in different cases. The most

usual, however, were "purging, vomiting, pain or heat at the præcordia, anxiety, spasms, restlessness, oppression; cold, damp, clammy skin, collapse, failure of the pulse, shrivelled extremities, and urgent thirst."

"The prostration of strength in every one was a marked feature of the disease. In three or four cases, the depression was the principal symptom on their admission into the hospital, as the slight vomiting and purging which they had could hardly be deemed a disease, though the eventual occurrence of cramps, the nature of the evacuations, and the urgent thirst, but too fully proved it to have been cholera." A tabular view is given of all the cases omitted; but as only the duration and event of the disease, the principal symptoms on admission, and the remedies employed, are stated, little can be learnt from it. Venesection, which was tried in forty-six cases, was of no benefit; on the contrary, it is stated that, in several instances, it was decidedly injurious; and the author observes,

"In no instance, with any of the above symptoms, however slight, or however early in the disease, did the flow of blood either rouse the system, induce reaction, or relieve the complaint. The blood either does not flow, or trickles from the vein, in the usual cases of cholera; here, however, it has generally flowed freely; yet, instead of the pulse rising, faintness, exhaustion, cold sweats, with increase of vomiting and cramps, have obliged us to have recourse to stimulants to rouse the vital energies."

The treatment, therefore, principally consisted in the administration of large doses of calomel with opium, of magnesia and stimulants, as brandy, ammonia, &c., blisters to the epigastrium and bottles of hot water to the sides and feet, which latter with manual friction were found to be of great service.

"On dissection in many cases, very little disease was apparent. In some there was much congestion and vascularity, in others very little; every case was minutely examined, and with the exception of the vessels of the head, brain, lungs, liver, stomach, and intestines, appearing turgid, and sometimes loaded with blood, there was nothing observed worthy of record."

The account of this epidemic affords proof, if indeed proof were wanting, of the justice of our observations in a recent number, on the disease now raging in Russia, and of the absurdity of attempting to lay down any me-

thod of treatment which shall be applicable to every form of the disease.

The last article which we shall notice is by Mr. Raleigh, and contains an account of three cases of cataract in which the operation of extraction, though perfectly well performed, was not succeeded by sufficient inflammatory action. In the first case there was no reproduction of the aqueous humour, though the edges of the incision remained in close connexion; the cornea slowly became flaccid, dim, and opaque, and ultimately the whole globe sank without any suffering to the patient. In the other two cases a similar want of action was remedied by the application of pepper, and of a solution of nitrate of silver to the surface of the eye; and a moderate degree of inflammation having been set up the curative process proceeded, and vision was completely restored. All three patients were natives, and each was about fifty years old. Though not robust they appeared in tolerably good health at the time of the operation.

*Elements of Chemistry.* By ANDREW FYFE, M.D.F.R.S.E., Lecturer on Chemistry, &c. &c. Edinburgh: Black. 1830. 8vo. pp. 1062. 2d Edit.

[The first edition of this work was published in two volumes; in the present edition the two volumes are bound together.]

Of the numerous systems, elements, and manuals, of chemistry, which have appeared within the last few years, that which is now before us is decidedly one of the best. Indeed we know of no work of similar extent which can be placed before it, either for general accuracy, quantity of information, or clearness and conciseness of style.

The arrangement, which differs considerably from the order which has been hitherto generally adopted, is according to the most recent views of the first chemists, both English and continental, the discoveries and opinions of whom, Dr. Fyfe has examined and collated with much diligence and ingenuity. Instead of dividing simple substances into positive and negative, or into combustibles and supporters of combustion, he has arranged them as acidifying and alkalifying principles, and acidifiable and alkalifiable bodies, using the term alkali in

a very extended sense, to denote all those substances which are capable of forming salts by their union with acids. In the first division only two substances are included, oxygen and hydrogen. In the latter, chlorine, fluorine, azote, and all the simple combustibles, or electro-positive bodies. In this arrangement it is evident that in muriatic acid, hydrogen and not chlorine is considered as the acidifying principle, a theory which is certainly well supported by analogy, since, on the one hand, in hydrocyanic acid, and in hydrothionic acid, or sulphuretted hydrogen, the former gas performs the same part that oxygen performs in nitric, carbonic, and the other oxy-acids; and, on the other hand, chlorine must be regarded as the base in chloric acid, and its compounds, with the alkalies, metals, &c., appear to be more analogous to those of the same substances with sulphur and carbon, than to the oxyds with which they have generally been compared. Of course the same arguments apply in a still stronger degree to the other two supporters of combustion, iodine and fluorine. As our object here is rather to point out the nature and value of the work than to give an analysis of it, which could be of little or no use to our readers, we shall not enter further into detail. We have only to state that the principal part of it, which contains some account of every known substance, natural and artificial, which can be treated of in a work of this kind, is preceded by much valuable information on the subjects of heat and attraction, and some brief, but very instructive, observations on light, chiefly in reference to its chemical effects, and followed by a long and interesting chapter on electricity and galvanism,—by another, equally valuable, on analytical chemistry, referring chiefly to the composition of mineral waters, and the examination and detection of poisons, and by many useful and accurate tables, which it is unnecessary for us to enumerate. The typography is, throughout, remarkably correct; but we know not why the author has chosen to write *origen* and *oxid*, instead of *oxygen* and *oxyd*, which are sanctioned not merely by custom, but also by the derivation of the words.

## MANSLAUGHTER

COMMITTED A SECOND TIME BY

JOHN LONG.

At 11 o'clock on Wednesday, Nov. 10, a jury assembled at the Wilton Arms, Knightsbridge, to inquire into the death of Mrs. Colin Campbell Lloyd, aged 48, the wife of Captain Edward Lloyd, of the Navy. The jury proceeded to view the body of the unfortunate lady, at her lodgings, No. 33, Wilton-place, and on their return the following evidence was adduced:—

*Mr. George Vance*, surgeon: I visited Mrs. Lloyd on the 21st October last, which, as I was informed by her medical attendant, Mr. Campbell, was about ten days from the commencement of her illness. Mrs. Lloyd informed me that she had inhaled, from a tube, a few times at Mr. St. John Long's, and had been rubbed on the chest with a liniment twice; the first rubbing, she said, produced no inconvenience, but the second a sense of burning heat; she stated that she was quite well at the time, and had not suffered any important indisposition for three years; from the inhalation, it appeared to me that her tongue, mouth, and fauces, had eroded; on examining her chest, where she had been rubbed, I found a sloughing sore of great extent, which extended from the armpits across the chest in one direction, and from the collar-bones above, under the nipples, in the other direction; in the middle of this sore, the soft parts covering the breast-bone were black and dead, but towards the circumference there was a little appearance of health, and the mortified parts were separating from the living; the stomach was much disturbed, and she was in a state of great exhaustion and despondency, frequently expressing a desire to die. In a day or two after my attendance, some of the constitutional distress subsided, and her spirits revived; the dead parts began to separate more freely: no granulations, however, appearing in the clean parts of the sore, and the surface having become dry and flabby, exhibited the appearance of the dissected parts of a dead body. Mr. Campbell, a surgeon, and myself, removed masses of putrid flesh. The breast-bone was found bare, and I believe that if the slough had been freely thrown off, the cartilages of the ribs would have been exposed also. The deceased gradually grew weaker, and died on Monday morning the 8th of November. The application of some corrosive matter applied to the parts, which I found in a state of mortification, was the cause of her death.

*Mr. Brodie*, surgeon, sworn: I saw Mrs. Lloyd last Friday week, with Mr. Vance. The witness confirmed the evidence of Mr. Vance. I should think that any mineral acid, or arsenical application, would produce such an effect; I do not remember having seen the same mischief produced by any local application that had been used as a remedy, excepting in the case of the late Miss Cashin.

Cross-examined: In some cases the applications in common use produce effects more violent than in other cases, and beyond what the practitioner may have intended.

*Mr. Campbell*, surgeon, said: About the 1st of October, Mrs. Lloyd and her family came on a visit to my mother's house, and she appeared to be in sound bodily health. On the 12th of October I was requested to see her, as she was dangerously ill. She complained of pain on her chest, on examining which I found the wound which has been described. Mrs. Lloyd stated to me, that she had consulted Mr. St. John Long for an affection of the throat, a few days before, and he told her that the affection of the throat arose from extensive disease of the lungs—they being full of small ulcers, and recommended her to inhale, which she did for a few days previously to her being rubbed at his house, which took place on the 10th and 11th of October. I have heard the evidence of Mr. Brodie and Mr. Vance, and concur with them in opinion as to the cause of her death. Mrs. Lloyd had no symptom whatever of disease of the lungs; the wound extended twenty inches in length, independent of the inflammation which extended over the abdominal muscles, all down her sides, over the hip and over the shoulder.

Cross-examined. There was no mortification on the wound when I was first called in to attend her on the 12th October; she then told me that she would not allow Mr. Long to come into her presence again, and from that day he never saw her.

*Captain Lloyd* came to London with his wife on the 15th of July; Mrs. Lloyd was in good health; she continued in good health until she became ill from the rubbing of Mr. Long. On the 5th Oct. I accompanied her to Mr. Long's; she went on the following day, when she inhaled. On the 7th she inhaled again; also on the 8th; she went to him on the 9th, when she was rubbed, for the first time, across the bosom, as she described to me; on the 10th Oct. she told me that she had inhaled as before, and afterwards was rubbed—as they termed it, “rubbed out.” She became so unwell while the rubbing was going on, that the rubber was alarmed and went for Mr. Long, who did not come for some time, and when he did, he said it was nothing, and would soon



go off, which it did after some time; but an odd sensation remained which continued during the evening. She passed a restless night, and on the morning of the 12th of October, on looking at her breast, it appeared to me that from lying on her back, wherever the matter discharged from the wound rested, it caused fresh blisters, some of which I cut to relieve her pain. A wicker cradle was made to place over her to prevent the bed-clothes touching her. On this day I called upon Mr. Long, who expressed his surprise at not having seen Mrs. Lloyd to go on with her inhaling. On explaining her inability and great sufferings, he said that he would come in the evening, which he did, and found that she had applied some common blister dressing to alleviate the heat and burning sensation. Mr. Long said that was wrong, and contrary to his practice, but he would "rub it out," which Mrs. Lloyd exclaimed against, saying that she had suffered so much that she could not endure these parts being rubbed at all; the very idea of touching them, even by herself, was excruciating. Mr. Long said, that the only thing necessary to be applied to the wound was old dry linen, to absorb. He then asked for a towel, and began rubbing it dry on the large black spot, as I suppose to absorb the discharge. Mrs. Lloyd said she had always healed any little blister by a simple blister-dressing; and Mr. Long said he saw no objection to her using it, and then departed.

[The inquiry was here adjourned to the following day, when there was called—

*Mrs. Elizabeth Campbell*, sworn and examined by Mr. Wheatley: I remember the day when Captain and Mrs. Lloyd came to my house; I considered her to be in perfect health, with the exception of a little irritation in the throat occasionally; after she had been two or three days in my house, she informed me that she had been to Mr. St. John Long, and had seen several ladies inhaling there. She told me some time after that she had been rubbed; after she had been some time in my house I perceived that there was some alteration in her health—not, however, immediately after she had been rubbed, which operation, she informed me, was first performed on Saturday, the 9th of October; she was quite well that evening, and in very good spirits; she played at cards, and with her children; on Sunday morning she still appeared very well, but in the evening she complained to me of great coldness and a shivering which had come on her; she was, on this complaint being made, put into a warm bed, but she continued in that cold shivering state for many hours.

Mr. WHEATLEY. Do you happen to know that she was rubbed on the Sunday morning?

Witness. Yes; I was given to understand from herself, that she had been "rubbed" on the Sunday morning. She never rose from her bed after she had taken to it on Sunday evening; was removed to another bed; I frequently attended her after that, and never saw any one in so much pain, or suffer so dreadfully, from the Monday morning up to the time that she died; her sufferings are too dreadful almost to think of, and at times she was rendered delirious; she expressed great dread of Mr. Long, and, as a proof, she always fancied from her dread that he was in a large trunk in the room; she often desired the nurse to lock it and hide the key. She suffered so much that Captain Lloyd went to Mr. Long, and he, in consequence, came to the house on Tuesday evening. Mr. Long said she was doing very well, and looking very well, and asked her what she wished to be done. He did not restrict her diet, nor give her any medicines internally. This was the last time that Mr. Long saw the deceased; he called the following day, but the deceased desired that he might be told that she was asleep, for she would not see him; she gradually became weaker and weaker; her sufferings were beyond any one's belief—they were dreadful; she died November 8th.

The remainder of this witness's evidence fully confirmed that of Captain Lloyd.

*Mr. Vance* put in the following report written by him and three other medical gentlemen who examined the body:—

"The surface of the body did not exhibit any appearance of disease, except a gangrenous ulcer on the chest, which we measured, and found to extend from one armpit to the other, a space of sixteen inches; and from the neck downwards to the parts below the nipples, nine inches. The mortified parts being removed, the collar-bone and some of the cartilages of the ribs were bare. The body generally unusually fat.

"On exposing the structures contained in the chest, the lungs were ascertained to be perfectly sound, free from any adhesion to the neighbouring parts, and there was not even a spot that could create the suspicion of disease either on their surface or internally. The heart and all its appendages were also quite healthy.

"The liver, spleen, stomach, and intestines, as well as all the other structures in the abdomen and pelvis, were in a state of perfect health. On the right side the thyroid gland was inflamed, and the structure a little changed from its contiguity to a deep part of the ulcer, but the other part of the gland was healthy. On examining the wind-pipe, no disease appeared, but the portion nearest the ulcer was much inflamed on its inner and anterior surface, and its vessels were full of blood. The œsophagus, which

became the subject of our particular attention, on account of the globus hystericus, was quite healthy, but a little narrow at the upper part, which we are disposed to consider congenital rather than a mark of disease, as there was no thickening nor stricture. We have further to add, that in our professional researches, we have seldom seen a body that had lived forty years, with internal structures so generally healthy, and so fine in their proportions. The head, by the desire of the jury, was not examined, as it had never appeared to be the seat of disease."

*Mr. Vance*, in answer to a question put by the jury, stated, that coughs generally attended inflamed lungs. Counter-irritation moderately applied, and under certain circumstances, was certainly not productive of harm.

*Cross-examined*: A common blister frequently produced mortification.

After *Mr. Campbell* had shortly stated the treatment which he had pursued towards *Mrs. Lloyd*, and which was described by *Mr. Vance* as perfectly correct, the coroner read over the whole of the evidence to the jury.

*Mr. Wooler* then said, that the present question was a very important one, as it affected *Mr. Long* and the public. As such, he thought that every thing that could throw light upon it should be received. He was about to ask the court whether it would permit the evidence of witnesses, as to the nature and character of *Mr. Long's* treatment. He did not mean to ask many questions of them, but simply two or three, in order to show how perfectly innocuous it was. It would then be for them to say, whether blame would be attached to *Mr. Long*, if it had proved of so much benefit to others, and had only failed in one instance.

The Jury unanimously said here, that they thought such evidence was quite unconnected with the case; and one juror inquired if he were prepared to show that the same treatment and the very same lotion had been used towards the deceased as with all the other persons?

*Mr. Wooler* said he could not call evidence certainly to that particular fact, only to his general practice.

*Mr. Wheatley* said, that that question had saved him a great deal of trouble. He observed at once how unnecessary such evidence was. The embrocation might be perfectly innocuous in one instance, and arsenical in the other.

The Coroner observed, that if they allowed such evidence on one side of the question, they must allow contrary evidence on the other, to show that the treatment had not proved efficacious. Besides, he did not see that either way it

could apply to the present case, as they were only sent to inquire into the death of one particular person, and not the deaths or treatment of others.

*Mr. Wooler*: Very well then, I shall only call two witnesses to facts immediately connected with the deceased.

*Mrs. Jane Macdougall*: I am a relation of the deceased; about ten days previous to the 4th of October last, one Sunday, the deceased came into *Mr. Long's*, where I happened to be at the time; she said to me, in the presence of *Mr. Long*, that she had been suddenly taken ill in the street, and that she would be obliged if she might sit down in the hall; she was so very ill that she was afraid to go further, and she did not wish to go into the house, as it would be said that *Mr. Long* had killed her; she told me that she laboured under an affection of the throat, and that *Mr. Vance* had applied caustic to it; about a week after this I saw her at *Mr. Long's*; she appeared to be very much oppressed indeed; she then went in to inhale with the rest of the ladies; she afterwards went down stairs, and had an application made to her throat, from which she told me that she had derived very great benefit; the following day, Sunday, she again came and inhaled, besides having an application made to the throat; I did not see it, but she put her hand to her throat, and said to me, "I have had an application made a second time here;" it might have been lower for what I know, but I thought it must have been there, as she had spoken of the ulcerated throat; she came up stairs immediately after it, and told me that she felt better for the application. I myself have been a patient of *Mr. Long*, and have felt great benefit from the course of treatment; I have always known those who were under *Mr. Long* much benefited.

*Cross examined*: I have been staying at *Mr. Long's* house for ten days with a cousin of mine; I have known him since last December.

The colour of the liquid was milk-white.

By a Jurymen: The lotion was always of the same colour; I have been rubbed in the chest, but no discharge took place, unless the part affected was rubbed.

By a Jurymen: The caustic which the deceased said had been applied by *Mr. Vance* was applied about two or three years ago.

The Jury said that this fact was very important after what had been stated by the witness before; they had thought then that the application of the caustic was only a short time prior to her going to *Mr. Long*.

*Miss Gertrude Smith*, of No. 4, George-street, Hanover-square, was next sworn: I knew the deceased; about two months since I met her first at *Mr. Long's*, Harley-street; she said she came to him for an inflamed

sore throat; the witness then confirmed the statement of the last witness as to the deceased coming into the hall, and not wishing to go into the house, for fear that if she died it should be said that Mr. Long had murdered her. Witness then said, I saw her afterwards, when she had been under the care of Mr. Long, and had felt great benefit from the treatment of Mr. Long.

Cross-examined: I am a confidential friend of Mr. Long; he does not tell me what is the matter with all his patients, but I asked him in this instance; my sister and my cousin have derived the greatest benefit from Mr. Long's treatment, the first, in fact, was restored to life by him; Mrs. Lloyd appeared, when I first saw her, to be very bad indeed; I do not think that she could have walked five miles; she was not an emaciated-looking person, but she was very pale, except when a hectic colour spread over her face; she walked accidentally into Mr. Long's house, I suppose, and she then made the remark about the murder [cries of "Quite enough, quite enough"]; I know that Capt. Lloyd was a very great friend of Mr. Long [buzzes of surprise]. At the time that Mrs. Lloyd walked into the house of Mr. Long by accident, Mr. Lloyd was in a room up stairs. On a servant informing him of this, and the sudden illness of his wife, he sent word that she was to come up stairs. The deceased told me that she had not intended to come in if she had not been seized with illness. Mr. Long is not married.—This witness's latter evidence excited a great deal of surprise.

The CORONER then addressed the Jury, and told them that the time had at length arrived when it was their duty to take into their serious consideration the evidence that had been produced before them touching the death of the deceased Mrs. Lloyd. The case, in his opinion, could be brought into a very narrow compass. The matter, in his view, for their determination was, whether the deceased died a natural death, or in consequence of the gross ignorance of the medical man who attended her. If he had been either grossly ignorant or inattentive, he was then guilty of the crime of manslaughter.

[The Coroner said he would go through the whole of the evidence if it were required, but the Jury said that they were satisfied with what they had heard already.]

The Jury after this retired for a short time, and then came in with the following written verdict:—"The Jury, having attentively considered the evidence that has been before them, can come to no other verdict than that of *Manslaughter* against John St. John Long."

The CORONER then said, that in order that he might draw up the document before

him properly, he should wish to know on what grounds they returned their verdict?

The Foreman of the Jury said, on the principle of gross ignorance. They said nothing about inattention, as there had not been time between the treatment prescribed and the death of the deceased. The Foreman added, that they had drawn up a Protest, which they wished to be made public. He then read as follows:—"The Jury, in delivering their verdict, think it an incumbent duty on them, on the present important and melancholy occasion, of stating it as their solemn conviction, that the time was now arrived for the Legislature adopting immediate measures to prevent any further sacrifice of human life, by stopping persons from acting as surgeons who were not duly qualified to act as such."—(*Loud applause.*)

The FELON has not yet been taken; it is supposed he has quitted the country.

## MEATH HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—Inclosed I send you the verbatim copies of two cases which were admitted into the Meath Hospital, under the care of my esteemed friend Rawdon M'Namara, Esq., and which were transmitted to me by J. Harris, Esq., of Camden Street, Dublin. Should you, on perusal, deem them worthy of a corner in your talented and widely-circulated Journal, I think you will confer a favour on the profession at large, by giving publicity to reports of such highly interesting and practically important cases.

I am your well-wisher and admirer,  
ARTHUR BRETHAM.  
Stoke Newington, 11th Oct. 1830.

## GANGRENOUS ERYSIPELAS.

CASE.—James Keough, a sawyer, *stat.* 34, became a patient of Mr. M'Namara in the Meath Hospital, in consequence of gangrenous erysipelas, which destroyed the whole of the integuments of the arm, forearm, and a portion of those of the hand; he was suffering from hectic in an extreme degree, with a quick, small, and very irregular pulse; indeed so far were the powers of life reduced, that the proposal of removing the arm at the shoulder-joint appeared to many a very hazardous measure, an opinion that, I confess, I agreed in, seeing how small a quantity of blood, the loss of which would be sufficient to deprive such a patient of life, an opinion that was strengthened by the length and severity of two operations I had seen elsewhere performed.

The patient was carried into the operat-

ing theatre in his bed, on Saturday the 18th of Sept. last, and having been placed sitting on the side of it, Mr. M'Namara commenced the operation, by making a flap of the deltoid muscle, in the manner recommended by De La Faye; he then cut into the joint, dislocated the bone, and finished the operation by bringing out his knife behind the bone, making the inferior flap by one stroke of the instrument. The axillary artery, the circumflex arteries, and one or two inconsiderable vessels, were now secured, and the flaps were brought together by means of adhesive plaster and sutures. An anodyne draught was administered, though I could not say that the patient suffered extreme pain either during the operation or after it; indeed his sufferings were of so short duration, the cutting part occupying but a minute and a half, that I think I am warranted in saying, that amputation at the shoulder-joint is attended with as little pain as a common amputation, and (if I am to judge from the present case, which undoubtedly was a good specimen of Irish surgery), with certainly less hæmorrhage, in so much that more than two ounces of blood were not lost on the occasion. It is also worthy of remark, that the axillary vein did not bleed.

It is unnecessary to occupy your valuable space by a detailed account of the treatment, which did not embrace any-thing out of the ordinary course pursued in such cases; the man has hourly gained strength; the ligatures have all come away; and the wound is now, ten days from the operation, nearly healed. There are one or two observations with which I shall trouble you on the present case; and first, it is obvious how much the debility here may, relatively, be produced by the presence of an extensively suppurating surface, over which the constitution was incapable of exerting any salutary control; secondly, how little we should permit ourselves to be influenced by this apparent debility, which will certainly disappear as soon as its cause is removed; thirdly, how unnecessary the tying of the axillary artery or vein is, as a preliminary step to the performance of the operation; and, lastly, how uncalled for is the removal of the cartilage from the glenoid cavity, a practice which has been adopted from the fear of the occurrence of subsequent inflammation and disease, which, from a reference to this and other cases, I am warranted in saying never occur.

#### ŒDEMA OF THE LARYNX.—TRACHEOTOMY.

William Kenny, aged 47, of a bilious temperament, admitted on the 16th Sept. stated, that about three o'clock on the evening before, he had been attacked by a rigour, which was succeeded by sore throat; that

previous to this he had always enjoyed good health, with the exception of a slight pulmonary catarrh of some years' standing; that at midnight he awoke, unable to swallow; his breathing extremely difficult, noisy, and accompanied by a slight cough. For the relief of these symptoms he used a muriatic acid gargle. Present state: voice husky in the highest degree; breathing deep, slow, remarkably loud, and attended with considerable mæco-sibilous râle, cough, accompanied with mucous expectoration; deglutition impossible, as far as regards solids, and a considerable portion of any fluid was even regurgitated through the nares; the larynx very tender upon pressure; 28 ounces of blood were immediately drawn from the arm, and he was ordered to take two grains of tartarised antimony every hour in solution. Noon; breathing less loud; pulse 128, soft; skin moist; has vomited frequently some bilious matter; his condition, however, is not improved. Seven o'clock P.M.; oppression of breathing so great, that the patient expressed himself incapable of existing; cough troublesome; stridulous respiration increased considerably; pulse quick; extremities cold; upper part of the body bedewed with sweat; integuments of the neck considerably swollen from œdema; deglutition entirely obstructed. On examining the fauces, Mr. M'Namara discovered a tumour of the size of a large walnut, formed by the integuments of the epiglottis, which had become œdematous, and from its situation capable of completely obstructing deglutition whenever the patient made an effort to swallow; it did not, however, obstruct respiration, inasmuch as it stood erect in the fauces, and could not be laid down upon the rima glottidis; it however followed the motion of the tongue, and thus became an impediment to deglutition when that organ was moved backwards, occupying the pharynx, rendering it impossible for food to pass downwards. Considering that the integuments of the other parts of the larynx were in the same state, and the man must be suffocated if some effort were not made to admit air to the lungs, Mr. M'Namara determined upon performing the operation of tracheotomy immediately. The patient having been properly placed, and the usual incision made in the integuments, the trachea was now laid bare at a depth of fully two inches and a half below the surface; to such an extent had the œdema proceeded; the tube was easily perforated, but on endeavouring to turn the knife in order to enlarge the wound by dividing the cartilages, he found it impossible, without risking the breaking of the instrument, as they were ossified; he therefore enlarged the wound with a pair of scissors, the rings of the trachea giving au-

dible evidence of their ossification on being cut through; there was not any bleeding of consequence during the operation, and the man was put to bed expressing how completely he felt himself relieved. He was ordered four grains of calomel every second hour, and to inhale the steam of warm water during the night.

17. The patient breathed partly through the wound and by the larynx; the croupy sound of respiration lessened, and deglutition gradually improved; swelling of the epiglottis much less; pulse 112; respiration 24; skin moist; bowels moved; no thirst; tongue clean, and no appearance of pyalism, though half a drachm of calomel had been taken during the night. Repeat the calomel. A silver tube was placed in the wound.

18. The respiration was natural; the tongue clean; pulse 90; bowels moved three times; the epiglottis has subsided to its natural size; integuments of the neck also much less; had some sleep during the night; the calomel was now discontinued, and he was ordered a draught, consisting of an ounce of the infusion of roses, a drachm of Epsom salts, and the same of tincture of jalap.

It is unnecessary to report further on this case, inasmuch as he is rapidly improving, complaining of no inconvenience but what results from the soreness of his mouth. The tube he occasionally introduces himself, and there is every reason to think that he will be able shortly to relinquish it altogether; nor need I impress upon you, Mr. Editor, the advantage of an early operation in cases of oedema of the larynx.

## DUBLIN COLLEGE OF SURGEONS.

### DISGRACEFUL BY-LAWS.—PATRIOTIC RESIGNATION OF MR. CARMICHAEL.

#### *To the Editor of THE LANCET.*

SIR,—In my reply to the unfounded attack upon Mr. Carmichael, on account of his wise and laudable exertions to improve the system of government in the Irish College of Surgeons, inserted in your 355th number, I stated in proof of that gentleman's liberality that he was engaged at the time I wrote, in an attempt to annul the disgraceful system of by-laws, enacted by a faction in the name of the College, respecting the qualifications of candidates for examination, which were so constructed as to force every pupil to become an apprentice for reasons too obvious to require explanation. This barefaced attempt to turn the liberal provisions of a charter into a source of private emolument,

met with the lashing it deserved in your independent publication, and Dr. Johnson also, in his quarterly journal, designated this code of laws, a disgrace to the nineteenth century. I mentioned in my reply alluded to, that knowing well the *material* of which the present reigning faction of the College is composed, and the lamentable indifference of others, I was not very sanguine as to Mr. Carmichael's success; and I promised to let you know the result, which I now proceed briefly to do, merely stating facts without either note or comment, upon matters which speak for themselves.

The committee deputed by the College on the motion of Mr. Carmichael, to reconsider the by-laws in question, consisted, with the exception of that gentleman, of the same individuals who originally framed them, an arrangement which was not of a very promising appearance.

The committee frequently met, but proceeded at the pace of a snail, for the first question to be decided included the very pith and marrow of their business; viz., whether or not the precisely same system of education and the same expenses should be imposed upon both apprentices and non-apprentices. This was at length determined in committee in the negative, notwithstanding the unanswerable arguments of Mr. Carmichael and Mr. Harrison. The former, as a last effort, then applied to the College to have the committee enlarged. At a meeting of the College convened for the purpose of taking his request into consideration, it was refused on pretence of irregularity, which induced Mr. Carmichael to resign his seat as a member of the committee, stating that he considered the business of it to be already at an end, and that any further attempt on his part to repeal the obnoxious by-laws must be unavailing, since the meeting did not deem it right to augment the committee.

On the 22nd of July the committee made its report after sitting several months, and it may be said, virtually confirmed the by-laws as they previously existed; for alterations such as, that in place of the word "hospital," "some hospital or county infirmary" be inserted, and other fiddle faddle of the same description, could only be propounded to blink the question.

This report having been received and agreed to by the College, it met again on the 16th of September to confirm or reject the proposed alterations, when, on the question being put, Mr. Harrison, whose liberal and strenuous exertions to abrogate these abominable laws cannot be too highly extolled, moved as an amendment, "That the apprentice shall lay before the court a letter or certificate from his master, stating that he has attended the surgical practice of a hospital or county infirmary; that he has

also attended lectures on anatomy and surgery, practice of physic, chemistry, materia medica, midwifery, and medical jurisprudence, and that he has also attended demonstrations and dissections, and pursued his professional education conformably to his master's directions."

This, however, was negatived, as well as the following addition of Mr. Carmichael, "That the court of censors be requested to issue annually to the members and licentiates a circular letter, notifying that the court will expect that all apprenticed pupils shall conform to the routine of education laid down for non-apprentices, but that, as a regular apprenticed pupil has the advantage of the master's instructions, the same number of certificates may not be required as for non-apprentices." This amendment was negatived by 18 to 12. Even this moderate improvement, which may be considered in the light of an apology for the apparent partiality of the by-laws, the meeting had not the good sense to adopt, and it finally received and confirmed the report of the committee, and thus ratified the continuance of the obnoxious by-laws, without any beneficial alteration. I shall conclude this statement of facts, by annexing a copy of a letter from Mr. Carmichael to the President of the College, resigning his seat in the court of assistants, which was read at the last quarterly meeting held on the 1st of this month.

"Rutland Square, Nov. 1st, 1850.

"Sir,—I deeply regret that the by-laws respecting the qualifications of candidates for letters testimonial, have been confirmed by the College at its last meeting, although during a protracted discussion of several days, sufficient facts and reasonings were adduced to convince any unprejudiced mind of their partiality, injustice, and direct violation of the spirit of our charter. I therefore, Sir, feel myself under the necessity of resigning my seat as a member of the Court of Assistants; for, to hold office after the failure of every possible exertion to repeal those obnoxious by-laws, would be justly considered a tacit approval of their continuance, and of the councils by which the College has been for some time directed, and which, to say the least, I cannot consider but as short-sighted, imprudent, and directly opposed to the honour and dignity of the College, which every member on admission pledges himself publicly and solemnly to uphold to the best of his abilities.

"Our new charter has opened two distinct roads by which a license to practise surgery in Ireland can be obtained; the one by apprenticeship and conformity to a certain system of education, which, in the words of the charter, is to be "hereafter

laid down by the College;" the other merely consists in a conformity to the system of education, but without an apprenticeship. Now the College has, in my apprehension, unfairly taken advantage of this unfortunate word "*hereafter*," and instead of laying down one system of education for both classes of pupils, has enacted a distinct system for each, and this is done in such a manner as must convince any disinterested person who peruses the by-laws relating to this subject, that the object of the College is to discourage all pupils from entering into the profession by any other route than that of an apprenticeship. It therefore follows that the non-indentured candidate will enter on the ordeal of an examination, with an impression that he is about to stake his reputation and future prospects in life before a prejudiced tribunal, against whose prepossessions he can have no other dependence save the publicity of his examination, which wise precaution, however needful, will not remove from his mind a conviction, that he goes to trial before judges impressed with a belief that they will serve themselves by his rejection.

"It was for the purpose of removing altogether these objections, that I moved for a committee to reconsider the by-laws in question, for I shall venture to assert that there is not a member of the College who has more at heart its true interests than myself, and it is with regret that I feel myself compelled to resign all connexion by office with a body to which I must naturally be attached, were it only by habit, being a licentiate or member for upwards of thirty years, during twenty-six of which I successively held office either as a member of the court of examiners, or court of appeal, or as vice-president, or president of the College.

I have the honour to be, Sir,  
Your most obedient and very humble servant,  
RICHARD CARMICHAEL."

The close and pungent reasoning of this letter, and its so unceremoniously holding up in their nakedness the dishonesty and selfishness of the faction, to the scorn of the College and the public, drew down a torrent of the coarsest and most outrageous abuse from Dr. Jacob, who was absolutely frantic. He did not make the slightest attempt to disprove a single argument in the letter, but recommended, 1st, that a vote of censure should be passed on it, and, 2dly, that it should be returned to Mr. Carmichael, concluding with a prediction (under the irresistible influence of which I write), that it would be published in *THE LANCET* in ten days—a foolish prediction, serving only to reveal that *the jade is galled*, and where. Why does Dr. Jacob *wince* at thought of

the publicity of Mr. Carmichael's letter? He can reply to confute its calumnies publicly, and I (encouraged by his success in prophecy) *predict* he will not. A spirited and admirable defence of Mr. Carmichael's letter by Mr. Harrison, in which he pledges himself to bring the subject of it again and again under discussion, had the effect of completely foiling Dr. Jacob's attempt to induce the College to censure or insult Mr. Carmichael, for having put on paper opinions and reasonings which he had repeatedly and as strongly enforced in person at the meetings of the College.

One prediction more and I have done. The College has notoriously lost character by the disgraceful squabbling which has taken place lately at its meetings, on the part of men utterly regardless of, and ready at all times to sacrifice, its honour to the defence of their own perquisites. I *predict* that it will not recover what it has lost, by suffering to pass without censure Dr. Jacob's frothy and vapid abuse of Mr. Carmichael, a member, who has so largely contributed to maintain and raise the respectability of the Irish College, by writings, which are better known in Berlin and New York than Dr. Jacob's are in Ely Place. Dr. Jacob expressed himself distressed that Mr. Carmichael did not present himself in person to offer his resignation and his reasons for it. Even here, however, Mr. Carmichael was right. He consulted his own dignity in declining to enter the lists with a person who could forget that he was a member of an honourable profession, and was ignorant of the use of such language as flows from generous principles and gentlemanly feelings—a forgetfulness and an ignorance abundantly evinced on the present occasion.

I remain, Sir,

Your most obedient humble servant,

A. B.

Dublin, Nov. 6, 1830.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 8, 1830.

#### VARIOUS CASES.

#### HOSPITAL REGULATION RESPECTING POST-MORTEM EXAMINATIONS.

DURING the last week, Gentlemen, that is, since the commencement of the present month, eight patients have been admitted,

five of them men and three women. The cases among the women were, one of phthisis, one of epilepsy, and one of rheumatism. Amongst the men were, one case of paralysis of the wrists from lead, one of acute inflammatory dropsy, one of colic from lead, one of chronic diarrhoea, and one of inflammation of the glands at the angle of the jaw.

Since I last saw you, four patients have been presented, three women and one man; among the former was a case of chronic bronchitis, one of rheumatism, and one of continued fever; the man's was chronic rheumatism.

The case of chronic bronchitis occurred in a girl, and had existed two years, having arisen from measles. You are aware that measles often leave chronic inflammation of the mucous membrane of the bronchiæ, and very frequently give origin to tubercles in the lungs: in this instance the former affection was produced. By moderate diet—nutritious but not stimulating—an emetic of ipecacuanha every other morning, and a small dose of ipecacuanha and opium every evening, she soon got so much better that I was able to present her. The case of fever was slight, and yielded to the usual remedies. The rheumatism of the man was cured by mercury, and the application of a cold lotion to the parts affected when too hot. The rheumatic pains were situated chiefly in the knees and shins, and were so severe that he said he felt as if "rats were gnawing and gimlets boring." The affection was attended with great heat, and became worse when the parts were covered with warm clothing, or placed near the fire. An evaporating spirit lotion was applied cold, whenever the parts felt to him of morbid heat, and he took three grains of calomel and fifteen grains of the compound ipecacuanha powder every night, till his mouth became sore, when the pains instantly left him; and he continued a fortnight afterwards in the hospital without any return.

There has been one death. The patient was a woman, and the case one of apoplexy. There was, I am sorry to say, no inspection of the body. It is much to be regretted that in this hospital we cannot inspect patients who die without having first obtained permission from the friends. Frequently a patient dies here in whose case we have for months used the utmost efforts to cure or relieve, and make an accurate diagnosis, and then no opportunity is given of proving the correctness of the diagnosis. I am quite satisfied that if patients or their friends were informed that people would not be admitted into the hospital, except in cases of accident or sudden illness, unless permission was previously given to inspect the body in the event of death, they would consent to it, and it would be done as a matter of course.

Under the present circumstances, in a large number of instances, when permission is at first refused, it is given as soon as we offer money. But this is a bad habit, and I seldom yield to it. Again, in a large number of cases, the persons who refuse permission are not the immediate relatives, but mere acquaintances; and though the former would consent, the latter urge them to oppose the measure, for the mere purpose of looking friendly, or exerting influence and being busy. It frequently also happens that patients are never visited while in the hospital by either relatives or acquaintances, so long as they are alive, but as soon as they die, ten or twenty persons come forward to prevent the body from being opened. I am quite sure that if it were made a rule to admit none (except indeed urgent cases) but with the understanding that they should be opened if they died, it would be cheerfully assented to. I am satisfied that the public feeling would change on the subject,—that the world might be brought to consider that we had not paid proper respect to the deceased unless we had ascertained by examination after death, the precise nature and cause of the complaint, and communicated the true state of the inside to the friends. This is always done in the case of the highest personage of the kingdom; and every soldier is opened, and whatever may be the part of the world in which he may have died, an account of the inspection is transmitted to the army medical board at Woolwich. Unfortunately, many do not distinguish between dissection and inspection—do not know that while dissection means cutting up piece by piece, inspection is merely making a cut, looking in, and sewing the cut up again. Whenever I die I hope to be carefully inspected.

## FEIGNED CONVULSIVE DISEASE.

One patient has been expelled who was admitted during the last month, and whom I dare say every gentleman saw. The case was that of a man who said he was 25 years old, and that he had been ill five months only. His complaint, or his *alleged* complaint, was a violent agitation of the body whenever he attempted to stand. When on his feet, he stood upon his toes and kept going up and down in a violent manner, till he seemed like a frantic person, and was obliged soon to sit down from the violence of the motion, and the moment he sat down again, his feet began to beat rapidly on the floor. I never saw a case of this kind before, and strongly suspected from the first, as every one must who saw him, that this statement was mere fudge, and that he was an impostor. On making inquiry into the history of the alleged complaint, he informed me that after having got dead drunk one

night, he found himself the next morning unable to move from numbness and debility. That a month passed over and he was no better, but on any attempt to walk or to stand upon the lower extremities, either one or both, the whole person shook up and down in the manner I have mentioned, and that when sitting still he had scarcely power to move his legs; that he usually felt cold and benumbed, and frequently trembled; that his head ached, and he suffered from giddiness and dimness of sight, and uneasiness in the *præcordia*; that he often sighed deeply, and at one time was unable to retain his *fæces* or urine. Much of this account might be true or not true, and could not be verified, but depended entirely on his own statement. All that I could learn from observation was, that whenever he attempted to stand he raised himself upon his toes, his body went up and down till he was obliged to sit, and then his feet beat rapidly upon the ground for a few moments. But although I did witness these motions, I had no proof that they were involuntary. I never saw a case of this kind before, but the forms which convulsive diseases assume are so very various, that I did not think it right to say decidedly that the man was an impostor. A complaint of the kind may be possible, although so rare as never to have been read of or seen by me. Of course I began to treat it as a real convulsive disease, intending to make my observations as I proceeded. I accordingly ordered him half an ounce of the subcarbonate of iron to be taken every six hours; the cold shower-bath to be used every day, and electricity to the loins and lower extremities every day also. He very soon, however, began to behave like an impostor. For first of all he complained that he was so very weak that he could not live without having some porter; so I gratified him and allowed him a pint a day. Soon after he said that the shower-bath made him ill for the rest of the day, and he particularly wished it to be discontinued. So this was omitted. He then complained that the electricity, which was given in shocks, for that is the best mode either of curing the disease or detecting imposition, caused him the most dreadful sufferings, and he wished it not to be used every day. So I directed that he should receive shocks one day and sparks the other. But still I could not please him. He next declared that he could not eat the meat of the hospital; that he did not like boiled meat; and in accordance with his wish, I ordered his meat to be fried. He then said that it was not good fried when it had been boiled first. I knew that the middle of the joints of meat are sufficiently underdone to bear frying or broiling, and had therefore ordered these parts to be broiled for him. He begged instead to have mutton



chops cooked expressly for himself. So mutton chops I allowed him. Yet this would not do, for soon after, he complained that he had no appetite, so I gave him the compound infusion of gentian to create him an appetite for his mutton chops, but even then I could not content him. He wanted to go out for two days, having been in the hospital a fortnight, and I suppose that most men in good health, and eating mutton chops, drinking porter, and taking no exercise, and remaining in the house for a month, would be desirous of going out and taking the indulgences of other people. So this I allowed him also, and he alleged a very plausible reason for the request; he said that he was in receipt of a pension, and that it was necessary he should show himself once in three months to receive it; that he should lose it if any three months expired without his doing so. But as the money was to be received in the city I thought that half a day was quite enough, and so I told him, but he replied that as he could not walk, he should be obliged to go to a friend to borrow half a guinea for a coach, and after that should be obliged to go to another friend of his, a cook who resided at Limehouse, who would have to swear that he was the individual to whom the pension was due. So I allowed him two days for his errand. But even all this did not content him; he was dissatisfied with the people in the ward, and with the sister, who, he said, looked too sharp after him; and he also accused a nurse of having stolen eighteen pence from him, and he behaved altogether so ill, that the steward very properly expelled him. The eighteen pence was afterwards found under his bed.

Now, all these were strong presumptive arguments of imposition; for if the man had really been suffering under a complaint which incapacitated him from moving from one part of the room to another without the help of others, he certainly would have submitted to the inconvenience of the shower-bath, to electricity every day, and would have been contented with the hospital diet, and not have asked first for porter and then for mutton chops, with the clean, healthy, moist tongue which he always had; all this looked very suspicious. I have since understood that he had been in another hospital, where he had given a different account of the duration and origin of his disease, and had been turned out on account of his discontented, troublesome behaviour. After leaving us, I hear he went to another the very same day, where he now is. What is singular, and adds to my suspicion, is, that under the use of the electricity, the carbonate of iron, and the good living, he mended, so that from having at first been thrown into a violent agitation on standing, he could at last, with a little assistance, walk up and down

the ward, merely going gently up and down as he walked. But notwithstanding this improvement, witnessed by me more and more up to last Tuesday, I am informed that at the other hospital he presented himself for admission on the Wednesday, with the same degree of agitation up and down, which he exhibited when he applied for admission here. Now of course as he had been progressively mending from his admission on the 20th of October up to last Tuesday, the 2nd of November, it is not probable that twenty-four hours brought him back again into his old state; but if he was an impostor he obviously would at once again exhibit the complaint in its original severity, and make himself appear as bad as possible, that he might secure his admission. That he pretended to improve was, no doubt, that he might be more and more spared the electric shocks, and he invariably grumbled, and tormented the gentleman who electrified him, the whole time of its administration. Besides, when he first came in, I endeavoured to ascertain whether the agitation was real or not, and I knew that if the motions were voluntary he could not long continue them. Therefore I had him supported between two men, and made to stand. He, of course, moved up and down with the greatest violence, but was soon fatigued and begged leave to sit down. I ordered the men still to support him that the motion might continue. He went on more and more violently. He looked like one tormented by fiends, and his eyes started. He was breathless, and piteously implored me to let him sit down. Now if the motions were voluntary, it plainly would have been impossible for him to continue them long, and he would make such a fuss as this in the hope of being allowed to rest. If they were involuntary, the continued standing might aggravate them to this degree. I adopted the former conclusion, because the beating of the feet on the ground after he had sat down always ceased in a few moments of itself, though his feet still remained on the floor. The motion up and down therefore, if involuntary, would probably have ceased spontaneously after a little while, though he had still continued standing. It was also very suspicious that he should select a motion which might be excited by volition—for any one who chooses could do exactly as he did—and very suspicious that he should select a motion not to continue constantly, or long, but only in a certain position; so that he need not be much troubled with it. The posture too, in which the convulsions came on when standing, was one constantly necessary to a seafaring man, and he was liberated from them the moment he sat down, when for a few moments a different motion, performed by another set of muscles all fresh for action,

took place, and then he became quiet and at his ease like other people. There was, moreover, no relation between the two motions, although there was a good reason for having two kinds of motion if the exertion were voluntary. There is another circumstance that looked suspicious. He was thoroughly electrified the day he came in; I stood by, and shock after shock went through the spine. He was then raised from the chair, and he both stood and walked far better than at first, which was very likely to have arisen from his desire to have no more electricity that morning. I tried him in another way also, on a subsequent day. I asked a gentleman who was near the bed to place the soles of the man's feet against his (the gentleman's) thighs, and stand firm; I then told the man to press his feet against the thighs. He did so, and no convulsive motions followed. Now I should have thought that this pressure and exertion ought to have produced the same effect in a lower degree upon the limbs as when the man stood. Yet it did not. Observe that I do not even now positively pronounce the man to be an impostor, but my suspicions are tenfold what they were when he was admitted, and I have a right to give a medical opinion on the case: that opinion is, that in all probability the whole is a mere fudge. It is also to be remembered that the man has been at sea, and that sailors and soldiers excel all others in tricks of this kind,—they practise them continually, and have brought them to great perfection. On inquiring among my friends I have certainly heard of one case a little like it, where the muscles of the ribs were thrown into violent agitation, and after a time disease of the spine presented itself, corresponding with the muscles affected; therefore the occurrence of such a case is, perhaps, possible. But when all the circumstances now detailed are considered, and when we reflect that he was continually laughing and merry after he had secured his porter and mutton chops, and escaped the bath altogether, and the electric shocks every other day, I think there can be little doubt upon the subject.

[From an extraordinary press of matter, we are compelled to postpone the remainder of this Lecture, until next week.]

THE superior maxillary bone, affected with osteo-sarcoma, was extirpated at the London Hospital on Wednesday last by Mr. SCOTT, one of the assistant surgeons. The operation, we learn, was performed with much coolness and precision. We may find room for the report in our next.

## THE LANCET.

*London, Saturday, Nov. 20, 1830.*

MR. DAVIES GILBERT has resigned the chair of the Royal Society, and the proposed election of another president has thrown the Fellows into a state of very distressing commotion. All sorts of calumnies are freely circulated, and vituperative discussion is the order of the day. These strong evidences of violence and wrangling in the supposed field of science, have terribly alarmed the senile of both sexes, for it is conjectured that the people generally must be upon the point of breaking all the bonds of authority, all the ties of social order, from the circumstance of there being so much resistance offered to royalty by the calm and profound philosophers who constitute the Royal Society. There is no just cause for apprehension; there will be no improper resistance offered to royalty. The fellows have long since ceased to be philosophers, and science will not be degraded or retarded in its progress by any president whom such a community of Fellows may think proper to select. The Society has not left sufficient of character to confer honour upon any one, and it has sunk so low in the estimation of all well-informed men, that it has ceased to be mischievous. The body corporate must be purged of a very large proportion of the gross and incongruous materials by which its constitution is oppressed, before it will regain any portion of that elastic vigour which, even in its infancy, forced the reputation of the Society into every civilized quarter of the globe. The Royal Society has evidently long been the arena for jobbing and favouritism, as many who have been elected "fellows," have not the literary qualifications of six-form boys. It may be useful probably, on a future occasion, to analyse the pretensions of a few of them in the pages of this Journal.

THE gentlemen who advocated the rebuilding of Westminster Hospital at Charing Cross have yielded to the voice of the governors so strongly expressed against the measure at the late meeting. Although a ballot was demanded, the "removal" party had the good sense not to attend, and to ninety-six votes for rebuilding the hospital upon its own freehold, there was only one for erecting it at Charing Cross. We rejoice that an affair which at one time had produced no very friendly feeling amongst a number of gentlemen who were all equally anxious for the welfare and continued utility of the institution, should have terminated so amicably. The withdrawal of the "removal" party from further opposition, tends satisfactorily to show that their conduct has not been influenced by sinister motives.

A highly respectable and intelligent correspondent, who has strenuously advocated the Charing Cross side of the question, judiciously asks,

"As the matter is decided *quoad* Charing Cross, what is now to be done? I for one protest against further agitation of the removal. There is no site other than our own freehold, to which the only substantial objection that existed to the site of Charing Cross does not apply. A new site, wherever obtained, must be *paid for*; besides, we are not in favour with the Woods and Forests; and with what reception is another mendicant deputation for a site near the Abbey, or attached to St. James's Park, likely to meet? Is there now more union and energy to be expected on our part—more than former liberality to give—or even more expedition to answer on the part of the Treasury, or of the amiable Board of Commissioners of Woods and Forests and Land Revenues? Time presses. Your powerful pen, Mr. Editor, greatly contributed to our late unfortunate and most unwise determination. I call on you, then, to do what you can towards repressing the spirit of 'agitation'; fostering that of unanimity, and infusing into our councils that business-like activity and disinterested zeal of which we shall hereafter stand so much in need, and without which it would be idle indeed to hope for prosperity under so many disadvantages. But, above all, I call on those governors, in conformity with whose wishes

the removal plan has been abandoned, to exert themselves. At their hands (for whose pleasure the interests of the hospital have, as I conceive, been compromised) the charity may reasonably look for indemnification; theirs will be the reproach, if, as has been predicted, the charity should continue to languish. Let them then make evident their philanthropy by extraordinary exertion, and I venture to affirm that, on the part of the removal party, they will find no lack of zealous co-operatives.—C. M. R. S."

A REPORT of the most prominent of the facts elicited in the evidence given at the inquest held upon the body of Mrs. LLOYD, will be found at page 265. It is impossible to feel pity for the sufferings of any silly creatures who may have placed themselves under Mr. LONG, after the signal exposure of his brutality and ignorance at the inquest on Miss CASHIN. They deserve none; at least they are not beings for whom intelligent people will feel the slightest compassion. They are not unworthy of their fate; but for the reckless, brutal scoundrel, who has thus made a traffic in human life, in human blood, there is no language sufficiently strong to exhibit even the slightest traces of his villany. If possible, the case of Mrs. LLOYD is worse than that of Miss CASHIN; but, strange to say, killing, even if avowedly executed with a view to plunder, is not murder in the eye of the law. Therefore, although LONG has been proved to have killed a second time, yet he has not committed murder, and, therefore, having killed Miss CASHIN and Mrs. LLOYD, he has only, so far, been found guilty of manslaughter. Hence the FELON stands in no dread of the halter; but should he again be found guilty of manslaughter at the Old Bailey, that Judge, even if it be LONG PARK himself, who may pass upon the wretch a sentence short of transportation for life, would assuredly deserve to be "rubbed out" of existence by the atrocious quack's murderous liniment. A fine of two hundred and fifty pounds! This sentence would almost

justify the impeachment of the judge. Where are *now* the quack's titled friends? Besotted boobies!

CALIGULA, when placed in comparison with the framers of the acts and charters, which are to be found in the statute-books relating to the medical profession, was a merciful and considerate law-giver. It were better to live in the most blind ignorance of the penalties to which we are hourly subjected, than to be compelled, for our protection, to enter upon a comprehensive study of the existing numberless medical laws. In the work of Mr. WILLCOCK alone, there is ample evidence to convince the most prejudiced supporter of ancient institutions that neither the popularity, the respectability, nor the utility, of our profession, can advance one step from its present position, if there be not a thorough, a radical reform, in the system of its government. Each branch of the profession has sought for monopoly, and each, in too many instances, has been successful in obtaining it. The interests of the public, and the cultivation of the science of medicine, have not formed items in the petitions for corrupt corporate charters and fraudulent acts of Parliament. Each corporation, keeping a steady eye upon its own individual aggrandisement, has generally succeeded in obtaining an instrument, the movements of which have been invariably wielded to the injury of their contemporaries. Hence the innumerable contradictions to be found in the various medical statutes; so innumerable, that the study of medical law is a species of torture from which the mind would be gladly excused, were it not still more painful, still more perplexing, to continue under the degrading tyranny of unprincipled bands of avaricious and relentless monopolists. Mr. WILLCOCK has laboured hard to bring within a small compass the whole of "the laws relating to the medical profession." In this endeavour

he has been tolerably successful, but the opinions which Mr. WILLCOCK has founded upon the various documents which he has collected, indicate, pretty clearly, the incongruous and dissimilar nature of the materials which he has brought together. They were too much for his powers of digestion, and many other barristers have proved equally dyspeptic under far less embarrassing circumstances. In his second chapter, on the "present orders of the medical profession," Mr. WILLCOCK informs us, that,—

"The law recognises only three orders of the medical profession—physicians, surgeons, and apothecaries. Chemists and druggists also are noticed as persons who may make and vend medicines; and it may be difficult to show that they may not compound them according to the prescriptions of a physician, or the orders of an apothecary; but they cannot, in any case, prescribe physic of their own authority." "The first class of medical practitioners in rank and legal pre-eminence is that of the physicians. They are, by statute, Henry VIII., allowed to practise physic in all its branches, among which surgery is enumerated. The law, therefore, permits them both to prescribe and compound their medicines, and as well to perform as to superintend operations in surgery. These privileges are also reserved to them by the statutes and charters relating to the surgeons and the apothecaries."

When a barrister of eminence writes thus, few persons, we should imagine, will have the temerity to contend that medical law does not stand in need of revision. The errors in the passages here quoted, are not less numerous than the sentences themselves. Mr. WILLCOCK thinks "it may be difficult to show that chemists and druggists may *not* compound the prescriptions of a physician," and, in good sooth, we should think so too, considering that in the twenty-eighth clause of the 55th Geo. III., it is expressly laid down that,—

"All persons using or exercising the trade of chemist or druggist, shall use, or carry on

the said trade or business in such manner, and as fully and amply, to all intents and purposes, as the said trade or business was used, exercised, or carried on, by chemists and druggists before the passing of this act, and that nothing in this act contained shall extend, or be construed to extend, to prejudice, or in any way to affect, the trade or business of a chemist and druggist, in the buying, *preparing, compounding, dispensing*, and vending drugs, medicines," &c. &c.

Here it is clearly enough stipulated that the Apothecaries' Act of 1815 was not in any way to affect the trade of chemists and druggists. Their privileges were to be left altogether untouched; and as *compounding* the prescriptions of physicians and surgeons had, for a long series of years, formed a very important portion of their business, it would be "difficult," indeed, to show that they may not *now* compound the prescriptions of physicians. "But," says Mr. WILLCOCK, in the concluding portion of the passage already quoted, "they cannot, in any case, prescribe physic of their own authority."—Why not? This is another very obvious error, as is clearly shown by the clause which we have just quoted from the Apothecaries' Act. Chemists not only dispensed the prescriptions of physicians and surgeons before the year 1815, but they prescribed in their shops previous to that year; and, in numberless instances, they *visited* patients. Thus, in fact, having invaded the territories of the apothecaries in precisely the same manner as apothecaries had previously obtruded on the provinces of the physicians. Therefore it is quite clear that all the privileges and immunities of the chemists and druggists remain unbridged by the Apothecaries' Act of 1815. Chemists can compound, prescribe, and follow every avocation connected with their trade, which they pursued before the 55th of Geo. III. received the sanction of the legislature. For these advantages they are indebted to the Fellows of the College of Physicians

who, when the Apothecaries' Bill was in Parliament, strenuously exerted themselves on the behalf of persons with whom there had been long existing a co-partnership in the per-centage trade. It would have been an unjust restriction, probably, to deprive the chemist of the right of compounding the medicines directed by legalised prescribers; but it certainly is impolitic, unjust, and dangerous, to permit men, who have not enjoyed the benefits of a medical education, to exercise the prerogatives which, in all other instances, are alone awarded to the qualified practitioner.

Mr. WILLCOCK next states that the law permits physicians to prescribe and *compound* their medicines. This is another very palpable error; for, strange as it may appear, the provisions of the Apothecaries' Act unequivocally subject any physician to the specified penalties for dispensing either his own prescriptions or the prescriptions of any other physician, if he be not a licentiate of the Apothecaries' Company. In a word, neither a fellow of the London College of Physicians nor a graduate of the University of Edinburgh can follow the business of an apothecary, avowedly as an apothecary, in this town, without rendering himself amenable to the penalties of the Apothecaries' Act, which distinctly declares, that it is the duty of the apothecary to dispense, with exactness, the prescriptions of legally-authorised physicians. This is particularly mentioned as the trade, or profession, of the apothecary; and that, in order that a man should carry on this trade legally, he is required to serve an apprenticeship of five years to an apothecary, and, subsequently, to obtain a certificate of qualification from the corporation specified in the Act. Consequently, there is the gross absurdity of conceding to physicians and surgeons the privilege of prescribing for the cure, or relief, of the most important and complicated of diseases, and, at the same time, subjecting each to a penalty of twenty

pounds, for mixing and administering the most simple pill or draught. Mr. WILLCOCK says, that these privileges (which they do not possess), were reserved to them by the statutes and charters relating to the surgeons and apothecaries. No statement can be more erroneous; for many privileges of surgeons were taken from the physicians by the last charter of Geo. III. The decision of the House of Lords, on the appeal case of ROSE and SEARLE, conferred upon apothecaries the privilege of prescribing, as well as of compounding; and the Apothecaries' Act of 1815, not only confirmed that privilege, but excluded the physician from any such advantage. The act and the decisions of the judges agree in withholding from physicians and surgeons the right of exercising the trade or profession of the apothecary,—whether wisely or not, will be seen hereafter.

Such is the confusion that prevails on this subject, that the errors we have noticed are all to be found in one page, and are embraced within a few lines of the work of Mr. WILLCOCK, a barrister who has zealously laboured to furnish the profession with a perspicuous view of the tendencies and peculiarities of medico-legal enactments.

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BETHLEM HOSPITAL.—*Minutes of Evidence taken by the Committee appointed to inquire into the Charges preferred against Dr. WRIGHT, the Apothecary and Superintendent, and his Answer. Ordered by a Court of Governors, held Sept. 28, 1830.*—London. 1830.

We have this moment risen from the perusal of this "evidence," and the proofs of black malignity and foul conspiracy against Dr. Wright are so manifest in every page, that we are almost choked with indignation. Merciful powers! Is a man of character, talent, and spotless integrity, the father of a numerous family, the husband of an amiable and affectionate wife, to have his

character blasted in a moment by the testimony of a pack of discarded servants? Testimony, too, that has received the most unequivocal contradiction from numerous gentlemen of high and unsullied character? From the tone of the questions propounded by the committee, it may fairly be inferred, that it was not a committee that met to inquire, but a committee that assembled with a fixed determination to condemn; for their interrogatories, almost without exception, are *leading* questions, all aiming at the same object,—to elicit proof of the *guilt* of the accused. Fairness and impartiality there are none. Can the noble and honourable governors of an institution, the existence of which reflects such honour on the judgment and humanity of the country, sanction proceedings so infamous, or conspiracy so diabolical? We implore them to examine the evidence with the most deliberate attention; and after having done so, we feel assured that, on the day of election, they will rush forward and show their anxiety to assuage the pangs of wounded honour, by reinstating Dr. Wright in the office from which he has been so flagrantly removed.

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WESTMINSTER MEDICAL SOCIETY,

November 6, 1830.

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Dr. STEWART in the Chair.

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ELONGATION OF THE UVULA.

AFTER Dr. Stewart had returned thanks for his late election as one of the presidents of the Society, Mr. Douchez read a short but interesting paper on the chronic elongations of the uvula, which are occasionally known to follow syphilis, protracted fevers, and the use of mercury, and also to proceed from over exertion of the vocal organs in professional singers. By this elongation, the author observed that very great irritation, cough, and suffering, were produced. He cursorily alluded to the ordinary reme-

dies used in such cases, and recommended the total excision of the uvula as the most efficacious mode of relief. He had operated in three cases with the utmost success, and he particularised the instance of a manservant, in whom, after the usual remedies had been ineffectually tried, he laid hold of the uvula with Assalini's forceps, and effected its removal with little more than a momentary irritation. Similar cases, he continued, were detailed in *THE LANCET* about two years since, and in the *Medico-Chirurgical Review*. He also alluded to some cases related by Baron Larrey; but from this distinguished author he differed slightly, as he (Mr. Douchez) recommended the total extirpation of the part, while Baron Larrey only advised the removal of the superfluous portion. He was not aware of any serious ill consequence which the operation thus conducted could induce. In one case, however, he was informed by a friend, that the articulation of certain consonants was rendered imperfect.

Dr. GRANVILLE complimented the author on the practical value of his brief communication; he alluded further to the very distressing nature of the affection, and thought that the proposed operation might often be very advantageously and safely performed, so safely indeed, that no physician, surgeon, or general practitioner, need hesitate about carrying it into execution. As to the ordinary remedies, he had known the several vegetable astringents tried over and over again without success; the Cayenne pepper was of use in some cases, but the remedy on which he most relied, was the application of lunar caustic in solution, the strength of which should be varied according to the state of relaxation of the uvula, and also according to the degree of nervous irritation in the system. This last point was of especial consequence in females, yet this remedy too he had known to be ineffectual. There was another, and he believed a very useful one, namely, a powder composed of equal parts of muriate of ammonia and nitrate of potash, with one-fourth of Cayenne pepper. This produced great instant irritation, and was followed by copious salivation, and the expectoration of the thick mucus, which, in these cases, generally clogs the internal fauces. The powder should be rubbed on with a camel-hair brush twice or three times a day.

Mr. BACOT was of opinion that the operation of excision of the uvula, though exceedingly simple, was yet attended with the most striking benefit. He thought, indeed, there was no operation whatever conferred more signal relief on the patient. He had performed it twice or three times in cases of chronic cough, which could not be attributed to any other cause but uvular

elongation, and in these cases it was entirely successful. He did not think it necessary to remove the whole of the part; the uvula might be of some use, and he should prefer the mere excision of the elongated portion. In the inflamed condition of the parts, he had known the use of a strong solution of the acetate of lead to be exceedingly beneficial.

To a question from the chairman whether the flow of blood was considerable after the operation in his cases, Mr. Douchez replied that it did not exceed two or three drachms. Mr. BACOT thought the hæmorrhage too trifling to interfere with the operation in the slightest degree. Mr. CHINNOCK said, he knew of one case in which the hæmorrhage was copious, but was readily arrested by the use of the lunar caustic. He thought with Baron Larrey and Mr. BACOT, that the elongated part alone, and not the entire uvula, should be removed. Mr. Douchez rejoined, that though he had spoken of the total excision, yet that in his own practice he had removed the whole uvula but once.

The CHAIRMAN having observed that he had heard that professional singers were in the habit of employing a preparation into which the sulphuret of potash entered, Dr. O'SHAUGHNESSY inquired if the natural tone of voice was altered in any degree, in the cases in which the operation was performed. Mr. Douchez and Mr. BACOT in reply, said that they did not recollect any particular alteration. In one of the cases the former gentleman noticed, the articulation, as he had already stated, was affected in a slight degree.

Dr. O'SHAUGHNESSY was induced to ask the question, in consequence of the peculiar opinions on the nature of the *modulation* of the voice (distinguished from *articulation*) which had been recently advanced by M. Bennati. This gentleman is at the same time an eminent physiologist and a distinguished singer, and during a professional tour the summer before last, demonstrated the influence which the soft palate and uvula possess over the modulation of sounds, at one of the entertainments of the College of Physicians at Edinburgh. According to this gentleman, the soft palate and uvula contracted in proportional degrees to the ascent of the several musical notes, and this he demonstrated by opening his mouth widely and running up the gamut, with a light held before his throat. An account of M. Bennati's opinions was to be seen in the *Annali Universali* for June (as he believed), and in the *Bulletin des Sciences Medicales* for May, 1830. He (Dr. O'S.) was not present on the occasion alluded to, but his attention was first directed to the subject by Dr. Duncan, the very eminent professor of materia medica in the Univer-

sity of Edinburgh; Dr. Duncan was of opinion that M. Bennati had gone far to prove the influence of the soft palate and uvula over the modulation of voice, and he (Dr. O'S.) therefore thought, that the circumstance was worthy of some consideration in the practical opinion which the Society might form of Mr. Douchez's communication, especially since professional singers constituted a large portion of the patients afflicted with these elongations.

Dr. GRANVILLE said, that in the pursuit of his multifarious avocations, he had been eight years physician to the Opera company; as such he had of course been frequently called on to examine the internal fauces of the most celebrated singers, when certificates of incompetency to perform were required. It struck him at this moment, that his observation of the conformation of the uvula in these individuals, went to confirm the opinions to which the preceding speaker had alluded. In the deep bass voices he distinctly remembered, that the uvula was thick and carneous, while, on the contrary, in the light, silvery soprano singers, such as Madame Ronzi de Begnis, it was extremely thin and sharp at its loose extremity; in this lady in particular, it formed the apex of an isosceles triangle, not more than two-tenths of an inch in magnitude: he had, indeed, noticed this in all contr'alto voices. With respect to the employment of the sulphuret of potash, he thought it was borne out by a very strong analogy, he alluded to the effects it was known to possess in croup, of converting the stridulous voice into a deep full tone. It was the remedy for the recommendation of which Napoleon Buonaparte had awarded a prize of 1000 napoleons during the epidemic croup which raged in Paris in 1812.

The discussion here was suspended, and Dr. Granville proposed the secondary effects of colchicum for consideration. It was not, however, at once proceeded with, and in the interval

Mr. CHINNOCK stated, that in the treatment of elongated uvula, he believed the lunar caustic to be a most important remedy. That evening there was a performer singing before the King at the Opera House, who had immediately before the performance gargled his throat with a solution of the nitrate of silver. His affection, however, was that of mere relaxation.

Mr. BACOR understood that a still simpler remedy was resorted to under parallel circumstances by the pupils of the Royal Academy, namely, gin and water (*a laugh*); he was quite serious; it was of course only as a medicinal local application.

Dr. A. THOMSON observed, that in these cases of relaxation, it was probable there was some inflammation of the cellular tissue

beneath the mucous membrane of the velum and uvula. If this were the case, he could not comprehend how the stimulant treatment alluded to could operate in the removal of the affection. The primary effect of the local stimulus would certainly be to inject a still greater quantity of blood into the inflamed parts, and thus increase the tumefaction.

#### SECONDARY EFFECTS OF COLCHICUM.

Dr. GRANVILLE again called the attention of the Society to the secondary effects of colchicum. He wished for information as to the effects of this remedy, observed by the members in their experience. He thought the subject was one of very great importance. Very recently the sudden death of an eminent barrister was ascribed, with what truth he (Dr. Granville) could not say, to the accumulated effects of this powerful medicine.

Dr. A. THOMSON said, that the effects of colchicum, when it proved fatal, were very extraordinary. In one case of poisoning by it, which had fallen under his observation, a most singular hæmorrhagic condition was induced: every surface of the body, except the skin, poured out quantities of blood; from the living membrane of the lungs the quantity was indeed so great that it might be imagined an artery had given way. This peculiar effect was found in every mucous surface of the body, even including the bladder. Another extraordinary effect was a peculiar laxity of the cellular tissue, and a loss of its adhesive powers. The vitality of this tissue seemed, indeed, to have been entirely destroyed.

Dr. GRANVILLE mentioned the cases of two young gentlemen, who were afflicted with hereditary gout, and who had been taking colchicum for a long period. One of these became epileptic, and died; and the second died of apoplexy. Wilson's preparation was the one used in these cases. He had known, also of the case of a nobleman, in whom the chalky arthritic deposition had taken place to a great extent, but all which deposition disappeared under the use of colchicum. The patient, however, died; and, on examination, extensive arterial ossification was found, especially on the right side. He had never seen such a case as that mentioned by the last speaker, and therefore could offer no opinion as to the peculiar appearances that gentleman described. On the whole, Dr. Granville thought the secondary effects of this remedy were often of a dangerous character, and that its administration should be conducted with great caution.

Dr. A. THOMSON had not noticed any vascular injection in the mucous surfaces. He believed that, in these cases, death took



place from what Dr. Abercrombie termed simple apoplexy. The heart could not dilate the arteries of the head; the veins consequently could not be emptied. The equilibrium of the circulation being thus disturbed, the nervous energy was diminished, and could not be again renewed. In reply to a question from a member, Dr. Thomson stated that the preparation taken in the fatal case he mentioned, was the wine of the seeds. He believed that the remedy did occasionally accumulate, and then produced a very great collapse.

The CHAIRMAN begged to remind the society that it was not as a poison, but as a remedy, that colchicum was to be considered.

Dr. THOMSON replied, that he wished to show the maximum effect, in order to apply that to the elucidation of the ordinary action of the remedy. He then entered into a minute detail of the symptoms he noticed in the case he had already mentioned.

Several gentlemen stated the results of their practice with colchicum, in short addresses, for which we cannot afford space. Messrs. Chinnock, Stoddart, and Bacot, had used it extensively, and had never met with any bad result. Dr. A. Thomson had occasionally observed it induce green stools in acute rheumatism, a fact which he considered rather as corroborative of the hypothesis that this disease was connected with hepatic disorder. The Chairman also had used colchicum with the greatest success, and had noticed no secondary ill effects. He might add, that he had been lately induced to try it in a case of obstinate lepra, which had resisted all other remedies; but he gave the colchicum combined with magnesia, and whether it was the effect of the medicine or not he would not say, but the patient had experienced very great and speedy benefit.

On the whole, the general opinion of the Society was highly in favour of the value of colchicum, and no material additional testimony was given of any dangerous secondary effects resulting from its medicinal employment.

## WESTMINSTER HOSPITAL.

### PNEUMONIA COMBINED WITH ANASARCA.— PREMATURE LABOUR INDUCED.

FRANCES LEADER, ætat. 18, admitted 14th of October with pneumonia and anasarca; countenance anxious; pulse laborious, about 120; respiration difficult and hurried; acute pain under the left breast; skin hot and dry, except the forehead, which is covered with perspiration. *V. S. ad 3xiv.*

*Hirudines x, parti et postea emplast. lyttæ; Bolus ex calomel. et antim. tartarizat., gr. x, statim;*

*Hæust. pürgans salin. 2dis horis donec solut. sit alvus.*

5. Respiration free; pain of side, but not so much increased on inhalation; face tranquil; pulse 112, soft; skin hot; bowels open; lips parched, but tongue moist; has made water well; the swelling has left the legs. The blood drawn last night is buffed and cupped. *V. S. ad 3vj.*

6. Blood taken away yesterday buffed and cupped; breathing more tranquil; pulse hard and undulating; pain of side continues, but in a less degree; bowels open. Has taken a mixture of *sæth. nit. liq. emmen. acet. et mist. camphoræ. V. S. ad 3vj.*

7. Blood extracted buffed and cupped, but not in an equal degree with the last; has still some pain of side; tongue white; respiration continues a little hurried; face tranquil; pulse 120, quick; respiration *puerile* on the left side, but full on the right. *C. C. ad 3viii.*

*Rk Calomel., gr. i;*

*Antim., gr. i, ft. pil. ter die.*

8. Was relieved by the cupping; scarcely any pain of side this morning; respiration tranquil; tongue clean; bowels open; pulse 106, sthenic, but of moderate calibre.

9. A little pain of side remaining; has slept well all night; breathing easy; bowels open freely; cough producing slight pain in the affected part; pulse salient, strong, 108. *Addæ mist. antim. tart., gr. iv.*

10. Last night an accession of pain of side and dyspnoea; twenty leeches to be applied immediately.

Feels better this morning; breathing accelerated and laborious; pulse small and sharp, about 90; bowels open; skin hot, but moist. *V. S. ad 3vj.*

11. Blood buffed and cupped; pain diminished; pulse quick, of moderate calibre; bowels open. *Hirudines, x, lateri.*

12. Considerably better this morning; pulse reduced; respiration tranquil; bowels open.

13. Mouth slightly sore, arising from the calomel; very slight pain of side; pulse sthenic, 96; face calm; bowels open.

14. Improving; mouth sore; pulse 104 at par; pain entirely gone.

15. The respiratory murmur has become natural on both sides; convalescing.

17. From the darkness of the areolæ, it was suspected on admission that the patient was pregnant, and sure enough labour came on last evening about three o'clock, and she was safely delivered, in about an hour, of a fœtus about five months old.

Ten P.M. She is exceedingly well, cool, and free from fever.

17. Very tranquil; pulse 108, sharp; free from pain.

19. Convalescing; no pain in any part; tongue slightly furred; bowels open; pulse 104, strong; skin moist and warm; a slight secretion of milk.

20. Tongue little furred; bowels open; breathing free; no pain; skin moist and warm; pulse 102, pretty strong.

22. Has got out of bed to-day; appetite improving; convalescent.

## PERITONITIS.

Sarah Canfield, ætat. 15, living with her mother, but generally employed from home as a servant, admitted with inflammatory fever, Wednesday, 13th of October. Pulse 120; respiration accelerated; headach and pain all over the body; pain of chest.

*V.S. ad 3viij;*

*Mist. diaphoretica;*

*Bolus calomel. et antim.*

The attack came on with alternate heats and chills about four days ago, with general pain; she was bled, but without alleviation; catamenia regular.

14. Blood drawn yesterday slightly buffed; crassament consistent, small quantity of serum; pain has removed to right side; bowels open; pulse 108, resilient; tongue furred; no headach; the mixture induced slight nausea. *C. C. lateri dextro ad 3viij.*

15. Cupping relieved the pain of right side, but she now complains of great pain in the chest and left side; respiration rapid, irregular, about 50.

16. Thinks herself much better this morning; expression natural; no pain; tenderness of abdomen scarcely evident; bowels open; tongue still furred; skin cool; slept well in the night; mustard plaster to the abdomen, which afforded considerable relief yesterday; pulse 108, in considerable force.

18. Tenderness of abdomen has disappeared; tongue less furred; bowels open; pulse 88, natural.

19. Last night there was a feverish exacerbation; pulse was 120, powerful; skin hot and dry, and hysterical symptoms were present.

This morning says she is better; slight tenderness of abdomen; bowels open; tongue much cleaner than last night, though still slightly furred; respiration 36; pulse 102, strong; skin warm and moist. *Rep. med.*

Ten P.M. Slight return of pain in the abdomen, for which a sinapism was ordered.

20. The sinapism afforded present relief.

21. Feels much more comfortable this morning; no tenderness of abdomen. On sitting up, feels a sharp pain in the left hypochondrium; countenance placid; tongue

furred; bowels open twice since yesterday morning's visit; pulse 96, natural.

*Mist. effervescent.*

22. Bowels confined these two days; lips a little dry; pulse small, 88.

23. Sits up, and is pronounced convalescent.

## HOPITAL ST. LOUIS.

## DISLOCATION OF THE FOOT.—EXTIRPATION OF THE ASTRAGALUS.

A. ROCHER, ætat. 46, of a robust constitution, was admitted on the 6th of February last, in the following state:—The sole of the right foot was turned inwards, and its upper surface outwards, the latter was fixed to the lower end of the fibula, the ligaments of which were lacerated, so as to admit of a separation of the tibia and fibula to the extent of almost two inches; at the lower portion of the fibula, there was a depression which, at first sight, was supposed to be caused by fracture, but proved to be only a curvature; there was also a wound about an inch in length, through which the fibula was protruded; the patient had lost much blood, and there was still some hæmorrhage, which was, however, arrested after about half an hour. Before the tibia and fibula there was a large tumour, which was immediately recognised to be the astragalus thrown out of its natural position, and resting on the posterior portion of the upper surface of the cuboid bone. The medical attendants immediately tried to reduce the bone, but unsuccessfully; and it was ultimately found necessary to desist from the attempt, and merely to apply a bandage, in order to keep the bone as much as possible in its natural position; a poultice was also placed over it, and the patient largely bled. On the following morning, M. Richerand also tried to reduce the dislocation, as did M. Cloquet, but their endeavours were as ineffectual as those made on the day before. The extirpation of the astragalus was accordingly decided on, and performed in the following manner:—an incision of the form of a T was made over the astragalus through the skin, and the flaps dissected from underneath; the sponerosis was then divided, and the tendons of the peroneus, extensor communis and extensor hallucis proprius being kept towards the inside; the bone was completely laid bare, and without any difficulty detached from its connexions. After the removal of the bone, the foot was easily brought into its natural position, and kept in it by a simple bandage. Bleeding to sixteen ounces was now ordered, and repeated to a less extent towards the

evening, as the fever was rather high. The night was pretty tranquil. On the morning the pulse had again so much risen as to induce M. Richerand to order a third, and towards the evening a fourth bleeding. From this time all symptoms of irritation subsided; suppuration of a healthy kind took place, and every thing seemed to indicate a favourable termination. On the 15th, however, an oedematous swelling at the inner angle had begun to develop itself, which gradually became larger, and after a few days exhibited fluctuation; a large quantity of healthy pus was evacuated, and the abscess was found to extend as high as two inches above the angle. Suppuration continued to be moderate and of healthy nature, and the wounds had a good appearance, when, on the 28th, without any obvious cause, erysipelas came on and spread rapidly over the whole leg; the skin, over the vena saphena, was of a bright-red and extremely sensible, and all the symptoms indicated the presence of very intense phlebitis; the fever was not very high. Eighty leeches were applied, the whole leg was covered with fomentations of inf. althææ, and the patient kept to spare diet. This treatment was followed by immediate relief, and after six days all dangerous symptoms had disappeared. However, from the middle of March, up to which time the patient seemed to be gradually improving, the disease took a new aspect; the patient was feverish, lost his appetite, vomited occasionally, and was much harassed by frequent attacks of cough; the epigastrium was very tender, the bowels were loose, &c.; suppuration diminished, though the wounds did not make any progress towards healing. These symptoms were, however, also happily subdued by means of opiate glysters, effrvescing draughts, and a blister to the epigastrium, and all seemed to go on favourably, when he unfortunately received the news of the death of his son; this accident immediately brought on a relapse, which however was also subdued; the wounds had merely cicatrised, and there appeared to be no obstacle to the patient's speedy recovery, when his wife applied for his removal from the hospital, which having been granted, in spite of the danger which evidently attended it, the patient was reported to have died eight days after his discharge from the hospital.—*Journ. Hebdomad.*

feet in height; they were taken up insensible, and in both the vertebral column seemed to have been fractured. Dr. Graef, of Trarbach, who reports the case, found them with violent pain in the back; in the elder, several of the spinal processes of the lower dorsal vertebrae were moveable and crepitous; the stools passed involuntarily, the urine was completely suppressed, sensation and movement of the parts below the lesion were suspended, and the lower extremities were quite cold; in the younger brother, the lesion affected the lumbar vertebrae, the spinal processes of which projected considerably; the symptoms were similar, though less in degree than in the elder brother. The treatment consisted in cautious extension on a table, the patient lying on the abdomen; reduction of the displaced parts by pressure into their natural position, general and local bloodletting, the application of ice for a week, posture on the abdomen, aperient and nitrous mixtures, and when the inflammatory action had subsided, in the use of arnica. In the elder brother, the paralytic state of the bladder was the most obstinate symptom, but was also eventually cured by the repeated employment of leeches and cold applications to the perinæum and the region of the bladder; the use of the lower extremities was also gradually restored, and on the 39th day after the accident, the elder brother, who had suffered most, was able to sit up and to move his legs pretty well; the younger could slowly walk. In both a slight protrusion at the place of the lesion was still perceptible. After four months, both brothers were nearly well; the younger had completely recovered the use of his limbs, but suffered much towards the end of his recovery, and even afterwards, from lancing pains in his legs. The elder also recovered, but much more slowly; and it was only through the continued use of aromatic remedies and baths, of nux vomica, and the croton oil, that the paralysis of the rectum, bladder, and lower extremities, was at length removed. Towards the end of his recovery his wife died, he married again and had children by his second wife. In January, 1829, he fell with a weight on his back, and dislocated his shoulder, and was also completely cured from this accident. In the spring of 1829 both brothers were perfectly well, and as capable of work as before.

#### RECOVERY FROM EXTENSIVE LESION OF THE SPINAL COLUMN.

In the *Kritische Rep.* the following case is related:—Two brothers, both of very vigorous constitution, fell from a scaffold thirty

#### LARGE LUMBAR ABSCESS IN A CHILD FIFTEEN MONTHS OLD.

The "Eyr, Medicinske Tidsskrift, 1829," contains the following description of an enormous abscess in a boy of 15 months old. The abscess extended from the first lumbar vertebra down to the right ilio-sacral sym-

physis; the psoas and iliacus muscles were entirely destroyed, with the exception of their common tendon, which had, however, no point of insertion, as the little trochanter was also destroyed by caries. The centre of the abscess was at the right ilio-sacral symphysis, and from this part there extended three large sinuses, one ascending between the peritonæum and the transversalis muscle up to the navel; another which descended anteriorly along and under the common tendon of the psoas and iliacus in front of the hip-joint; and a third, which was the largest, down into the small pelvis, at the exit of which it traversed the great ischiatic notch, passing under the glutæus maximus anteriorly, so as to communicate with the second branch. The capsular ligament of the hip-joint was entirely destroyed; the acetabulum carious and flattened, and no trace of the cartilaginous surface left; the head of the thigh-bone was also destroyed, and the rest of the femur enlarged and carious. The disease had apparently been only of eight weeks standing.

### TAPPING IN HYDROCEPHALUS.

DR. CONQUEST has again succeeded in tapping for *water in the head*. It will be recollected that in one of the former numbers of *THE LANCET* the particulars of his *first* case were detailed; and it is highly gratifying to learn that the little girl continues in perfect health, without a vestige of her former deplorable disease.

The *second* case is also a girl, and was exhibited to the pupils at St. Bartholomew's Hospital last week, and appeared to be an intelligent infant, and free from the ordinary characteristic symptoms of hydrocephalus, although before the operation she had fits every day, and was altogether a very pitiable object. The water had been withdrawn by two operations. Twelve ounces were taken away at the first operation, and eighteen at the second. In this case the trocar was introduced into the lateral ventricle by the coronal suture on the left side of the head, just below the anterior fontanelle.

DR. CONQUEST has a *third* case under his care, for the relief of which he has already operated four times, and proposes very shortly to perforate the head a fifth time. The total quantity of fluid hitherto taken away is about forty ounces. The operation was performed twice before his pupils at the hospital, and although he does not seem to anticipate a cure in this case, yet the relief afforded has been very decided, and it must be extremely consolatory and encouraging thus to have accumulating evidence that this

direful malady admits of cure in many, and of relief in most instances.

Dr. Conquest, after his lecture at St. Bartholomew's on Tuesday evening, had the child, about seven months old, brought into the theatre, whose head he had punctured on the above occasions, in consequence of hydrocephalus. The head appeared enormously swollen, its veins very much distended, the bones separated to a great extent, and the skin covering it had a shining appearance. A fine trocar was introduced through the coronal suture, on the left side, just above the squamous portion of the temporal bone, and carried into the lateral ventricle; upon withdrawing it, about twenty ounces of a transparent fluid were evacuated. As the fluid escaped, pressure was made on the head in every direction, by means of adhesive plaster. When all the fluid had been evacuated, the wound was closed by a strip of adhesive plaster, and the mother removed the child from the hospital. Dr. Conquest stated that, in his former operations on this child, the fluid that was voided was tinged with blood, and portions of brain were mixed with it.

St. Bartholomew's Hospital,  
November 17th, 1830.

### OPERATION OF TYING THE AORTA.

LETTER FROM MR. JAMES.

To the Editor of *THE LANCET*.

SIR,—Allow me to trouble you with the following observations, which I feel it right to make, in consequence of seeing, in the Review published in "*THE LANCET*," of the case which I transmitted to the Medico-Chirurgical Society, an incorrect statement to the following effect; namely:—"Mr. James resolved upon tying the aorta, notwithstanding the objections of his colleagues, who all saw the hopelessness of the case." Now the fact is, that one of my colleagues, Mr. Barnes, whose opinion I conceive is entitled to much deference, did fully concur with me in opinion that the man should receive the chance, however small, which the operation afforded, if, upon a full explanation of the circumstances to him, he was disposed to take that chance; and I believe, upon this point, I may appeal to any of my colleagues—that the most explicit statements were made, both to the patient and to his friends, on the circumstances of his case; and it was at his own desire, and with his friends' concurrence, that the operation was performed. With respect to the time at which it was done, I

can only say, I was convinced myself that Sir Astley Cooper judged rightly in advising its being performed before matters had proceeded to extremity, as in his own case. The same feelings which actuated him, led me not to abandon a fellow-creature to what I believe was an inevitable death, without an attempt to save him.

I have the honour to be, Sir,  
Your most obedient Servant,  
J. H. JAMES.

Exeter, Nov. 11, 1850.

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THE PROSECUTOR'S COSTS, IN THE LATE  
TRIAL OF JOHN LONG.

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*To the Editor of THE LANCET.*

SIR,—I find it stated in one of your recent numbers, that Mr. Wakley has, hitherto, borne the whole expense of conducting the prosecution of the great metropolitan arch-quack, John St. John Long, who was found guilty, by a respectable jury of his countrymen, of having *manslaughtered* (O the goodly fitness of law terms!) a young lady, while in the prime of life and health, and whose punishment has been the subject of no inconsiderable surprise to the higher, and of indignation to the lower, classes of society. Respecting the manner in which Mr. Wakley conducted the original inquiry, which led to that prosecution, there never was but one unanimous feeling of commendation among the numerous members of the profession with whom I have the pleasure of associating. But now that we are informed, that in order to complete his praiseworthy enterprise of exposing unblushing and criminal ignorance, Mr. Wakley has not hesitated to buckle on himself the whole of the pecuniary responsibility,—often very heavy, and always inevitable, which attaches to those who, in this country, claim the protection of the laws, it becomes our duty, as it must be the duty of the public at large, who will reap ultimately the benefit of Mr. Wakley's endeavours, to come forward and relieve him, as the *Medical Gazette* very justly observes, from a burden which it would be disgraceful to suffer him to bear.

It is in accordance with such a feeling that I beg you to offer to the proper quarter the inclosed mite towards defraying the law expenses incurred by Mr. Wakley in procuring the conviction of John St. John Long of his *first* legalized murder.

I remain, Sir, your  
Humble Servant,  
A. B. GRANVILLE.

16, Grafton-street, Berkeley-square, Nov, 13, 1850.

\* \* Received the cheque for 2l. 2s.

ST. BARTHOLOMEW'S HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—The reform which has taken place in the hospitals of this metropolis since the publication of *THE LANCET*, has induced me to lay before you some abuses which at present exist at St. Bartholomew's.

Mr. Earle has on every occasion evinced a great desire to be of service to the pupils, and in no instance more so than by the valuable lectures which he delivers weekly. He has, however, chosen an hour to lecture, during which Mr. Vincent is going round the hospital, and thus those who accompany Mr. Vincent are deprived of Mr. Earle's remarks. I feel assured that it is not intentional, and that it needs only to be mentioned to be remedied.

I may also take this opportunity of exposing the conduct of *certain* *puppies* who make a practice of smoking cigars in the anatomical theatre, previous to Mr. Lawrence's entering to give his surgical lecture. Their exploits, however, are not confined to the anatomical theatres, but extend to the wards of the hospital, infecting their already not too salubrious atmosphere. Some of them may have learned it abroad, but the others have not travelled beyond the precincts of the London pot-houses.

Mr. Lawrence has already given the *puppies* a hint to discontinue the practice, but without effect. If this notice should be also disregarded, I shall take an early opportunity of forwarding their names for insertion in *THE LANCET*, if you think they will not sully its pages; but if so, perhaps an application to Mr. Helps the treasurer, stating names and particulars, may prove equally beneficial. By the insertion of this letter in an early number of your excellent Journal, you will add to the many obligations already conferred on the pupils and patients of this hospital.

A PUPIL.

St. Bartholomew's Hospital,  
November 15th, 1850.

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REVIEWS OF NEW WORKS.

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*To the Editor of THE LANCET.*

SIR,—I cannot too greatly admire the boldness and impartiality with which you review all new medical works; the advantage of your just criticisms is of infinite importance, not only to the profession in general, but to the student in particular.

A few weeks since, "Professor Pattison of the London University," introduced "Fyfe's Anatomy" to the notice of his class, "observing that it was usual to re-

commend some work to the student, and he had much pleasure in offering to their notice a new edition of his friend, Mr. Fyfe's, work which he considered a very cheap and useful book, and bestowed some flattering lucubrations on the style and quality of the plates."

Now, Mr. Editor, Professor Patison must be grossly ignorant of the subject he professes to teach, or wilfully blind to the interest of his pupils, many of whom, but for the timely review of this work in your able Journal, might have been induced to purchase it upon the "ipse dixit" of an *imbecile professor of anatomy*.

I am, Sir, yours respectfully,  
MONTESQUIEU.

London, November 7th, 1830.

## EPILEPSY.

*To the Editor of THE LANCET.*

SIR,—The following is a case of epilepsy, assuming the intermittent form, in which I have successfully employed the sulphate of quinine. Should you think it worthy of insertion in your valuable periodical, its publication would oblige,

Yours sincerely,

P. W. BARRETT.

42, Great Marylebone Street.

The patient (Ellen Sullivan) gave me the following account of her symptoms:—She stated that she was in the habit of carrying heavy loads on her head, that about twelve-months since, she was attacked with fever, and on her recovery became deranged; that she was admitted into the Marylebone Infirmary, whence she was discharged cured; that she was afterward hired as a servant, and that while at prayers one evening was first attacked with these fits; that by the direction of the medical gentleman who attended her, she again applied at the Infirmary, whence, after a short time, she was discharged as incurable. She was then recommended by Mr. Mayo to the Middlesex Hospital, where she was treated as an out-patient. After a short attendance there, she was told, "that if the medicines she then got were of no service, she need not apply again." Under these circumstances, she was recommended to me; her symptoms were as follows:—Severe pain in the head, which had existed for the last year; great thirst; severe pain in the right side, augmented by pressure; liver slightly enlarged; abdomen swelled; bowels costive. Menses had not appeared for the last year; had a fit regularly at four o'clock every day: this was on the 15th of August last. When she first applied to me, I immediately determined on trying the effects of the sul-

phate of quinine. Seeing that there was a regular intermission of twenty-four hours, I therefore ordered her the following mixture:—

15. *R. Sulphatis quininae*, gr. xvj;  
*Infus. valeriana*, 3vj;  
*Mistura camphora*, 3iv;  
*Tinctura valeriana*, 3ss. M. ft.  
mistur. cujus agra sumat. cochlear. quatuor magn. 3tia vel 4ta  
quaque hora.

*R. Ol. ricini*, 3vj;

*V. O.*

*Aqua cinnamomi*, 3iss. M. ft.  
haust. cras mane sumend.

On this day had no return of the fit.

16. Bowels well open; stools dark and fetid; abdomen less swelled; had no return of the fit. Directed her mixture to be continued, with the addition of tinct. sabinæ, 3iij.

17. No return of the fit; bowels costive  
*Repet. haust.; repet. mistur.*

18. Bowels well open; stools more healthy; and had no return of the fit.

19, 20, 21. Pursued the same mode of treatment; much better, and had no return of the fits.

22. Side painful; ordered her ten grains of the blue pill at night, and the above draught on the following morning.

23. Better, still no return of the fit.

*Repet. pil. hyd.*, gr. v, omni nocte;  
*Repet. mistura quinae.*

24 and 25. Still better.

26. Menses appeared; abdomen not swelled; no pain in the side, nor any enlargement of the liver. Having pursued this mode of treatment for some time, I had the pleasure of seeing the girl enabled to pursue her ordinary avocations in life, leaving perfectly well. What has been very remarkable in connexion with this case was, that most of her family have died from the sequences of the same complaint.

LONDON HOSPITAL.—THE PUPILS AND  
MR. WALFORD.

*To the Editor of THE LANCET.*

SIR,—Though averse to every-thing like paper war, yet I cannot refrain from offering a few comments on the last letter of Mr. Walford, in reply to that from the pupils of the London Hospital. Our sturdy opponent was advised not to acknowledge what he calls our manifesto, on the ground of our insignificance. Here I would ask Mr. Walford, who, and what he is? Perhaps only a member of the College, and a licentiate of the Hall. If then we are in-

significant, most assuredly Mr. Walford's unimportant name will run parallel with the eight-and-thirty, for many of us are licentiatees, and hope to deserve the College diploma, yet not by "our lick-spittle adulation" of Mr. Headington, as our contemptible defamer would insinuate. "Why did they not defend the knight as well as the squire?" "I can solve the problem," exclaims our knowing insignificant, and as the truly illiberal idea shoots and swells his mighty mind, no wonder this huge colossus of foresight and penetration towers over the innocents of Whitechapel, the harmless little men of the London Hospital. Here again does Mr. Walford give a sad proof of a little mind, and commit the very sin unjustly charged on Mr. Headington in his letter of the 25th of September—"that of arriving at an age in which the heart never glows with generous sentiments." Poor man! I blush for him, I am ashamed of him, and wonder at that soundness of mind and intellect from which could emanate so much wisdom and sagacity in explaining the motive actuating some few of the thirty-eight pupils in replying to his letter. I am happy to inform Mr. Walford, that I am one of the few who will present themselves for examination during the presidency of our worthy and upright surgeon Mr. Headington, and I should be poor, pitiful, and mean indeed, if my opposition to Mr. Walford's sentiments arose merely from interested motives. I despise the idea as much as I despise the man from whom it could originate; both are alike contemptible. There are some parts in Mr. Walford's letter which I confess I cannot comprehend. What does he mean when he says, "Is a wish that every man of ninety-two may be so weak as Sir William, all the pity they can bestow on a poor old man?" No such wish could emanate from the pupils of the London Hospital as Mr. Walford would insinuate; it was indeed quite the contrary, as different as light from darkness. Nor does Mr. Walford credit the assertion, that the majority of our pupils were in your favour. Whether he will believe it or not, yet I can assure him that many of us would have hailed your election as the dawn of a brighter day, and one of our pupils actually wore the popular colours attached to his button-hole during the contest. I would ask you, Mr. Editor, if this savoured of fear, was this lick-spittle adulation to the surgeons of the hospital?

In conclusion, I must apologise for occupying so much of your valuable publication, and cannot help observing, with a smile of pity, the manner our letter has been turned and twisted by Mr. Walford to suit his abject mind. He says, indeed, a great deal and to no purpose, and will pardon me, if in my reply, I attach what he calls another

"tail-piece," quite, I think, as applicable as the last, that Mr. Walford's blustering importance

"Resembles ocean into tempest wrought,  
To waft a feather or to drown a fly."

I am, Sir,  
Yours respectfully,  
J. RICHARDS.

24, Old Ford Road, Bonner's Fields,  
Bethnal Green, Oct. 19.

\* \* This letter was mislaid, or it would have appeared before.—ED. L.

## BOOKS RECEIVED.

An Inquiry into the Natural History, Chemical Properties, and Medical Virtues, of the Rock Oil or Green Mineral Naphtha of Barbadoes, with particulars of its remedial powers in cutaneous eruptions, glandular complaints, diseases of the joints, &c. &c. With demonstrations that the solvent agent in digestion is the sub-carbonate of soda, &c. By C. H. Wilkinson, M.D., Bath. London: Ridgway. 1830. pp. 76.

Fate of the Colonies. A Letter to the Proprietors and Planters of the West Indies, resident in the Colonies. By R. Alexander, Esq. London: J. Fraser, Regent Street. 1830. pp. 31.

## TO CORRESPONDENTS.

Mr. J. N. and others. There was not time to send to Mr. N's house, but a gentleman from this journal was present at the inquest. The conduct of the condemned parties was highly indecorous and improper. Had it proved *injurious*, they should have received a severe castigation.

The letter of *An Old Pupil, A Censor of the Fellows*, &c., with many others, shall appear next week.

If A. R. K. was present at the operation, we should like to see him, if he will write and appoint a time for calling in Bedford Square. Our reporter was not present, but a gentleman on whom we can rely, has promised us an accurate account of the operation.

Mr. Spins. It was an unpardonable omission on the part of the Coroner; but this officer is not bound by law to insist upon the attendance of a surgeon.

The Index to our last Volume will *positively* be published next week, and in order that all parties may be accommodated, it will, besides being stitched up with the Number, be published in a separate form.



# THE LANCET.

VOL. I.] LONDON, SATURDAY, NOVEMBER 27.

[1830-31.]

## *Dublin Hospital Reports, and Communications in Medicine and Surgery.*

(Continued from page 238.)

IN continuation of our analysis of this excellent volume, we present our readers with an epitome of the most interesting papers which are contained in the second part. The first in order of these is a brief but valuable notice of diseases of the rectum by Dr. Colles, the celebrated professor of surgery in the Dublin College.

The first few pages of this article contain a masterly sketch of the symptoms and progress of organic stricture of the rectum. In this department much novelty could scarcely be expected, but there was room for a better arrangement of the several phenomena, and this object the author has satisfactorily accomplished. It is unnecessary to dwell here on the advantage thus gained, as it can only be appreciated by an attentive perusal of the entire paper. We pass to the first peculiar observation it contains.

"However constant in their attendance, or unvarying in their course, may be the symptoms of this disease, yet will the surgeon desire to be confirmed in his opinion by manual examination. Proceeding to make this examination, we often observe at the orifice of the anus the following appearance, which is, indeed, almost always present when the disease is seated near to the external sphincter; namely, at each side of the anus a small projection, which, on its external surface, appears as a mere elongation and thickening of the skin, but internally presents a moist surface, not exactly like the lining membrane of the gut, nor yet can we say that it is ulcerated; these two projections lie close together below, and divaricate above, presenting a resemblance to the mouth of a ewer. Whenever this external appearance exists, I feel almost certain of finding a stricture of the rectum before the finger is pushed as far as the second joint

No. 378.

into the gut. In some cases, however, this external mark has not been present."

Dr. Colles says that he has never met with a case in which the stricture was produced by means of bands thrown across the canal. He therefore concludes, and certainly with much justice, that this peculiar formation must be extremely rare. He adverts also to a practical point of some consequence, relating to the detection of stricture; namely, that in a few instances it has been seated so high that it could scarcely be touched with the point of the finger, until the patient was desired to "force down," when satisfactory evidence of its existence was immediately obtained.

The distinguishing features between stricture of the rectum and some other affections of this intestine, next engage the author's attention. Cancer, he believes, may always be distinguished by the leaden hue of the countenance, by the lancinating character of the pain, and, in the early stages, in which the diagnosis is usually considered the most difficult, he distinguishes the diseases by the comparative results of two manual examinations instituted at an interval of some weeks. "The cancerous ulceration will in the interval have destroyed some portion of the hardened wall of the intestine, and have thus produced a condition of the parts very different from that found in cases of stricture of the same duration." Schirrus of the uterus and vagina, and in the male enlargement of the prostate gland, are also attended by many of the phenomena of stricture of the rectum. Manual examination, the author asserts, is sufficient to distinguish between these diseases. An ulcer also is occasionally known to occur within the rectum, but this, if low down, becomes visible by expanding the anus, or by introducing a blunt polished gorget into the bowel, with its concavity towards the dis-

U



eased side of the rectum. The finger, too, if steadily pressed against it, will be received into the cavity of the ulcer, although in a hasty examination this part feels as if it were a ridge. In the last place, Dr. Colles notices a most important fact, which, in connexion with the anatomical details on the subject, communicated by Dr. Houston, and which we will subsequently notice, appears to us to be of much practical moment. We state the circumstance in the author's brief but descriptive language.

"Lastly, it may not be amiss to mention that we sometimes find in patients who are free from all symptoms of morbid condition of the rectum, that the finger in ano cannot discover any canal in the gut, the entire of the calibre above the sphincters being filled up with folds of the lining membrane; repeated observations, however, teach us that such a state is not morbid, as it in no way intercepts or disturbs the healthy functions of the intestine."

With respect to the influence of bougies in the treatment of this disease, he considers it calculated to alleviate the sufferings of the patient, but, on the other hand, he confidently asserts his conviction, that neither by the bougie, nor by any other mode of treatment, has organic stricture of the rectum ever been entirely cured. As a palliative method, however, he frequently employs the bougie, and he has also made it the vehicle for conveying ointments of various kinds to the seat of the disease; by means of a spiral groove running along the instrument, and which prevents the tightness of the anus and sphincters from rubbing off the application. Mercury, arsenic, iron, and *cicuta*, he also tried in vain, as far as the total cure is concerned. The existence of such a disease as spasmodic stricture of the rectum Dr. Colles disbelieves, and this scepticism he rationally founds on the negative evidence of a practice of twenty years. He admits of a spasmodic stricture of the sphincter ani, but considers it a very rare disease. In the only case of this which he has ever seen, the patient had been treated for spasmodic stricture of the rectum, but the result of inquiry into the progress and symptoms of the affection having convinced Dr. Colles of the true nature of the case, he passed a wooden globe three and a half inches in circumference, mounted on a stalk of whalebone, ten inches up into

the rectum without meeting any obstruction, and thus convinced his patient that his fears of strictured rectum were entirely unfounded.

The author next devotes a few pages to *vascular tumours of the rectum*, or what is vaguely denominated "hæmorrhoidal excrescences," a term which he considers inapplicable to their pathological structure. We quote his own words, but we must confess that we cannot perceive the force of his objection to the name in ordinary acceptation, since it is only descriptive of an acknowledged hæmorrhagic condition to which they are liable, and does not allude to their structural formation. The author's observations, however, are interesting in another respect, and throw much light on the pathology of the disease.

"I had an opportunity of examining the structure of these tumours in a patient who had died of another disease. On slitting up the rectum I saw three blood-vessels, each as large as a crow-quill, running for some way down the intestine, and then dividing into a number of branches; these vessels ramified very profusely, and each seemed by interweaving of its branches to form one of these tumours. The trunks and branches were covered only by the lining membrane of the intestine."

In the treatment of these annoying tumours, he prefers excision to the ligature, from the impossibility of preventing the occurrence of tetanus, which may be dreaded after the former, and from the facility with which the only difficulty attending the latter, namely hæmorrhage, can be controlled.

The following passage, describing his mode of operation, deserves minute attention. His observations on the prevention of hæmorrhage after the operation are extremely judicious; and it will be perceived that he makes a forcible objection to Mr. Hey's method of excising these tumours:—

"The following mode of operating I have found to be uniformly and permanently successful, and it is considerably less severe than that generally recommended. The tumours having been made to protrude by means of a purgative injection, I direct my assistant to pass a hook or common tenaculum through one or two of the largest, while I seize another lengthwise with a polypus forceps, then drawing the tumour a little

towards the axis of the gut, with a large pair of scissors passed behind the forceps, I cut off all that portion which is engaged between its blades. I then proceed in the same manner to remove those tumours which the assistant holds transfixed by the hook. By fastening and drawing out the tumour with the forceps, we much facilitate its removal by the scissors; proceeding in this way, I guard against these tumours being drawn up within the sphincter, as soon as the first had been removed. I do not think that any case will require the removal of more than three of these tumours, and not unfrequently the cure will be ensured by cutting off only two of them. When the operation is finished, the protruded parts generally lie within the sphincter; should any part remain out, it must be completely pushed in with the finger. In order to guard against the danger of hæmorrhage, I take care not to prolong my incision higher on the bowel than what I conceive will, when replaced, lie within the sphincter; for if we cut the gut higher up, this part, when returned, may bleed freely, from not having any surface closely opposed to it. Besides, we know that by cutting higher up we are in danger of cutting the trunk of the vessel, instead of confining our incision to the tumour which is composed solely by the convolutions of its very minute branches.

"I should be afraid to adopt Mr. Hey's method of cutting away all the protruding tumours, together with the skin at the verge of the anus, lest the patient should afterwards occasion the distress which a too contracted state of this outlet must occasion; for in one case, where, for the purpose of extirpating warts, a ring of skin at the verge of the anus had been cut away along with these excrescences, the condition of the patient was rendered truly miserable."

Dr. Colles' paper terminates with a few remarks on a peculiar "ulcer of the rectum." The mode by which this affection is recognised, we have already alluded to; of the remedy, the author speaks in the following terms:—

"The remedy for this disease is, to introduce into the rectum a convex-edged scalpel, and make an incision through the entire length of the ulcer, continuing it through the sphincter and dividing the verge of the anus; as soon as this wound has got into a state of suppuration, we should dress it and the ulcer, with some stimulating ointment introduced on a dossil of lint. The case goes on without interruption, although it is rather tedious and slow of healing. I need hardly say, that the final cicatrization will be promoted by the occasional application of the nitrate of silver."

The next article is an able and important paper by Dr. Houston, entitled, "Observations on the Mucous Membrane of the Rectum." As a companion to Dr. Colles' memoir, it is peculiarly opportune, especially since it completely elucidates the impassable condition of the rectum which Dr. Colles describes. In the progress of preparing some specimens of the natural position of the pelvic viscera, by hardening the parts with an injection of spirits, Dr. Houston's attention was arrested by the appearance of valvular projections in the rectum, formed by duplicatures of its lining membrane, and containing occasionally some muscular fibres. On repeating this mode of injection with a view to investigate this appearance, it was found to be one of almost invariable occurrence. The valves are usually three in number, of a semilunar form, their convex borders are attached to the sides of the rectum, and their general disposition is such as to form, by their being placed successively on different sides of the gut, a sort of spiral tract down its cavity.

The physiological rationale of this conformation, the author supposes to be a contrivance for supporting the weight of fecal matter, and preventing inconvenient pressure on the sphincter. His observations on the pathological relations of the valves are extremely interesting:—

"Considered in reference to disease, the valves or shelves thrown across the cavity of the intestine are fraught with still more importance. They may possibly become the most frequent seat of that morbid alteration of the inner membrane termed stricture. I have not, however, examined the subject with a view towards determining this question, but there are several facts which give probability to the conjecture. In the first place, this disease is generally confined at its commencement to a portion of the circumference of the gut; and, secondly, the seats of this occurrence correspond very much to the places where these valves are most frequently found, viz., near the orifice, about three inches up, or at the top of the rectum. There is still another more weighty reason why the surgeon should bear in mind the existence of these folds, that he may not mistake them for strictures in the gut, a mistake which, it is to be feared, has often happened to those who have reported such numerous cases of this disease, and which, by leading them to the frequent practice of bougies, may have brought on

the very malady which their instruments were intended to remove."

Dr. Houston gives a minute anatomical description of these valves, for which we have not space; their aspect is often horizontal, but usually obliquely upwards, and their depth is generally from half to three quarters of an inch. Mr. Crampton and the author concur in recommending a modified form of spiral bougie (something like a magnified cork-screw), corresponding to this newly-discovered configuration. Of this instrument, and of the valves, rectum, &c., *in situ*, an accurate, but coarse, lithographic drawing is appended to the paper. The distances, size, and anatomical bearings, are all represented with sufficient correctness, but every line is drawn as thickly as if it had been "laid on" with a house-painter's brush. Had there not been some tolerably good delineations by the same artist in this volume, we should have formed but an indifferent opinion either of the taste of the editors, or the state of lithography in the sister isle.

The remaining articles, with perhaps three exceptions, are so replete with interest, that our chief difficulty consists in making the selection which the limits of our analysis require. Taking novelty as our guide, we pass to the consideration of the papers on ophthalmic surgery by Dr. Jacob, and on the newly-discovered muscles for compressing the dorsal veins of the penis during the turgescence of that organ, by Dr. Houston, the author of the preceding remarks on the valves of the rectum.

Dr. Jacob subdivides his paper into different sections, commencing with remarks on stains of the conjunctiva and opacities of the cornea, produced by the application of nitrate of silver, acetate of lead, oxyd of iron, &c., a subject which, it appears, has attracted no attention from the several authors on the diseases of the eye, with the exception of a very brief notice by Mr. Lawrence, of the effect of nitrate of silver in producing a livid state of the conjunctiva, as given in our report of that gentleman's twentieth surgical lecture.

The stain produced by the continued application of lunar caustic, Dr. Jacob believes to be indelible. It seldom or never occurs, unless the remedy have been applied for six weeks or two months, and result from a

deposition of the olive oxyd of silver. The inconvenience to which it gives rise are two-fold, deformity and obstruction of vision, the first of which is so remarkable, that the acid little author avails himself of the occasion to remark, "that one practitioner, who was in the habit of using the solution very freely, so frequently produced this effect, that he has been able to point out his patients by the colour of their eyes." The second and more serious evil is one of very frequent occurrence, and, according to Dr. Jacob, is most frequently produced in the very cases in which the application is particularly recommended, namely, in sloughy ulcers of the cornea, or ulcers which have just cast off a slough. He does not think that surgery will be at all injured by a diminution of confidence in this, which he bitterly terms a "popular" remedy. He agrees with Mr. Lawrence in admitting, that he does not understand how this caustic can act beneficially upon the diseased eye; and, finally, with reference to the experience of others in its favour, he observes in the same snappish spirit which invariably characterizes the animadversions of this clever, but irritable critic,—“The nitrate of silver may often have been beneficial in the hands of such a man as Scarpa I believe, but I think, that if this able surgeon had seen *its general effects in the hands of others*, he would not have given it so unqualified a recommendation.”

He next alludes to the analogous effects of the application of the acetate of lead. The phenomena which this occasionally produces are so ably described, that we shall transfer the author's words to our columns:

“The injury produced by the nitrate of silver is seldom so great as that which more frequently follows the use of the acetate of lead, yet I do not find any mention of the latter in books. If a solution of the acetate of lead be applied to the eye when the cornea is suffering from an ulcer of a particular character; the acetate is decomposed, and a white precipitate is deposited on the ulcer, to which it adheres tenaciously, and in the healing becomes permanently and indelibly embedded in the structure of the cornea. The appearance produced by this cause cannot be mistaken, its chalky impervious opacity distinguishes it from the pearly semi-transparent structure of even the densest opacity produced by common ulceration. The degree and

form of the opacity are varied as the original ulcer was varied. If the original ulcer was deep and circumscribed, the opacity is chalky white, dense, and defined. If the original ulceration was superficial and diffused, or composed of numerous small specks of ulceration scattered over the cornea, the opacity presents the appearance of several irregularly-shaped dots or specks of a dirty-white appearance. - - - - The opacity appears to be produced at once, and by a single application. I have seen it the day after a drop of solution of acetate of lead had been put into the eye by mistake. - - - - How far the stains and opacities to which I have alluded admit of remedy, I cannot determine. I have tried acid solutions, and in the recent deposits of the salts of lead, silver, or iron, on an open ulcer, I have scraped the surface with the point of a needle, and thus removed the foreign matter; but as this cannot always be practised with safety, and may cause a larger opacity of a different character, its utility may be questioned."

Dr. Jacob finds, that whether in health or disease, the presence of an alkali in the lachrymal secretion may be known by reddened litmus being restored to its colour by the tears. He collected a considerable quantity of the precipitate, which was submitted to analysis by Dr. Apjohn, with the following results:—

"The supernatant liquid having been removed by a sucking tube, the precipitate was digested with moderately strong acetic acid, which effected its partial solution with considerable effervescence; the solution having been decanted, the residual matter was well washed with distilled water, and then treated with a few drops of strong nitric acid; this caused it to disappear, nitric oxide being at the same time evolved, and the solution, when evaporated to dryness, yielded a residuum of a deep yellow colour, entirely destructible by heat. The solution made by the acetic acid was next evaporated to dryness, and the saline residuum repeatedly digested in alcohol, which took up the greater part of it, and was found on examination to contain acetate of lead; the portion which resisted the solvent action of alcohol appeared to undergo slight diminution by digestion with distilled water, and the solution was rendered cloudy by nitrate of silver: this argues the existence of chloride of lead. Finally, what remained after the action of the water, exhibited before the blow-pipe the properties of phosphate of lead."

We have not space to pursue Dr. Jacob's observations any farther; suffice it to say, that much practical information is afforded

in comparatively few pages. Whoever may peruse this author's writings, certainly need not dread the invasion of ennui, for wherever Dr. Jacob has an opportunity, he barks with so much spirit, that even on the dullest subject he is extremely amusing.

We now turn to Dr. Houston's discovery of the "*compressores venæ dorsalis penis in man*," with a brief abstract of which we shall conclude this notice. He introduces the subject by an outline of the anatomical conformation of the penis in the different tribes of mammalia, and points out the uniformity of structural type, &c. in the entire. Thus the cavernous bodies have been determined by several processes to be vascular, entirely composed of vessels, chiefly veins, interwoven with each other in the most complicated manner. The corpus spongiosum urethræ is likewise formed of innumerable blood-vessels, and in the different orders chiefly varies in its comparative magnitude with the other parts of the penis. In all, a striking uniformity exists with respect to the mode in which the several veins are collected into one general trunk, which, after passing beneath the arch of the pubis, is again distributed over the aides of the bladder and prostate gland.

Having premised this general view of the anatomy of the parts, Dr. Houston proceeds to investigate the nature of the turgescient state of the penis; and this, in limine, he is disposed to ascribe to sanguineous accumulation in the veins; that it cannot result from arterial congestion, he argues from the rigidity of the tunics of arteries, and from experiments on living animals, in which he has never been able to discover any difference in the fulness of the arteries in the most extreme state of turgescence or collapse of the organ.

He next proceeds to investigate the mode in which this venous congestion is affected; he notices the disproportionate size which the *venæ dorsales* bear to their accompanying arteries, and dwells at considerable length on the incompetency of the *erectores penis*, *acceleratores urinæ*, and *transversales perinei*, to accomplish the compression of the veins, which would be necessary to induce the erectile state. Haller's vague opinion of disproportionate influx of blood he justly rejects as insufficient to afford a rational explanation. Finally, he adduces

a number of extremely curious and novel anatomical facts, by which he demonstrates a mechanical apparatus provided in all the tribes of the mammalia for arresting the reflux of blood by the dorsal veins. We subjoin sufficient extracts from the paper to elucidate the subject in a satisfactory manner:—

“My attention was first directed to this subject by a communication made to me by the late ingenious Mr. Shekleton. In dissecting the penis of a dog he discovered two muscles connected with the *venæ dorsales*, and admirably adapted for making such compression on these vessels as to obstruct the current of blood in their canal. But the melancholy event which deprived the world of the fruits of his genius, also stopped his further prosecution of this subject. I afterwards found, on inquiring as to the originality of the observation, that the great Cuvier, whose extended researches have left little room for further discoveries in anatomical science, makes notice of the existence of such muscles as these. His allusion to them is, however, only cursory, and his opinion regarding their functions undecided. The result of my own observations respecting their existence in different animals, and the extent of their influence in producing erections of the penis, together with the discovery of a similar apparatus connected with the lingual veins of the chameleon, I shall now proceed to detail. The muscles are situated between the arch of the pubis and the penis. I propose to name them *compressores venæ dorsalis penis*. I have found them readily in every animal which I examined. In the dog, wolf, jackall, bear, badger, cat, raccoon, coati-mondi, marmot, aguti, horse, seal, &c. &c., and encouraged by the certainty of their existence in these animals, together with the general resemblance which the muscles, blood-vessels, and erectile tissue in them, bears to the same structures in the human body, I persevered in my search for them in man, by a variety of dissections, until at length I discovered them on the 15th of July, 1830, and satisfactorily demonstrated them to many of the pupils and several professors in Dublin, among the latter of whom I have the privilege of enumerating Drs. Cusack, Jacob, and Graves, whose expressions of satisfaction as to the presence of the muscles, and their favourable arrangement for exerting pressure on the *vena dorsalis*, afford abundant testimony of their existence.”—pp. 468—470.

Dr. Houston next gives a minute anatomical description of these muscles in the dog, monkey, bear, badger, cat, aguti, and

horse, and lastly in man, in whom he describes them thus:—

“In man, the *compressores venæ dorsalis*, are less distinct than in most of the mammalia. They arise from the rami of the pubis, above the origin of the *erectores penis* and *crura*, and ascending in a direction forwards are inserted above the *vena dorsalis* by joining with each other in the mesial line. They form a thin stratum of muscular and tendinous fibres, about one inch long and three quarters of an inch broad, and may perhaps be looked upon as portions of the *erectores penis*, which, instead of being inserted into the sides and lower part of the *corpora cavernosa*, mount over those bodies, to exert their compressing influence on the *vena dorsalis*. They enclose between them and the penis the vein, arteries, and nerves, of this region. Their anterior fibres are distinguished from those of the *erectores*, by the fibrous attachment of the *crura* to the pubis; their posterior margins are kept distinct from the front part of the *levator ani*, known under the name of Wilson’s Muscles, by the pudic artery, which divides them in its course towards the dorsum of the penis.

“The best procedure to display these muscles is the following. Detach the bladder and levator ani with the hand from one side of the pelvis; then divide with a saw the pubis and ischium about one inch from the symphysis, and break off the bones at the sacro-iliac articulation: next dissect away carefully the remaining portion of the pubis from the symphysis, periosteum, and *crura penis*, and then the *compressores venæ*, bearing still their natural relations to the *crura* and other muscles, may be exposed with very little difficulty.”—pp. 472—474.

In emaciated persons new muscles are detected with very great difficulty. Their action is indisputably proved by the fact, that by stretching them in the direction of their fibres, the current of fluid through the dorsal veins is completely arrested. Finally, Dr. Houston relates some striking experiments on dogs, in which the ligature of the dorsal veins produced permanent turgescence of the penis, which was only relieved when new channels were established for the evacuation of the venous blood. On the physiological interest of these statements we will make no further comment, than that they are in the highest degree creditable to the author’s originality of genius and anatomical perseverance. In the same paper he describes ably and beautifully the analogous structure of the chameleon’s tongue,

which our readers will probably recollect is an erectile organ most wonderfully adapted to the prehension of food, &c. We cannot leave this subject, without bestowing our warmest praise on the exquisite engravings which accompany the essay.

We regret we cannot extend our analysis to several other papers of great merit; we will particularise that by Dr. Marsh on a convulsive disease affecting young children, which he states may be denominated spasm of the glottis; we may also mention a practically useful, but rather quackish communication from Dr. Cheyne on the efficacy of small bleedings in restraining hæmorrhage from the lungs. Mr. R. R. Gregory's concise report of his newly-established lying-in hospital is also highly creditable, and will perhaps elicit a few remarks on another occasion. Before we conclude we have a disagreeable duty to perform; one which, without metaphor, sets a sting in the tail of our observations: it is that of advising Mr. West never again to venture into such good company on such a frivolous ground as that of his "case of psoriasis successfully treated," &c. &c. Reputations are not to be earned by the authorship of papers so insignificant as this.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 8, 1830,

(Concluded from page 275.)

### MALINGERING.

I now proceed to make a few remarks on the impositions which are frequently practised upon us. Writers on forensic medicine divide these impositions into pretended diseases, *morbi simulati*,—diseases which have really no existence; *morbi dissimulati*,—diseases which really exist, but where health is feigned; and diseases which are falsely imputed to others,—*morbi imputati*. Now, people frequently pretend to have diseases for the purpose of avoiding punishment. Thus insane people are not capitally punished, and criminals will therefore feign in-

sanity. Pregnant women (pregnancy, however, is not a disease, a pathological state, but a physiological state, and the word *morbi* is therefore an improper term for the whole of these things) are not executed, and the punishment, therefore, is delayed in the case of pregnancy until delivery has taken place. Soldiers and sailors will pretend illness to avoid the duties of their stations, and to be dismissed the service and provided for accordingly. Diseases are often *dissembled*,—health is pretended, in order to avoid the disgrace and disadvantages which are perhaps attached to the particular condition. Single women dissemble pregnancy that their characters may not suffer. Again, disease is sometimes *imputed* to persons in order that the accusers may get possession of their property, or obtain the management of them in some way or other, and not unfrequently out of mere spite, from a desire to be revenged upon and to disgrace another.

Now these stratagems have been adopted from the most ancient times. But I will speak only of the *morbi simulati*; for the *dissimulati* and *imputati* I shall not have time to consider, and there is far less difficulty in ascertaining the *morbi dissimulati*,—the existence of disease when health is pretended, than when disease is feigned; for if a person have a disease, it is very difficult for him to conceal it—if one is ill, it is not an easy matter to appear well. Again, as to *imputed* disease, the alleged affection does not exist, and the individual himself is practising no deceit: the disease is merely imputed to him by others, and you have as full an opportunity of judging of his real condition as they; for no one will think of imputing a disease which gives no external symptoms, of imputing, for example, chronic rheumatic pains to another, because these are insensible to all except the patients. But pretended diseases, *morbi simulati*, are very numerous, and the deceit is exceedingly ancient. You will recollect that Ulysses pretended madness in order to avoid going to the Trojan war, and David, too, pretended to be mad, or rather imbecile, when he was afraid of Achish, the king of Gath, to whose court he had fled from Saul: and hence you read in the first book of Samuel, chapter xxi verse 32, that "He changed his behaviour before them, and feigned himself mad in their hands, and scrambled on the doors of the gate, and let his spittle fall down upon his beard."

I have had far less experience in these matters than gentlemen who practise in the navy and army, and it is wonderful to read what is sometimes borne, what severity of punishment is undergone by sailors and soldiers, in order to avoid duty, to be discharged and to get pensions. They will

bear the most severe medical treatment, starving, blistering, and the application of caustic; they will bear confinement by themselves; they will keep up inflammation of the eyes by applying cantharides and sulphate of copper, day after day subjecting themselves to the greatest pain, and exposing themselves to the greatest hardships, till they at last procure their dismissal, when they will sometimes confess the cheat. No one could have the least idea that human nature was capable of practising such deceit, and of undergoing such suffering for the purpose of carrying it on. Dr. Cheyne has furnished us with very good information on the subject, in a paper in the fourth volume of the Dublin Hospital Reports, and Mr. Copland Hutchison, in his Practical Observations on Surgery. Dr. Cheyne describes the deceptions witnessed by him in the army, and Mr. Hutchison those which are observed in the navy. In Hennen's Military Surgery the subject is also well treated. Dr. Cheyne says, "I never saw a more humiliating picture of depravity or perversion of reason, call it what we may, than I have witnessed in a ward filled with soldiers labouring under ophthalmia (!) most of the cases, as I have learned from the surgeon in attendance, being fictitious. The methods by which inflammation of the eye is produced and maintained, have not all been brought to light, but quick lime, infusion of tobacco, the gonorrhoeal discharge, cantharides ointment, nitrate of silver, blue-stone, and other metallic salts, are probably among the most common irritants employed. Inflammation thus caused is most painful, and is kept up under every privation which can make life miserable; locked up in a dark ward, and permitted to have intercourse only with the officers of the hospital, nurses, and orderlies, confined to diet which, from the absence of every stimulating material, is most disrelishing, suffering under painful external applications, and nauseating internal medicines, phlebotomized and leeches till their complexions are bloodless, their pulse hæmorrhagic, and the frightful train of nervous symptoms which excessive blood-letting produces is established in the system. All these evils, in many cases, have the effect but to confirm the soldier in his determination to destroy one or both of his eyes that he may be dismissed from the service, with the chance of a small pension." "Wonderful, indeed, is the obstinacy which some malingerers (the name given to these impostors) evince. Night and day they will remain with the endurance of a fakir, in a position the most irksome. For weeks and months many men have, with surprising resolution, sat and walked with their bodies bent double. Some have continued to irritate sores in the leg until

their cases became so bad as to require amputation of the limb, and many instances have occurred in naval and military hospitals of fictitious complaints ending fatally." It is thought that methods of deception have been reduced to a system, and preserved in many regiments, and handed down that those who think proper may try them, and a kind of freemasonry exists, which, preventing the exemplary from informing of the worthless, renders it often very difficult to detect the method of deceit.

One of the diseases most commonly pretended is fever. Persons will take spirits or stimulants of some kind to excite the pulse, to heat the skin, and parch the mouth; but in these cases, unless intoxication, or an approach to it, is produced, there is not that heaviness and distress of countenance which is seen in fever. The deceit may frequently be detected by the smell of the breath, and if you confine them in a room where there is no opportunity of applying the stimulus again, first stripping them to ascertain that they have none on their persons to keep up the symptoms, these must soon go off. Some persons, however, will manage to sustain the irritation by putting a clove of garlic up the rectum. As it is right, however, in real fever to clear out the bowels, this cannot long occasion difficulty. So with respect to any feigned disease which, to be kept up, requires continued irritation, whether ophthalmia or any sore, if the parties are confined so that they can obtain no access to the necessary stimulants, it will of course cease. The complete prevention of access to means of deceit, is the great mode of detecting and removing a large class of feigned diseases. Tobacco and digitalis are said sometimes to have been taken to produce the opposite effect on the pulse,—to depress it.

Deafness and dumbness may be counterfeited, in places where the person is unknown. There was a young man in France, who, in order to avoid the conscription, pretended to be deaf and dumb, and kept up the deception for four years. He travelled through France, Germany, Spain, and Switzerland, and wished to appear like young Telemachus in search of his father. He professed to have been instructed in the Abbé Sicard's establishment, but on being confronted with some of the Abbé's pupils, he proved to be ignorant of the signs taught in that school; and from fear of being confronted with a cook from whom he had learnt to make pastry, he opened a book and read aloud. He had been remarkably consistent for four years in his plan, but failed in one point. In writing he substituted, through ignorance (having been indifferently educated), the *g* for the *c*, thus making it probable that at one time he had known that

the sounds of both were much alike in some words. This he was not likely to have learnt but by his ear. The Abbé de l'Epée, and a whole committee, were once deceived by an impostor, who pretended to be deaf and dumb. In one instance a man pretended that he was born deaf and dumb, in order to obtain his discharge from the French army; but the examining physician, Dr. Fodéré, going behind him said, "You shall not persuade me that you are deaf, and if you will disclose the truth, I will procure you your discharge." "Well then," said the poor deserter, to the surprise of all, "I am not deaf."

A loud noise suddenly made in the ears of such persons when they are unaware of the intention, will sometimes produce a degree of agitation, notwithstanding all they may do to avoid showing it, and their power of hearing has been thus discovered. Sometimes the discovery has been made by talking in their presence of violent measures for their recovery; by saying that red-hot irons are the only remedy for their complaint. This has frequently produced agitation of the countenance, or a quickness of pulse, which showed that the conversation had been overheard. Stratagem, therefore, is another mode of discovering whether diseases are feigned. A very fine case of imposture occurred in this country, in the case of Miss Macavoy, at Liverpool, a few years ago. She professed to be able to see, not with her eyes, but with her fingers. So convinced were some persons that this was not a case of imposition, that a quarto book was written to prove her veracity. Goggles were placed upon her eyes, but it was easy for her to see in spite of them, by holding her head in different directions, so that the light might pass under the edges. The only satisfactory proof would have been to have put her head in a bandbox, and bring it down so closely around the neck, that it would have been impossible for her to see the light from any part. There is great difficulty in so placing any thing over the eyes as totally to exclude the light; and she actually was obliged to hold her head in different directions when the goggles were placed upon her eyes, before she could see any object; but certainly there would have been no occasion for this, had she seen with her fingers. The whole thing indeed was very gross, for, amongst other wonders, she declared that by touching convex lenses placed between her and objects, the objects appeared larger, and by touching concave lenses they appeared smaller; the absurdity of which is manifest, for you know that the *focus* of a lens is at a distance from the glass itself, and it should have been, therefore, by holding her fingers not in contact with the glasses, but in the focus of

the glasses, that the objects should have appeared enlarged or diminished. The impossibility of this statement ought alone to have been considered proof of deception. No experiment was made to ascertain whether the point of the lens she touched was in a line with the object, and whether an opaque substance interposed in this line prevented her power. An acute investigation, therefore, with the view of detecting any incompatibility or impossibility, or any deviation from the usual character of a disease, is a third mode of ascertaining the existence of a deception. Short and long sightedness are sometimes pretended, and may be detected by substituting one glass for another, without letting the party know of it, and then observing the effect; for if the complaint is feigned, the effect of the glass calculated to remedy the real defect will be to produce that difficulty of which they complain; and if you substitute a plain glass, while they think it is a lens, they may declare at once that they can see clearly.

Amaurosis is sometimes pretended, and may sometimes be with difficulty detected, because the structure of the eye in amaurosis is frequently entire, and the iris in amaurosis sometimes contracts. If the pupil were always insensible or sluggish, you might detect the imposition; at least, by cutting off the patient from access to belladonna and some other narcotics, which, you well know, smeared around the orbit, dilate the pupil, and render the iris motionless for a time. But blisters and caustic, and similar means, are often proper remedies in amaurosis, and they are, therefore, suitable when it is feigned. They are very proper in pretended amaurosis, and far more likely to cure it than the real disease. Electric shocks are highly proper in many cases of palsy, rheumatism, and convulsions; and Dr. Cheyne has known these cure many feigned instances of these diseases. My patient was rapidly getting well under electric shocks, and may probably soon be cured by them in the hospital where he is at present. A writer on forensic medicine, Mahon, mentions a case of a young man who feigned amaurosis so well, that on being led towards the edge of a river, he walked on and tumbled in. After obtaining a promise of his discharge, he confessed the deception, and took up a book and read. Palpitation is sometimes feigned. Dr. Hennen mentions the case of a soldier who feigned great palpitation, but when compelled to throw his head back, so that he could not lessen the cavity of his chest, the palpitation diminished very much. It appears that he did so by lessening the chest, so that the front of it was brought close to the heart, and this organ was felt beating against the



parietes; but when he was so placed that he could not contract his chest, the palpitation was found to be exceedingly slight. Mr. Hutchison says that white hellebore is often used by sailors to excite palpitation.

As to feigned jaundice, that is easily discovered, because the sclerotica cannot be coloured; and the colouring of the skin may be washed off. The impostors, too, generally forget to whiten the fæces, and to give urine the appearance of porter, at least at the same time to make it yellow, so that this hue may become apparent on holding the vessel on one side. It is said also, that general debility and exhaustion have been imitated by bringing the face in contact with the fumes of sulphur; but here detection is easy. Hæmorrhage from the stomach, lungs, rectum, urethra, and vagina, is frequently feigned. Blood is sometimes obtained in these cases by sucking the gums; or pricking and sucking the fingers. I had a case last year in the hospital in which the patient pretended to spit blood from her lungs, which I found she sucked from her gums. When the blood is so copious that they must employ the blood of some brute,—generally bullock's blood, confinement and the prevention of access to this, will soon cure the complaint. Hæmorrhage from the rectum is also imitated by injecting clysters of blood, but the same means will detect this description of fraud. The imitation of bloody urine it is said may be effected by eating the prickly pear, and some red roots which have the property of dyeing the urine red; but if you come to examine the urine, you will discover no coagulum, no flocculi, no red lumps, and when evaporated there is no such sediment as dried blood. I recollect a woman showing a number of small substances which she declared she passed in great agony with her urine; they were found to contain carbonate of lime, which very rarely constitutes urinary calculi, but abounds in the bones. They were shown to Dr. Wollaston, who, on looking at them through a lens, discovered a hole in the centre of each, and clearly made out that they were the vertebræ of sprats.

But I believe that among the diseases most frequently pretended in civil life, are the various convulsive and spasmodic affections. Epilepsy is the most frequently chosen. The foaming at the mouth is sometimes produced by soap; and some go so far in these enlightened times as to effect the dilatation of the pupil by the extract of belladonna. Generally, we are told, you may discover cases of assumed epilepsy, by observing that the pupil is not dilated, and by producing violent pain, so that they are obliged to show signs of sensibility. Many cases of feigned epilepsy may be detected by

bringing before the persons red-hot irons, and if this fails, by commencing their application. But where that is not thought right, you may generally produce a sufficient effect by passing the thumb nail under one of the nails of the patient, who, if feigning, will probably cry out, or withdraw his hand, from the violent agony which this occasions. Dropping a little spirit into the eye has the same effect. The employment of soap may be detected by the smell. You will always observe, that persons who are feigning epilepsy, are not addicted to falling into the fire, nor into water, nor against the corners of buildings, nor in any situation by which they will be hurt; but usually tumble in some safe spot, where they can receive no harm. An impostor has been discovered by placing him in the fit on a high table near the edge. But other convulsions will be imitated also, and it may be difficult to discover the real nature of the case, because there is no end to the variety of convulsive diseases. There are many so singular, that you would be unable to decide at once, and to say, "Here is a thing which I never saw or read of, and which is a deception." It may never have been heard of by us, and yet the inference that it never occurs may be false. On that account I hesitated to express a decided opinion relative to this man, and say the case was a deception. Deceptions of this kind were more common formerly than they are now; for, formerly, persons could, with little fear of detection, say that they were filled with the Holy Ghost, or possessed by the devil or bewitched and that such and such individuals were the cause of it: the former in order to prove themselves holy, the latter wishing to occasion mischief to some of their neighbours. In former days, medical men listened like the rest of the public to these tales. Sennert says, that the devil will cause insanity, and make the person speak a strange language; and that the reason why atrabilious persons are liable to melancholy is, simply that the devil is fond of wallowing in black bile, and therefore enters them for a treat, and, that if the physician purges it away and cures the complaint, the cure is effected, not by the removal of a bodily disease, but by the purging away of that into which the devil had gone for his delight—the *balneum diaboli*, as it was termed, so that the devil leaves the patient, who thus is melancholy no longer.

Some physicians, says old Avicenna, have seen what the devil can do. Cornelius Gemma, a physician of the sixteenth century, writes, that a cooper's daughter, named Catherine Geralda, had such strange passions and convulsions, that three men sometimes could not hold her. She discharged a live eel a foot and a half long,

which he saw and touched (but unluckily he did not see it come forth), and the eel afterwards vanished. She vomited some twenty-four pounds weight of fulsome stuff of all colours twice a day for fourteen days, and afterwards balls of hair, pieces of wood, pigeons' dung, coals, stones *with inscriptions*, parchment, goose dung, pieces of glass, *et hoc*, says this writer, *cum horrore vidi*; he saw all these things, no doubt, but not *in transitu*. The doctors attributed all to the devil, and gave her over to the clergy. Marcellus Donatus relates a similar case, and supposes it happened, *certe non alio quam demonis astutia et dolo*. Physicians, however, have generally been amongst the most enlightened of mankind, and Voltaire says he should advise the devil always to address himself to parsons and never to doctors, if he hopes to flourish. "*Je conseille au diable de s'adresser toujours, aux facultés de théologie, et jamais aux facultés de la médecine.*"

In Plenk's Elements of Forensic Medicine, published only in 1781, you will find demoniacal possessions arranged in systematic order, like other diseases, so that there is the *demonia vera*, *demonia simulata*, *demonia dissimulata*, *demonia imputata*, and *demonia imaginaria*. The *demonia vera* is particularly distinguished by the dislike of the patient to holy water, upon the approach of which, even unseen by him, he is sure to become outrageous. Though enumerated by Plenk, he, however, plainly believes nothing about it, and cunningly refers us for the dissipation of our doubts to the clergy,—*an demon potestatem habeat a theologis queri debet, &c.*

You must consider me as having made a few cursory observations only upon this subject, as it is too extensive for a single lecture; I must refer you to the works which I have already mentioned, and those upon forensic medicine; in them you will find cases without end. There was once a girl in Strasburgh who grew as large in the body as Sterne's stranger who entered Strasburgh had done in the nose, and a suspicion arose of her being pregnant. The time arrived at which she should be brought to bed, but it passed away, and she remained as large as before. In fact, she continued to increase for thirty-nine years, and was regarded as such an object of compassion, that all the charitably-disposed ladies in the neighbourhood were moved towards her, and their sympathy so strongly excited, that she was well supported all her life without work. She resolutely persisted in allowing no medical man to go near her. After thirty-nine years she died, and the disease was found not in her body, which was of the proper size, but in her wardrobe, where a large cushion, 19 lbs. in weight,

was discovered, which had given her a goodly bulk, and made her waddle in her walk, as though she had a heavy tumour of the abdomen.

A trooper of the 12th pretended that he had lost the use of his right arm, and after resisting severe hospital discipline for a great length of time, succeeded in procuring his discharge; and when fairly seated on the top of the coach, waved his *paralytic* arm in triumph, and cheered at his success. A militia soldier pretended that he had lost the use of his lower extremities, and was discharged. He afterwards caused himself on a field day to be taken in a cart in front of the regiment, which was drawn up in a line, had the cart driven under a tree, upon which he hung his crutches, leaped out of the cart, sprang three times from the ground, slapped his breech, and scampered off at full speed.

Now, though we may sometimes be thus imposed upon, there is a caution which I am very anxious to impress upon you. It is possible that the disease may be real which you suppose to be pretended; and if you were to pronounce an opinion that it was a mere deception, certainly the consequences must be very painful to your feelings. I confess that I would rather myself be deceived a thousand times than say once in my life that a person was an impostor who should not turn out so. It was on this account that, although I have such a strong suspicion of the man to whose case I have alluded, I would not say he is an impostor, and did not adopt any measures which would not be calculated to remove the complaint if such a complaint existed. I certainly should not like to be deceived, but you must remember, that if you make one mistake you do a serious injury to a fellow creature. It may, perhaps, hurt our pride to be deceived and overmatched; but though our pride may not be hurt, although you are not overmatched by another, when you pronounce a man to be an impostor who is not, you must have in this case to reflect that you had been deceived by yourself. It is better to be deceived by a thousand persons and injure no one, than to injure one individual. Your pride may not suffer in the latter instance, but the error of judgment is just as great as if you had permitted another person to deceive you. In 1804 or 1805, a soldier complained of great uneasiness in the loins, was treated as a malingerer, and sent to punishment drill, at which he was kept till the tumefaction of a lumbar abscess appeared upon his back, of which the poor fellow died. Fodéré confesses, that for fifteen years he refused his certificate to a young soldier who complained of excessive pains, sometimes in his head, at others in his chest, and at length died, when no disease was

discovered; so that Fodéré concludes his complaints had been real, and he had been exhausted by mere pain. "From that time," says this writer, "I have often preferred being indulgent to running the risk of being unjust again in a single instance." Had this happened to me, I should never have been perfectly happy again.

With respect to all these deceptions, the best course is to have the patient watched. If it be an affection which is only continued by the application of artificial means, from time to time, then it is proper to direct the patient to be confined from access to them. But suppose it is a case in which no stimulants, nor particular substance, is required to keep it up, then your course is to resort to stratagems of the various kinds which I mentioned, such as threatening the man with punishment in his hearing if he pretend to be deaf, or by writing it down if he pretended to be blind, and by noticing the effect on his pulse. In all cases it is important to examine whether there is any inconsistency or impossibility in the description, or deficiency in the detail of symptoms. I would never have recourse to violent measures, or any severity, until the suspicion was sufficiently strong to justify them. The measures we employ to cure many diseases are violent enough of themselves, and sufficiently painful, and may with propriety be employed to cure the disease and be quite as effective if the disease is altogether feigned. Again when every thing else fails to disclose the deception, and you still have every reason to believe that it is a trick, then it is best to take the patient on one side, as Dr. Cheyne suggests, put him upon his honour, and promise him forgiveness if he will acknowledge the cheat. When you reflect that in a great number of instances individuals really have a powerful motive for the deception, that is to say, to avoid some very hard service, or duty, or punishment, or to get support when they are starving, and that the disease may really exist in some degree, and be only exaggerated, there is still more reason to be cautious. It is true that there are idle, worthless, dissolute persons, devoid of principle, all who feign diseases; and I would advise you always to keep a sharp look-out, and to be active in your investigations. But when you remember also that there is a possibility of your being deceived, or, that if you are not deceived, but perfectly right, the individual from his hard and trying circumstances is, perhaps, to be pitied, I must repeat that I would rather be deceived a thousand times, than run the risk of pronouncing one really diseased person to be healthy.

It is to be remembered likewise, that although patients often deceive us, practitioners are sometimes as great deceivers as

patients. If there are deceiving patients there are deceiving doctors, and, to say nothing of those regular practitioners who disgrace the great body of us by their quackish habits, let us remember, that notwithstanding the laws and privileges of the Royal College of Physicians, of the Royal College of Surgeons, and of the Worshipful Company of Apothecaries, quacks exist in shoals, and can flourish in this metropolis under the walls of these three authorised corporations, and set them all at defiance; for, to suppose that any one of the three would not instantly suppress every quack and impostor, had it the power to do so, would be to accuse it of the neglect of a solemn duty. Nay, still more than this, a quack may not only gain 12,000*l.* per annum by his tricks, in spite of all these bodies, but is allowed to kill the patients who fall into his hands, at the rate of 250*l.* a head.

## WESTMINSTER MEDICAL SOCIETY.

*Saturday, November 20, 1830.*

Mr. BACOT in the Chair.

### INTESTINAL HÆMORRHAGE.

Dr. SOMERVILLE, before the regular business of the evening commenced, related the case of a young woman aged 26, the circumstances connected with whose illness seemed to him of rather peculiar interest; she had menstruated irregularly for some time, and occasionally the secretion was very abundant, but on the whole this condition did not seem to influence her disease. Since the age of 19 she had been subject to discharges of blood from the rectum, which usually happened after the expulsion of the *feces*, when she would suddenly experience a sensation as if something burst within her, which might be referred to the course of the colon. When this had lasted a little time she began to feel extremely faint, passed a trickling stream of blood, and fainted away. In this manner the disease went on till she was 26; various remedies were ineffectually employed, and she gradually sunk. On the whole there had been so little general constitutional disturbance during the progress of the case, that he could not attribute it to any malignant cause, neither was there any evidence of any tumour existing in the abdomen. On dissection, nothing more was found than an aggregation of vessels in different parts of the rectum, occurring in small patches, converging towards a common centre. The members of this family seemed altogether affected with an hæmorrhagic tendency; a brother had died of the same complaint, a

sister had, in early life, been subject to violent epistaxis, and another was near losing her life in consequence of the removal of a tooth.

Dr. GREGORY inquired if the patient had used mercury. Dr. Somerville: Over and over again; if Dr. Gregory knew the practitioner who at one time treated her, he would have a certain guarantee that she had been sufficiently mercurialised. Mr. Bacot, with reference to the detection of abdominal tumours, said, that the best way to detect them was by placing the patient on his hands and knees, when the abdomen becomes pendulous, in which manner tumours will often be detected which would otherwise escape observation.

Dr. GREGORY stated, that he was unwilling to delay the treat Dr. Granville would afford the Society, but was induced to put the question in consequence of all that had been lately said about the influence of mercury in abdominal hæmorrhage. One or two cases had recently occurred to him, in which he had used calomel and jalap very freely, and was rather divided in opinion as to which of these medicines was entitled to confidence; he was inclined to consider the mercury as the active agent, but he had recently seen a case, with Dr. Duffin, in which the effect of the mercury was to produce bleeding of the gums to such an excess that the patient's life was very seriously endangered.

Mr. COSTELLO said, that cases had been lately published, by Spinaldi, in Italy, in which the *secale cornutum* was administered in free doses, from six to ten grains, at short intervals, with extraordinary good effect.

POLITICAL CONDITION OF MIDWIFERY IN THE METROPOLIS.—PROCEEDINGS OF THE OBSTETRIC SOCIETY.

Dr. GRANVILLE: I regret, sir, that my friend Dr. Gregory should have made use of expressions calculated to lead the Society to expect more than it is my intention to offer; indeed, instead of a treat, I fear that as far as I am concerned, it will only lead to their disappointment. The question I have selected to lay before you this evening is one, respecting which I will say that I regret deeply there should be any necessity to bring it forward; that there should be a total want of legislative protection, not only to the practitioners of the obstetric art, but what is of much greater importance, to the public at large, whose lives, more precious than property, and consequently more entitled to legal defence, are in this particular most seriously and fatally affected. The state of medical police in the English metropolis is such as it is painful to consider,

so inferior is it in every respect to what I have a right to expect in a nation so abounding in scientific institutions, where medical learning, at all times, has flourished to so great an extent; yet here, in a department of the medical profession, the practice of which involves, at the same time, the existence of two individuals, that practice is left without any control whatsoever, and there are no means of ascertaining the qualifications of the persons who take it in charge. It is true, there may be some of my auditors ready to say, that midwifery is not singular in this defect, that recent examples, yet tingling in our ears, show that much is still wanting in other departments of medicine. With these topics, though I entirely agree, I will not at present meddle; my object this evening is to prove, that an important branch of our art is left in a condition inadequate in every respect, and that it is the duty of medical men to come forward and lend their aid towards remedying this defect. Five years have elapsed since, in this room and on this spot, I called the attention of the Westminster Medical Society to this very point. I then brought forward conclusive evidence of what I stated, and we came to the conclusion, that the state of medical police was low indeed. It was then stated and agreed to, that it would be desirable that a union should be formed of all those who felt unanimously on the subject; that such a union was likely to effect much good was admitted, and the Obstetric Society was accordingly instituted. Such was the state of midwifery five years ago, when the Society commenced to exist. My object is now to point out its present condition, to show how far, if at all, it is improved, and if improved, how far the amelioration is attributable to the efforts of the Obstetric Society.

The important bearings of this subject may be fairly deduced from three points:—In the first place, as I have already stated, the practice of midwifery involves in every instance the life of the mother and her offspring. In the second place, the condition of midwifery affects the future health of both individuals; and, thirdly, the question also is one on which the character of a highly respectable body of practitioners depends. To prove the two first positions, I need scarcely have recourse to the numerous actual examples of criminal malpractices arising from rashness and total want of education, for I do not intend the most remote imputation on the regular practitioners of the art. I am quite ready to admit, that in this country there have been, and are many, of the best practitioners in this department, and also that the opportunities of obtaining obstetric information are fully sufficient;

but to see that unfortunate events do occur in this department, resulting from the causes I have just alluded to, we have only to look to the public journals for the trials which are perpetually taking place before the tribunals of the country. On a former occasion, I detailed many cases of this kind, and further, I may remind my medical hearers of the facts which they sometimes learn in the secrecy of consultation with each other. I never, however, attempted to break the proper seal of confidential practice; God forbid, unhappily it was unnecessary to do so; for a sufficient number of cases are on public record to authorize the conclusion, that the life of the mother and child is too frequently, in many cases, rashly entrusted to the management of totally uneducated persons. We all know the case of a practitioner, whose name I need not mention, who tore from the patient's body the very parts which had just yielded the offspring; it happened in this very town, and the facts have been commented on by the ablest men. In Carlisle jail there is another person at this moment completing his term of six months' incarceration for obstetric malpractice, though certainly his case has not been sufficiently investigated, for fever supervened after delivery, an occurrence which might take place with the best accoucheur in existence, and in this respect his sentence affords a remarkable contrast to that on Mr. St. John Long for his first conviction. However, sir, these cases, and I might relate fifty more, are quite sufficient to prove, that in order to prevent these mischievous and fatal blunders, some legislative enactment should be provided. Again, sir, though it may providentially happen, that the female escape the dangers of the hour of travail, that she may not fall an instant victim to the recklessness and ignorance of her attendant, yet it does not follow that she shall remain free from ulterior injury. We, who are many years conversant with dispensary practice, know too well, that in regard to female practitioners in particular, than whom there does not exist a more ignorant, illiterate, ill-conducted class of people (*Hear*); with respect to these, we well know, that though their unhappy patients escape the fatal effects of their ill treatment, yet they do not escape the mutilations, the ruptures, the inevitable, irremediable lacerations; they do not avoid the injuries and deformities which so often render them for ever after unfit for the purposes of society. I need not further point out the cases recorded in different public journals of lacerated perineæ, of ulceration taking place in the urethra, in consequence of the head having been allowed to remain impacted for hours and days, till pressure on the arch of the pubis contused the parts,

and incurable ulceration ensued. I leave this, and come to consider, in the third place, how far our own respectability is concerned in the protection which I claim for the general practitioners, and to which they are unquestionably entitled. What becomes of their respectability (I include myself amongst them), when the newspapers teem with trials and with sentences—when investigations concerning wilfully-procured abortion, illegitimacy and infanticide questions, are put, and receive such disreputable answers, what becomes, I repeat, of our respectability, when such things as these go forth to the public? For these three reasons, sir, I conclude that it becomes our duty to take part in the efforts of individuals endeavouring to originate or promote measures for the procural of the legal protection which I have shown to be required. (*Hear, hear.*) The present state of the law is the most singular that can be imagined,—such, that had the efforts of the Society been seconded somewhat more strenuously, they would ere long have called forth such remonstrances from the whole body of the profession, that an end should have been put to this extraordinary and anomalous condition. We have three corporate bodies, shall I say happily, the Society will answer *in petto* to the question; we have the Royal Colleges of Physicians and Surgeons, and the worshipful Company of Apothecaries. These bodies are placed at the head of the medical police of London by virtue of their office; but what general law is there besides, to prevent the spreading of the most pernicious and fatal empiricism, to prevent a fruit-woman or a washer-woman from practising midwifery or any other branch of the medical profession? There is none, sir, such is the state of the law. Shall nothing be done to remedy the disgraceful defect? Let us look for a moment to the corporate bodies, and see what have they done, whether to prevent or promote this dangerous evil. I will begin with the College of Physicians, of whom, if possible, I wish to speak in terms of respect, but the way in which they remedy this defect, is by excluding from their list every obstetric practitioner. Their fellows must abjure it: their licentiates, whose skill in other respects has been proved by examination, are also subject to the same law. Next I turn to the College of Surgeons, and see what have they done to help us out of the difficulty: why they exclude the regular surgeon who dares to practise midwifery from being a member of their council or of the Court of Examiners, unless he previously abjures this filthy part of his profession. In the third place, I come to the worshipful, aye, I may truly say the worshipful Company of Apothecaries: they do not exclude, they do

not offer a bounty to their members not to practise midwifery; on the contrary, all that lay in their power to promote its adequate cultivation they have done, but, unfortunately, by the nature of the act which they have obtained, they have not acquired the power to examine candidates in this branch of medicine, so that even here the public has no security, as the qualification of the candidates cannot be ascertained. This, sir, is the state of the law and of the corporate bodies, a state which I have called anomalous, and which would seem incredible, if it were not too manifest to be denied. In other countries the case is very different, there is no distinction between the physician and surgeon who practise midwifery, and no man or woman is suffered to practise without having certificates of a certain quantity of education, and having passed a sufficient examination, and there are salutary penal laws by which this regulation is enforced. In France, in Italy, in many parts of Germany, there is no town or village in which there is not a practitioner, more frequently a female, who has not received at least a local education from a competent person, and a certificate of having passed an examination, and received permission to practise from a competent authority.

Having proved, I trust, that the political condition of midwifery in this metropolis was in a state at the commencement of the efforts of the Obstetric Society which called for prompt interference, I shall now state succinctly the progress of this Society which was formed in this room, and which, notwithstanding what has been jocularly written on the subject in one or two publications, will, I confidently believe, form a eulogistic feature in the medical history of this metropolis. This Society was not a new attempt; and when I mention that a similar effort was made in 1780 by men with whose names and works my hearers are or ought to be familiar, namely, Denman, Clarke, Sir W. Knighton, Dr. Ramsbotham, and others, it would be perceived that the present Society did not meet without a precedent at least. In 1825, circulars were forwarded to such practitioners as were known to practise midwifery in London, stating the intended formation of such a society. A numerous meeting accordingly took place, to which I submitted the proposed operations; this draught I have now before me, and from it it will appear, that one of the principal objects of the Society was to obtain a legal enactment on the subject of the unprotected condition of midwifery. As, in this country, it is perfectly impossible to obtain redress of any grievance without courting the good will of the heads of the profession, it was proposed and

carried that the three corporate bodies should be apprised of our intention, and requested to willingly, wilfully, and manfully assist in the promotion of the proposed object. Well, sir, letters passed and letters came, but no end would have been seen to the correspondence, had not an application been made to the minister for the home department, who willingly entered into the views of the Society, and through him we received letters from the several corporations, more meekly and courteously worded than it is possible they would have been if addressed to the Society, which one of these bodies had dared to libel in the most illiberal manner—a libel which it may be supposed some of us, who had the “gift of the gab,” would not be slow to answer, but that we had an excellent moderator, who repressed any demonstration of the kind. It is needless, sir, to state the bickerings, the bad epistolary correspondence, and the lapse of time, I will at once come to the point and state, that after all the letter-writing, the members of the Society found midwifery scouted by two of the corporate bodies, and admitted by the third, without the power of rendering that recognition of any utility, so that at the last meeting matters stood thus:—The College of Physicians admitted the necessity of a legal enactment, and proposed to receive an assessor to examine candidates on what they pleased to term the *manual* branch of the obstetric art. We have obtained from the College of Surgeons this much, that they require certificates of attendance on midwifery lectures, and from the Apothecaries’ Company, that they will examine if authorized by a rider to their act, and they have most handsomely added, which was as much as they were entitled to do, that they will henceforth require certificates of attendance on lectures, &c. &c. Lastly, the society has obtained from the secretary of the home department a declaration to the effect, that the want of a legislative enactment was utterly anomalous, that it was unknown to him before, and that, if the three corporate bodies would co-operate, he would endeavour to obviate the defect, one which struck him as amounting almost to an incredible absurdity.

This, sir, is the upshot and pith of all the Obstetric Society has been able to do in five years; you will say, perhaps, it is but little, but, in truth, it is comparatively a great deal. We at once grappled with the offer of the College of Physicians, and we took care to throw on them the whole of the serious responsibility of the matter, since they had at all taken it up. The minister was now tired of the affair, and appeared inclined to wash his hands of it all together, and with time the ministry was changed,

and we have not yet received even the semblance of a likelihood of the boon the College of Physicians promised to confer. With respect to the College of Surgeons, it appears perfectly unwilling to part with its old habits, but it has certainly done a little in requiring certificates of lectures. We have thanked the Apothecaries' Company for the zeal they have displayed, at the same time that we agree entirely with the expression they have conveyed to us of their feeling the absurdity of requiring a certificate on a branch on which they dare not ask a question. In conclusion I will only observe that the state of midwifery in the metropolis was pitiable before 1825, I believe it is piteous now; the part which the Obstetric Society took to do away with even the second adjective is manifest, though unfortunately it has not been successful. The Society still does not consider its labours at an end, though the pressing pursuits of several members, and the absence of Dr. Clarke, have interfered with its frequent meetings. I now bring the subject before the Society and the public; in doing so I know I may be exposed to the obloquy, out of doors, of some of my own branch of the profession. This day it has been stated in a periodical that I have been the author of "low trash" in vindicating my claims on a certain subject against those of a man who had actually done nothing upon it; but for these animadversions, sir, I care nothing, for I am conscious of the rectitude of my own assertions and intentions (*Hear, hear*). I address here persons perfectly prepared to understand the question, and I shall be happy to take the sense of this meeting upon the facts I have stated. I beg leave, sir, to propose the following resolutions:—

First,—That it is the opinion of the Westminster Medical Society, that the present state of the practice of midwifery, unprotected as it is by any legal enactment, calls for the interference of government.

Secondly,—That the endeavours of the Obstetric Society, with the view to rectify this defective state, is deserving of the approbation and support of the profession in general, and this society in particular.

(Dr. Granville sat down amidst general applause.)

Mr. BACOT bore testimony to the correctness of Dr. Granville's report of the liberal conduct of the Apothecaries' Company.

Dr. GREGORY wished to know if Dr. Granville could inform him of the proportion of malpraxis in medicine and surgery to that in midwifery; he also wished to know whether every practitioner on the continent was not liable to action for malpractice as well as the accoucheur.

Dr. GRANVILLE alluded to the insidious

character of the first inquiry, a similar one having occurred in one of the letters from the College of Surgeons. In reply he could say, that it was not for him to bring forward data on more than one subject; far be it from him to libel so pure a body as the College of Surgeons or Physicians; he spoke of the state of the continent from his personal knowledge of France, the north of Italy, Germany, Saxony, and Prussia. In Russia, too, the most exemplary punishment was inflicted on empirics of every kind, a salutary despotism which formed a happy contrast with the expenses, delays, and vexations, attendant on the prosecution and conviction of manslaughtering quacks in this country.

Dr. STEWART seconded Dr. Granville's motion.

Dr. BARRY said he would oppose the motion, on the grounds that we had already quite enough of partial monopolies and partial usurpations in the medical profession, of a science which should constitute an undivided whole. Suppose a certain class of able and scientific men, oculists for example, would come forward and contend that the structure of the eye was extremely delicate, that its physiology involved an extensive and deep knowledge of abstruse mathematical points and calculations, and that they should like to have a legal provision in their favour. Again, suppose a particular set of physicians wished to arrogate to themselves the peculiar faculty of discriminating pectoral disease by the stethoscope, and that they should implore the legislature to prevent those from interfering with such disease who were not conversant with the instrument, what would a minister say to such entreaties? He would rather wish to improve and unite the whole science, as in Paris, where there was a general *reunion* of every thing great and luminous in the profession; where separate examinations were held on every subject, and no student quitted one branch till he was master of its details. The division of labour might be urged in support of the motion; it is said that sixteen persons are required to make a pin, that might be, but he was not to be told that the eye, the uterus, or the ovaries, can be separated from the general physiology of animals. For these reasons he did not wonder at the College of Physicians throwing cold water on the proposition. The females of every other tribe of mammalia were able to get rid of their young themselves; such he believed was the case in the savage condition of man. There are difficult occasions to be sure, but the necessary knowledge for the treatment of these occasions was only to be obtained at a perfect school.

Dr. GRANVILLE regretted to trouble the

Society so often, but his reply to Dr. Barry should be very short; in fact, it was only necessary to state that the Obstetric Society had all along most emphatically disclaimed any intention of erecting themselves into a separate institution, they were ready to dissolve the moment the necessary protection was afforded. He agreed with Dr. Barry's wish for the general reunion of the several departments of medicine.

Dr. Granville's motion was supported by Dr. A. Thomson, who suggested the propriety of petitioning the new ministry on the subject. The College of Physicians, he believed, did not wish to run the risk of an investigation of their charter on the occasion. The motion was opposed by Dr. Gregory, as unprecedented in the Society. Dr. Granville replied that a similar proceeding was adopted with respect to the Anatomy bill.

Dr. Barry moved as an amendment, that the words, "as well as the profession at large," should be inserted after the "state of midwifery," in the first resolution.

The amendment having been negatived without opposition, Dr. Granville's resolutions were adopted, and the meeting separated. It was announced that Dr. Stewart would read a paper on cholera morbus at the next meeting.

*Monday, November 15th.*

A paper was read by Mr. J. B. Sedgwick, on the character of the celebrated good duke Humphrey, the son of Henry IV., and protector of England during the minority of his nephew Henry VI. A cast of the prince's skull, taken from the original in his tomb at St. Alban's, was laid upon the table; the author gave a brief outline of the life of the Protector, introducing the most prominent features of his character, and comparing them with his cerebral organisation. The whole head, corresponding with his mental energy, was much above the average size. The intellectual organs were exceedingly well developed. The organs of amateness, love of approbation, self-esteem, combativeness, destructiveness, secretiveness, and firmness, were all extremely large, particularly the three latter, which were developed to a degree which is, perhaps, seldom observed. The greatest proportionate size was at the posterior-superior, the posterior-lateral, and posterior parts.

John Harrison Black, L.L.D., was elected a corresponding member of the Society.

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DR. BLICKE ON PUERPERAL FEVER AND  
PERITONEAL INFLAMMATION.

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*To the Editor of THE LANCET.*

SIR,—My attention having been especially drawn to your report of the Medical Society discussion on Nov. 1st, I went thither last night with a view of pointing out to your reporter the error he had fallen into. He has made me say, "that the fetid discharge from the uterus in puerperal fever had never been noticed by authors;" whereas, on the contrary, one of the arguments I used in support of the hypothesis I maintain, was, that all the ancient authors agree in its being one of the symptoms present. He fell into this error, by Dr. Ryan's combating my opinion, that no author had considered it the cause of puerperal fever, and mentioning Dr. Denman as having done so, which, if correct, I certainly was not aware of. I have not been able to refer to Dr. Denman; but be this as it may, it does not militate against my view either way, but in the one would tend to confirm it. As your reporter has avowedly not understood the theory I professed, I shall esteem it as a favour if you will give this letter a place in your Journal. I can with sincerity say, that after more than ten years reflection and practising with this view, I am more than ever convinced of its truth; and the researches of our continental neighbours are

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LONDON PHRENOLOGICAL SOCIETY.

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*Monday, November 1st.*

THE Society resumed their meetings for the season this evening, EDWARD WRIGHT, M.D., President, in the Chair.

Dr. WRIGHT delivered an address, in which he reviewed the present state of phrenology in this country, and the valuable support which it now received from the exertions of Dr. Vimont, who, he informed the meeting, intended shortly to commence a course of lectures on the science.

Mr. HENRY DREW read a short account of the crimes of Dobie and Thomson, the Gilmerton carters (lately executed at Edinburgh, for murder and rape committed under the most aggravated circumstances), in illustration of casts of their heads, which he laid upon the table.

Dr. VIMONT communicated to the Society a proposal for the formation of a new phrenological bust, on a new and improved principle. Several skulls of animals from the East Indies were laid upon the table by C. R. Hyndman, Esq., who related several anecdotes of their various propensities, which fully confirmed the remarks previously made by the members on their organisation.



confirming it, though not ascribing the *post-mortem* facts they have elicited to the same cause; it must, however, be apparent to every one, that if my views be correct, the results will necessarily be what they describe.

I believe then, sir, that the cause of puerperal fever is this:—"That when the uterus, either from a diseased state prior to parturition, or that an unhealthy action is induced from a protracted or difficult labour, and fever is endemic (especially if of a typhoid character), the lining membrane of the uterus secretes a very acrid foetid fluid (analogous to that which takes place in the unimpregnated female), so much so as to diffuse itself through the room, nay, I might say, the whole house, and that the train of symptoms which follows, and which we denominate puerperal fever, are produced by the absorption of that fluid into the open-mouthed uterine vessels, which the detachment of the placenta has occasioned. It is remarkable that Hippocrates, in speaking of the *lochia*, says, "*Quibus ex partu prodeunt alba, his vero suppressis, cum febre aurditas et dolor acutus ad latus, fit, mente moventur et perniciose habent;*" and Galen says, "*Quum igitur hic sanguis vacuatus non fuerit a mulieris puerperii, aut uterum ipsum in phlegmonem attollit magnam, aut, ad superiorem aliquam sedem vectus, parti expienti proprium affectum, periculumque, affert; ad quam autem pervenerit, mox apparentia symptomata indicabunt, quomodo et nunc, tum thorax, tum caput, vitiosum sanguinem, ab utero sursum delatum, exceperint;*" and as I believe no one will call in question the talent for observation exhibited throughout the writings of these men, it is a striking practical fact illustrative of the view I take, though the pathology is not the same.

I have drawn up a comparative statement

of the symptoms occurring in peritoneal fever or inflammation and puerperal fever, and I have examined it with various authors, and find that for the most part they concur with the table I present below. If we can once agree on this point, it is probable the treatment of this formidable disease might become uniform; it is impossible to peruse the authors who have latterly written on this subject, not to be struck with the discrepancy of treatment recommended; but looking narrowly for the cause, it is evident peritoneal fever or inflammation, and puerperal fever, are invariably blended together; I might mention Goose particularly.

I beg also to add my remarks about medical treatment referred to the active remedies, bleeding, mercury, &c. I think the exhibition of antimony, cold lotion to the head, fomentations to the abdomen and vagina, opiate glysters, &c., are of the utmost importance; and that if a parturient woman be watched every twelve hours, this disease will always be tractable with this treatment, while, on the other hand, by a delay of twelve or twenty-four hours, death will be inevitable.

I ought to apologize for occupying so large a space in your Journal, but the moral importance of this subject, as well as the professional, is so interwoven with the interest of society, and vanity urging me, as it usually does all men, that any particular theory of their own is of the utmost value, I hope I shall stand excused, even should I hereafter be found to be incorrect. The result of my practice bears me out, never having lost a parturient woman.

I am, Sir,

Your obedient servant,

W. F. BLICKS.

Walthamstow, Nov. 9. 1830.

### *Peritoneal Fever or Inflammation.*

*Period of its commencement.*—May commence at any period after parturition to the end of the fourth week, but usually begins on the second or third day, but whatever the period, the pulse has been frequent, small, and wiry, from the parturition.

*Preceded by vomiting or sickness, rigors or shivering.*

*Abdomen.*—Great general pain over the abdomen, with tension, the latter rapidly increasing.

*Pulse* frequent, usually firm, sharp, and wiry, in which state it continues.

### *Puerperal Fever.*

*Period of its commencement.*—May commence as late as the fifth day, but never later; usually in twelve, twenty-four, or thirty-six hours, rarely exceeding the latter time, but whatever the period be, the pulse will be found, if accurately watched, to have diminished in frequency and fullness after the parturition.

*Preceded by violent pain in the head, anxiety of countenance, great dejection of spirits, extreme languor, a loose, soft, flabby, muscular fibre, shivering, and occasional nausea.*

*Abdomen.*—Slight circumscribed tenderness of the abdomen, with a general fullness, the former most rapidly increasing.

*Pulse* rapid and full, but in a few hours, as its frequency increases, becomes weak and easily compressed.

*Tongue* clean, or white, and dry, with thirst.

*Skin* hot.

*Lochia* and *milk* are obstructed.

*Sleep*.—Is not refreshed by it, though it takes place, and always assigns as a reason she cannot turn in bed without pain.

*Countenance* alternates, but is usually flushed; eyes and lips natural, or, if otherwise, redder than usual.

*Respiration* difficult, with pain, and occasionally cough, with violent pain.

*Bowels* are either costive, or violently purged, with considerable flatulence, which is voided upwards and downwards with violent pain.

*Urine* scanty, but for the most part natural, and voided without pain, or very trifling.

*Breath* natural, but inclined to be sour.

*Extremities* cold.

*Tongue* clean, pale, sometimes white, but moist, without thirst, though drinks two or three mouths-full whenever it is offered.

*Skin* not hot, but inclined to be clammy.

*Lochia* and *milk* are suppressed with an extremely foetid, cadaverous discharge from the uterus, which, in a few hours, impregnated the whole room, even the house.

*Sleep*.—Has little or no sleep; either tosses about in bed, or lies listless, never asking about her child; or if she does sleep, awakes in a fright, and generally with a tendency to delirium.

*Countenance* pale and ghastly, eyes listless, cornea, canthi, and lips, white, in short a death-like appearance is presented, and is convinced of her approaching death.

*Respiration* said to be difficult by the patient, but takes a full inspiration without pain or coughing.

*Bowels* are always rather loose, with dark, foetid, cadaverous, frothy discharges, and it is remarkable that on each motion the patient expresses herself relieved, an admission never made at any other time in this formidable disease.

*Urine* dark-coloured, or diminished, or no ammoniacal smell, deposits a brown sediment, is voided often though scanty, and most generally with pain, occasionally not mentioning it, though it is known to be taking place from the evinced pain.

*Breath* faint and cadaverous.

*Extremities* natural heat, occasionally colder.

#### CASES OF

#### ARM-PRESENTATION AND EVOLUTION.

By G. COOPER, Esq., Surgeon, Brentford.

To the Editor of THE LANCET.

SIR,—In fourteen years obstetric practice, many cases of arm-presentation have of course occurred, in all of which I have been able to turn with three exceptions; and on one of those I need not dwell, it having been a twin-case. The presentation of the first child was natural; but from the moment the membranes broke with the second, and the arm came down, the pains were incessant, and in spite of every effort to turn, the ribs protruded, and the child was thus thrust into the world doubled-up as it were. I proceed, therefore, to give a short history of two cases of arm-presentation, in which I found it impossible manually to turn.

If you consider them of sufficient practical importance to merit a place in THE LANCET, they are much at your service, and I send them without comment.

I am, Sir, your very obedient Servant,

GEO. COOPER.

Nov. 24, 1830.

CASE 1.—Is that of Uram Howard, which occurred in November 1818. The patient was then forty-five years old, and was in labour with her fifteenth child. Introductory pains commenced on Saturday, and Mrs. Brown, a midwife, was in attendance. The pains continued to return at intervals until Tuesday evening, when, as the labour proceeded but slowly, and the patient's sensations were peculiar, the midwife requested that I might be sent for. The impression on the patient's mind was, that she should have twins. Upon examination I found that the membranes were not broken. On Wednesday the midwife again sent to me, and now I discovered the arm presenting, and so firmly wedged in, that the child could not be turned. I remained with Mrs. Howard until two o'clock on the morning of Thursday, when all attempts at turning were perfectly useless, the child being so firmly embraced by the uterus, that the hand could not be introduced in utero, without the utmost risk of lacerating the organ. The pains had been strong and frequent, they now began to diminish both in frequency and power; but still, even in the interval from pain, the uterus embraced the child so

as to prevent the introduction of the hand. Her countenance became anxious, she was restless, threw herself about with a degree of involuntary jactitation; her nervous system was irritable, and although she had had fourteen children previously, and had never evinced any apprehension, she now expressed the strongest fear that she should die.

Reflecting upon the case physiologically, I felt convinced, that if I could only produce a *relaxed state of the uterus*, no difficulty could exist in delivering this woman; and with the view of producing this relaxation, I took twelve ounces of blood from the arm, gave her tinct. opii gtt. i., and put her into a warm bath at 98 degrees, in which she remained three quarters of an hour.

All pain went off in the bath, and syncope was nearly induced, but she never quite fainted; she was put into bed again, and expressed herself as feeling very comfortably. The pulse, which before the employment of these means was quick and irritable, now became less frequent, soft, and round: she asked for gruel, and to be allowed to remain quiet.

Having been up that night and the preceding, I laid down, and requested the midwife to call me directly pain came on, or when either she or the patient required my assistance.

No pain, however, did come on; the uterus became *relaxed*, while the patient was dozing; *spontaneous evolution* took place; and at four o'clock, two hours after she had been bled, put into the warm bath, and given the opium, the *feet came down* instead of the *arm*; and with two or three continuous *slight* pains, the child followed without the least difficulty, even before I got into the room—a still-born male child at the full period. The mother did quite well, and is now living.

CASE 2.—On the 18th March, 1829, I was requested by a midwife in this town to see Mrs. Ann Lee, aged 24, who was in labour with her third child. She had been in labour six-and-thirty hours. How long the membranes had given way I could not ascertain, but I found *both arms* presenting, which were much swollen, and must have been firmly impacted many hours.

The woman's sufferings were unusually severe; her pains were very strong; and in the intervals, every attempt to turn was quite unavailing. The uterus seemed spasmodically contracted upon the child; for, not only on examination *per vaginam*, but upon feeling it through the abdominal parietes, it never appeared to relax in the least when the pains went off. Had I attempted to turn *per vim*, so rigidly con-

tracted was the uterus, that the consequences, I conceive; must have been fatal.

In this case as in the former, the practical object seemed to be, to alter the position of the child by *relaxing the state of the uterus*; and with that view, I pursued very nearly the same means as those I adopted in Mrs. Howard's case, and with equal success.

I put this patient also into a warm bath; directly she was in the water, I took twelve ounces of blood from the arm, and gave her 60 drops of laudanum. I waited a quarter of an hour, and no degree of faintness was induced; I therefore loosened the tape, and took twelve ounces more blood. She now complained of feeling rather faint, and I tied up the arm.

From the moment of going into the bath, the pain ceased. When she had been in about twenty minutes, immediately after the second bleeding, syncope was approaching; I therefore directed the attendants to take her out of the bath, and from motives of delicacy I just stepped into an adjoining room, during her removal to the bed; but I was directly called back, and with a faint voice she said, "Sir, the child is being born;" and true enough, the means employed had produced a *relaxation of the muscular structure of the uterus*. *Spontaneous evolution* had taken place, if that can be called spontaneous which was induced by art, the *arms had receded*, and the *head* had descended, and the child was born without the patient being conscious that she had pain. The child was a still-born male, at the full period. The mother did extremely well, and recovered without one bad symptom, and has lately been confined again.

#### LATE INQUEST AT HAMPTON.

#### To the Editor of THE LANCET.

SIR,—As some of my friends have imputed to me the alleged want of professional skill exhibited by the Hampton practitioner, I shall feel obliged by your informing them that my place of abode is *Isleworth*, and not *Hampton*. I should not have troubled you with this letter, had not various reports been circulated in different quarters, highly prejudicial to my professional character and reputation. Although I bear the same name, I am in no way connected, either by family or otherwise, with the gentleman whose obstetric conduct was the subject of inquiry at the late inquest at Hampton; and I must add, that I neither did nor do approve of his treatment of the case, or the bungling and lame defence of his friends and witnesses.

I remain, Sir,

Your obedient humble Servant,  
W. S. BOWEN, M. R. C. S.

Isleworth, Nov. 12, 1830.

# THE LANCET.

*London, Saturday, November 27, 1830.*

It were idle to discuss the defects in the existing medical corporations, unless with a view to their general improvement. If the construction of the Colleges of Physicians and Surgeons and the Company of Apothecaries be suited to the temper, the knowledge, and the wants, of the present advanced period of society,—let them stand as they are, undisturbed, unmolested. On the contrary, if these institutions be governed upon principles the most odious, narrow-minded, and illiberal,—calculated to create constant dissensions, distract the attention of professional men from their scientific pursuits, and to retard the progress of that knowledge which they were founded to promote, then it behoves every well-directed mind to exert the whole of its energies and faculties to effect their amelioration or destruction. In a “certain house” we hear it announced, that “restoration,” not “revolution,” is the order of the day; a sentiment promulgated curiously enough by men, whose measures for the last thirty years have had such a revolutionary tendency, that England, now almost from one end to the other, teems with incendiaries. We shall not, in this place, pronounce any opinion upon the rationality or the propriety of the term “restoration,” when it is applied to the political institutions of this country; but we hesitate not to say, that it is calculated to do little more than elicit a smile, if such an emendatory term be applied to the medical corporations founded by HENRY VIII. and JAMES I. Whenever those persons, who have a little more foresight than their neighbours, attempt any great work of improvement, the corrupt leaven of some of our “ancient” and venerable institutions is sure to rise into terrific appearances, to the sad affright of the feeble-minded of both sexes. “Revo-

lution” is ever the watch-word of corruptionists. But what great improvement was ever effected without more or less of revolution? The incorporation of the barbers with the surgeons was a sad revolution for the barbers; and doubtless the subsequent separation of the surgeons from the barbers was a fortunate revolution for the surgeons. The establishment of the College of Physicians by HENRY VIII. was a complete revolution in medical policy. The decision of the House of Lords in the case of ROSE and SEARLE, was another revolution; for, until that period, no person in London, if he were not a Fellow, or a Licentiate of the College of Physicians, could visit and prescribe, without being amenable to the consequences of a penal statute. The passing of the Apothecaries Act, so lately as 1815, was another revolutionary measure. For if we are to take the decisions of the judges, as the indisputable law of the land, that act has wrested from the members of the College of Surgeons nine-tenths of their rights; moreover, there was the less ground for passing that Act, because in the Charter of the College of Physicians and Surgeons there were powers sufficient, had they been put in force, to have protected the public from the practices of incompetent medical pretenders. What a farce is it, therefore, to refrain from measures of improvement, lest they should lead to “revolution!” We contend, then, fearlessly, that unless the present system of medical government be radically and entirely changed, the members must continue in a station far below that which they are entitled to hold by their talents and their usefulness, and that the public will never derive those great advantages from the cultivation of the science of medicine which it has a just right to expect. The first object of every wise government has always been to secure the health of the people, without which there is no strength; for, although “knowledge is power,” it would be

of a very harmless kind, in a national sense, if it had not for the ready instruments of the will, well-formed bone and vigorous muscle. In all ages, the professors of the healing art have been revered, alike by the learned and the vulgar; MACHAON and PODILERIUS were even deified. Nothing but apathy or ignorance could induce any government to neglect the interests of the professors of such a science as that of medicine, considering the incalculable advantages which they are capable of conferring upon the community. The manner in which medicine has been neglected in this country, speaks little for the wisdom of our ancestors. In truth it cannot be denied that, even of late years, parliament has, on every occasion, evinced a most culpable negligence in all matters concerning the welfare of the medical profession. Every medical subject has been discussed with impatience; with that sort of anxiety which denoted that even *thinking* on such a matter was not unaccompanied with mental suffering. Who can have forgotten the miserable exhibition in the House of Commons, when the late Anatomy Bill was brought forward? With the exception of Mr. HUME, Mr. WARBURTON, and two or three other members, it would appear that the honourable gentlemen had taken pains to signalize themselves by uttering the most contemptible common-place trash that ever was heard in a rational assembly. The bill itself was avowedly framed to *prevent* a repetition of the crimes that were committed at Edinburgh by BURK and his hellish associates. The circumstance that led to those crimes, was the readiness with which cash could be obtained for the murdered bodies. But in the *preventive* anatomy bill there was no mention of any penalty, not even of the smallest fine, or of the shortest imprisonment, to be inflicted upon persons who should be detected in carrying on the barbarous traffic in human flesh. Thus it has been with every medical question, in the House and out of

the House. The royal colleges having failed to discharge their duty to the public, they have been actively engaged in smothering inquiry, by rendering intricate and obscure all those subjects in which they have been interested, all those abuses by the existence of which they have acquired their ill-gotten wealth.

"Restoration," then, is not what will satisfy the members of the profession in the present day. There must be a revolution in medical government, or the change cannot, will not, satisfy, the just demands either of the profession or of the public. Is it likely that the charters which were framed three hundred years since, are suited to the intelligence and demands of the present day? Besides, in most of the old charters, the petitioners included all who were to be affected by it, or whose interests were to be advanced; but in the modern charters, the commonalties have been carefully excluded from participating in corporate privileges. Thus, in the charter which was granted to the College in Lincoln's Inn Fields by his Majesty GEORGE III., the petitioners and their successors were permitted to fill up all the vacancies in their own body, thus constituting the Council a self-perpetuating engine, in controlling the movements of which the commonalty were to have no share. The members, therefore, form no part of the body corporate. Strange members, indeed! It is a body without head, *heart*, or extremities. The influence of these corporations overminds not strengthened by fixed liberal principles, is exceedingly great, and few men so far resist the temptations to which they are subjected within the walls of iniquity, as to retain a character for independence and integrity, if they have the misfortune to accept office with so excellent a testimonial of worth. The impartial and honest mind is assailed by every species of bribery. The allurements of gold, and the fascinations of the sumptuous feast, are ever ready for its ensnarement. Mr. CARMICHAEL of

the Dublin College, after having lent, for too many years, the reputation of his name to the tyrannous misdeeds of his colleagues, has, at last, manfully and honourably resigned his seat, flung off the robes of office, and left a corporation of which he could not longer have continued an acting member, without utter ruin to his reputation. Until the recent manœuvres of his unworthy coadjutors, he was not, probably, aware of the pernicious practices of the College to which he belonged; but the late attempt to compel all candidates for the diploma to undergo the ordeal of an apprenticeship to those who, while they signed the indentures with one hand, were pocketing the fees with the other, so completely unmasked the flimsy pretensions to public spirit, of those who were enacting such base regulations, that Mr. CARMICHAEL became fully sensible of the degrading society in which he stood, and instantly resolved, by one honourable step, to quit it for ever. We have not yet seen the new Charter of the Irish College of Surgeons, but it cannot be worse than that which was framed for the government of the College in Lincoln's Inn Fields,—an institution which still exists, to the shame and disgrace of the profession. We are utterly at a loss to understand why there should be such variations in the Charters of the London, Dublin, and Scotch Colleges. We cannot perceive that any advantages result from the institution of such dissimilar laws for the government of societies of gentlemen, all occupied in the same pursuit,—the cultivation of the science of medicine. At any rate, if we are to have one comprehensive law for the government of the whole profession, the Charter of the London College of Surgeons must not be taken for the model. It originated with the chavers; it had, truly, a barbarous origin; but its enactments are not more contemptible, than are the feelings and the principles of the individuals by whom it is supported. In our next number we shall compress into as short a space as possible,

some account of the charters which have been granted from time to time for the government of this College. The reader will find it well worthy of his attention; for he must not forget that it is our object to show, First,—That medical enactments have never been founded upon a knowledge of the wants, the utility, or the respectability, of the profession; and, Secondly, That we should apply our best energies to establish a college, in which all branches of the profession may meet as one united brotherhood.

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JOHN LONG, THE SLAUGHTERER.

WE are under the necessity of announcing that this individual has not yet been taken into custody, though we have been given to understand, from undoubted authority, that he has been seen walking in Regent Street within these few days. In whose hands is the warrant placed, and how is it that the magistrates do not interfere? If an humble individual, unassociated with marquesses and lords, were under the charge of manslaughter for the second time, upon the verdict of a coroner's jury, he would not be allowed to walk the streets with impunity. The voice of justice is loud in its demand upon Captain LLOYD to show neither mercy nor favour to the slayer of his wife. LONG, we understand, has retained Messrs. ALLEY and PHILLIPS, the counsel who were opposed to him in the late prosecution. We are told that the fellow has written to Mr. WONTNER, the governor of Newgate, to know if he can be accommodated with the STATE APARTMENTS again! If it be possible, the impudence of the wretch is an overmatch for his ignorance.

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MR. CHARLES BELL, late professor of Physiology and Clinical Surgery in the London University, no longer fills any chair in that institution.

SUMMARY OF  
THE WOUNDED AT PARIS.

IN our notice <sup>last week</sup> of M<sup>me</sup>nière's History of the *Hôtel Dieu*, during and after the late revolution, we were compelled to omit the following summary of the wounded who were admitted at the Parisian Hospitals, but as it is a report of some interest we now give it. We have already noticed the particulars furnished from the above hospital, but repeat it here in order to make the list complete.

At the *Hôtel Dieu* there were admitted 390 wounded, of whom 122 died, 40 of them during the first three days after their admission; the wounds were in general very severe; more than a hundred fractures were observed, in thirty-four cases of which amputation was performed.

At the *Charité* 165 were admitted, of whom 50 died; of fifteen cases where amputation was performed, seven only terminated successfully.

At *St. Louis*, of 152, 39 died; six or seven secondary amputations were performed, but in one case only with success.

At the *Pitié*, of 108 wounded, not more than nine died; a result which is far more favourable than has been obtained anywhere else, except, we believe, at the *Gros Caillou*; it is, however, in some degree accounted for by the circumstances, that amongst the 108 wounded there were only six fractures, and that only two amputations were performed; besides this, a great many wounded were taken immediately from the field of battle to the *Hôtel Dieu*, where their wounds having been dressed, those who were able to be conveyed to more distant hospitals were immediately sent away, and of these about sixty were admitted at the *Pitié*.

At the *Hopital Beaujon* 89 were received, 31 of whom died; this mortality is in some degree explained by the very murderous fighting which took place in the immediate neighbourhood of this hospital during the retreat of the troops. Owing to this circumstance twelve of the wounded died immediately after their admission, and in the above eighty-nine cases thirteen amputations were performed.

The *Hopital Necker* took in 37 wounded, five of whom died immediately after their entrance, and eight in the course of the first twenty-four hours. Three amputations only were performed.

At the *Incurables Femmes de la Rue de Seures* 34 were admitted, four of whom died during the first forty-eight hours, one of whom was young Vannau of the Polytechnic School.

The *Cloître Sainte Marie* and the large hall of the court of commercial law (salle d'audience de l'ancien tribunal de commerce) received 127 wounded, but 75 were soon removed. Of the 52 remaining 14 have died, all of them before the 4th of August; one amputation only was performed.

The *Hospice d'Enghien* took in 10, all of whom recovered.

At the *Hopital Carlin* nine were admitted; and six others were distributed amongst the *Hospice du Larochefoucault*, *Enfans Malades*, etc.

The total number of wounded admitted at the civil hospitals at Paris amounts accordingly to 1200, of whom 304 died.

The information regarding the "*Ambulances*," which were immediately established in different quarters of the town, are of course rather incomplete; the following may, however, be considered as coming very near the truth.

At an "ambulance" near the *Rue des Pyramides*, 170 wounded were received, 130 of whom were subsequently sent to the hospitals; the wounds were comparatively slight, and no amputation was performed.

At the "*Passage de Saumon*" 90 were received, most of them only to have their wounds dressed; none of them died, though some wounds were rather of a dangerous kind.

The Exchange also became an asylum for the wounded, 75 of whom were admitted there; 48 were subsequently sent to the hospitals; of the 27 remaining, two with wounds of joints are in a hopeless state, the others are recovered.

In addition to these, about 400 wounded were temporarily admitted at the *Hôtel Dieu*, as we mentioned in our account last week, who, after their wounds had been dressed, were conveyed home, or even returned to the field of battle; and lastly, a great number of wounded were attended at home. So that adding their average number to that of the admissions at the civil hospitals and the ambulances, the whole number of the wounded would amount to about 2000.

The exact number admitted at the military hospitals is not known; but it seems that it did not exceed 500. The mortality at the military hospitals is reported to have been extremely small, which seems to be dependent on two causes; first, because the citizens were, especially at the commencement, badly armed, and inflicted but slight wounds; and secondly, because of the soldiers previously admitted at the civil hospitals, all those who were able to be conveyed were, from the 10th of August, sent to the military hospitals, the relative mortality of which must, by this circumstance, have accordingly been much lessened.

The number of killed on the field of battle amounts to about 890, of whom 125 were exposed at the Morgue, and the rest were buried; the total ascertained number of the killed amounts consequently to 700, and that of the "mis hors de combat," to about 3000.

From these data, it appears that the reports circulated immediately after the "three days," were much exaggerated; we fear, however, that when the above calculations are completed by the authorities, the three days will prove to have been much more disastrous than would appear from M. Ménière's statement; the number of the wounded who were treated at home is evidently too small; and in that of the killed, those whose bodies were thrown into the Seine, etc., do not seem to be included.

#### DRACUNCULUS OR GUINEA WORM.

In a former number of *THE LANCET* we gave a short account of a medical school at Abou-Zabel in the neighbourhood of Cairo, under the superintendence of a French physician, M. Clot, who has lately published a report on the institution, and the hospital attached to it. We hope soon to lay an extract of it before our readers, and shall meanwhile give some of the cases of dracunculus observed by M. Clot, and reported in the *Lancette Française*.

**CASE 1.** A negro of Darfur, *ætat.* 25, a soldier in the Egyptian army, was admitted on the 2nd of April, 1825, with a painful swelling of the scrotum, accompanied by fever; he was bled and an emollient poultice was placed round the scrotum; after about ten days an abscess had formed on the right side of the scrotum, which having been opened and a small quantity of purulent serum evacuated, a dracunculus showed itself at the wound, four inches of it were immediately extracted, and rolled over a piece of plaster; the extraction was repeated daily, so that on the 18th the whole worm, twenty-three inches in length, was extracted.

**CASE 2.** A negro boy was admitted on the 12th of May, 1825, with pyalism and a painful tumour at the apex of the tongue, the gums were swelled and bleeding. After a careful examination of the mouth a small fluctuating tumour was discovered near the frænum lingual, which was opened, and discharged, with a small quantity of purulent serum, part of a dracunculus, which was seized, and without any difficulty extracted, it was four inches in length. After a few days under the use of an emollient gargle, the patient was perfectly cured.

**CASE 3.**—A negro, twenty years of age, came to the hospital on the 8th of June,

1825, with a swelling and violent pain in the penis; it was at first taken for a syphilitic affection, but on closer examination a dracunculus was found encircling the penis; it very much resembled an inflamed vein, and caused much pain along the spermatic chord. Under the use of an emollient poultice, a vesicle formed at the parts behind the glans, opened on the 18th, and discharged about half an inch of a dracunculus which was fixed to some sticking-plaster, and slowly extracted; this caused, however, such violent pain, that the extraction was not completed before the 1st of July, although the whole length of the worm did not exceed five inches and a half.

**CASE 4.**—W., an Arab soldier, thirty years of age, was admitted on the 20th Oct. with inflammatory swelling of the left leg, which was very painful, &c. He was bled, and as M. Clot suspected, a dracunculus was perceived, though he was unable to trace it; the leg was covered with a poultice, and after ten days a vesicle formed at the outer angle was opened, and from it part of the dracunculus extracted and fixed to a piece of sticking-plaster; on the 5th of November it unfortunately broke; the purulent discharge however continued, and another abscess soon formed about four inches above the first, from which another portion of the worm was extracted. On the 23d the extraction seemed to be complete, the inflammation in the leg had also subsided, and the patient was discharged well on the 15th of December. On the 23d, however, he returned with pain in the ham, from which, within six days, ten inches of the worm were extracted. From this time the patient remained perfectly well.

M. Clot says it was impossible for him to decide whether the three pieces belonged to one worm only, or formed three distinct worms.

In the year 1822, M. Dussap, the chief medical officer of the Egyptian army, treated at the hospital of Soutan about 400 individuals affected with dracunculus, and at last caught the disease himself on the left hand; the first symptoms, he says, were a painful itching on the dorsal surface; he is of opinion that the frequency of dracunculus dates only from the above year, and was communicated to the Arabs and Egyptians by negroes. He believes in the immediate contagion of the worm, and quotes as a proof his frequent observation of dogs, who became affected with it after having eaten the poultices from patients with dracunculus.

**CASE 5.**—M. Dot, French teacher in the service of the Pacha, became affected with dracunculus in 1824; it began with a small vesicle over the metatarsal bones of the first and second toe of the right foot; it was sur-



rounded by an intense redness, and caused a very painful itching. After a fortnight, the pain became so violent as to render M. Dot incapable of any exertion; the vesicle having broken, the worm became visible, and seven inches of it were extracted with excruciating pain, but without being followed by any diminution of the symptoms. After a short time another vesicle formed over the outer ankle; from this a dracunculus eleven inches in length was extracted, and under the application of poultices, two more abscesses opened over the tendo Achillis, from which two worms were drawn out, the one two, the other of twenty-four inches in length. The inflammation of the leg, however, continued, and became even alarming; the swelling increased, the pain was very violent, and accompanied by intense fever, so that it was feared amputation would become necessary. A large number of deep incisions were made at the places from where the worms issued, and a quantity of bloody and purulent matter was evacuated with the remains of worms, the greater portion of which had been partly extracted. Of the two first worms, about four inches only were found to have been left, of the third seven, and of the fourth two. After this time M. Dot completely recovered.

In 1820, Mehmud Ali sent an expedition to Cordofan, where M. Marduchi, physician to the head officer of the troops, remained for three years. During the first two years, no case of dracunculus was observed; in the course of the third, however, after very heavy rain, nearly the fourth part of the troops became affected with it, and M. Marduchi himself got it in twenty-eight different places, which, according to the statement of the natives, is unprecedented. In a letter to M. Clot he states, that before the beginning of the disease he was affected with an unpleasant itching and slight swelling of the legs, on which, after about twenty days, small and very painful tumours, like far-nacles, formed, which, under the use of poultices, opened, and gave issue to parts of worms which were fixed and gradually extracted; four, however, broke, and this accident was followed by excruciating pain and such intense inflammation, that twice gangrene was produced, and it was not till after four months that the wounds healed. All the worms were in the lower extremities except one, which formed over the coccyx.

ALDERSGATE-STREET SCHOOL.—MR. KING.

To the Editor of THE LANCET.

SIR,—By a breach,—not indeed of any expressed compact,—but of the far more

powerful bond of an honourable understanding, the proceedings of a body of pupils at Aldersgate School, which they had been permitted to consider as of a purely domestic character, have been rashly exposed to the public. The following letter, purporting to furnish a statement of these proceedings, appeared in the last number of the Medical Gazette.

*"Aldersgate-Street School.—Mr. King.*

*"To the Editor of the London Medical Gazette.—Sir, As an interested party in the following proceedings have expressed their intention of addressing a most impartial statement to the editor of a publication ever recognised by its patronage of falsehood and vituperation; I should be greatly favoured by the following statement appearing in your Gazette for Saturday, Nov. 20th instant.*

*"I remain, Sir,*

*"A FRIEND TO CANDOUR AND TRUTH.*

*"Notice.—A General Meeting of the Pupils of the Medical School, Aldersgate Street, will take place in the Anatomical Theatre, Thursday, 11th November, for the purpose of presenting their late teacher, T. King, Esq., with some mark of their respect.*

*C. BLAIR, Secretary.'*

*"Agreeably to this notice, a meeting took place at the time appointed, Mr. Ryley in the chair. A statement of the purport of the meeting by Mr. Blair having been made, the object, *volens volens*, was attempted to be carried. A spirited discussion was the consequence. The new pupils of the School, ignorant upon what principles they were requested to forward an intention in which they were perfectly uninterested, declared themselves adverse. The following resolution was moved by Mr. Quinn, and carried unanimously by them:—*

*"Resolution.—That, as a general body, the pupils of the Aldersgate Street Medical School do not consider it expedient to present such testimony."*

The real history, of which this letter contains a very clumsy misstatement, may be told in a few words. Some pupils of the School,—to whom I am far from imputing it as a cause of reproach that their discretion appears to have been no match for their generosity,—convened a meeting of the whole body, for the purpose of presenting their late teacher, T. King, Esq., with some mark of their respect. In the terms of their advertisement, the projectors of the meeting confounded two very distinct classes of pupils—those to whom Mr. King had been a teacher, and those to whom Mr. King was an absolute stranger. When the meeting assembled, I took an early opportunity of dwelling on this fundamental and obvious

error, and I strove to satisfy my fellow-pupils, who had not had the advantage of Mr. King's instructions, that the original resolution, if they agreed to it, would embody not only an untruth, but a downright absurdity. At what rate, I asked, did we value our own feelings—at what rate would Mr. King value the expression of those feelings, if they were to be carried in the shape of a token of gratitude for favours which we never received—for personal civilities from one in whose presence we never had the happiness to stand? A mark of kindness to Mr. King from those who do not know him, can only deteriorate, when it is combined with a testimony of respect from those who do.

Such were the natural considerations to which I called the attention of my fellow-pupils, and I have no wish to conceal that I felt a repugnance to concur in any demonstration of partiality (particularly remembering the time and the circumstances under which it was solicited) to a gentleman who accidentally stood in the relation of predecessor to Mr. Quain, lest the world should suspect that our estimation of the latter gentleman wanted any-thing of being commensurate with his high character and accomplishments. But we urged these considerations partly in vain, and we were forced to a measure which was only objectionable, as it is usually the expedient of hostility—an hostility not certainly felt on this occasion. An amendment was framed on the moment, and although it was hastily written on the railing of the theatre where we assembled, it fully describes the feelings and intentions of those who supported it.

"That this meeting, constituted of the general body of the pupils of the Aldersgate School, and convened for the purpose of presenting their late teacher, T. King, Esq., with some mark of their respect, consider it inexpedient to *entertain* the proposition."

The amendment, I need scarcely say, was carried. The distinction, you will observe, between declining to "entertain" a proposition; and refusing to grant what that proposition requires, becomes the whole point of importance in this case, and should satisfy any person that the principle of it was left untouched.

I should perhaps have been contented with the simple correction of the misstatements which the above letter contains, were it not that the author, in his anonymous character, demands a few words. A paper has been signed within these few days at our School, protesting against the letter, disclaiming all knowledge of its contents previously to its publication, and especially disavowing any participation in the spirit, the taste, or temper of the writer. This declaration bears the signatures of a large body

of the pupils, including, as far as can be ascertained, *the whole of the pupils who voted for the amendment*, so that I am justified in concluding, that the character of friendship to the new pupils which the writer puts on, is an imposture assumed for the occasion, and intended to facilitate some sinister design. The strict concealment in which his name has been kept since the publication, in defiance of every legitimate attempt to discover it, confirms the suspicion that his purpose was not a good one. I appealed to the justice of the editor of the *Medical Gazette*, who declined to state the name of his correspondent, although it could be proved that the writer had forfeited all claim to the protection which his obscurity affords him.

In conclusion I beg to say, that for one, I shall ever oppose that system, of which the present is a favourable example, of obtruding upon the public attention names and transactions which have no adequate claim to such notice. I deem it to be a calamity of no ordinary mischief, that a set of school-boys in a corner of the city cannot, in the intermission of their tasks, enter into familiar counsel with one another for the insignificant purposes of the moment, without being puffed into public characters, and their conversations swelled out into the importance of a debate. Above all, I lament that there should exist, amongst the journals of the time, a refuge to which anonymous malice and dissembling hostility may resort with success. It is a pity that youth should be encouraged to put off that ingenuousness which is its comeliest attribute, and that in shooting against the blameless arrows of its gratuitous spite, it can reckon upon a safe measure of protection and indemnity.

I am, Sir, your obedient servant,

THE PUPIL WHO MOVED THE AMENDMENT AT THE ABOVE MEETING.

Nov. 24th, 1830.

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POWER OF THE LONDON COLLEGE OF PHYSICIANS TO SUPPRESS QUACKERY.

To the Editor of THE LANCET.

SIR,—I was much amused with the concluding part of Dr. Elliotson's clinical lecture in your Number 376, and desire your early insertion of the following observations upon it. The Doctor asserts, "that quackery may flourish; that the most ignorant may practise in spite of the Royal College of Physicians, and the Royal College of Surgeons, and the worshipful Company of Apothecaries; that no one can touch such persons: no one can prevent their proceedings; for of course those great bodies would do their duty to the public, if they had the power to interfere."

This, sir, is an admission from a fellow of the Royal College of Physicians which I did not expect. Is it really possible that this term-trotting Cantabrian, this renegade from Edinburgh, can be so little acquainted with the constitution of his Royal College as not to know, that its charter of incorporation contains the most ample directions for the suppression of quackery. It appears to me, that the royal founder established the College more for the extinction of empiricism, than for all other purposes. The celebrated charter begins thus:—

“Henry, by the grace of God, King of England and France, and Lord of Ireland, to all to whom these presents shall come greeting. Inasmuch as we consider it to be the duty of our kingly office to consult in every way the happiness of those who are subject to our sway, and as this object would be most effectually attained by putting a seasonable check to the practices of the wicked, we have judged it particularly necessary to repress the audacity of bad men who profess medicine, more from avarice than from conscientious and laudable motives, whereby divers injuries are done to the ignorant and credulous people, we therefore, &c. &c., do will and ordain, that there shall be established a perpetual College of grave and learned men, who may publicly practise medicine in our city of London and its suburbs, and within seven miles of that city in every direction; and we trust that these for their own credit, and for the public good, will take care, as well by their own weight and example, to discountenance the ignorance and the rashness of the before-mentioned evil-disposed persons, as to punish them by our laws lately promulgated, and by the regulations to be made by the same College; and in order that this may the more easily be accomplished, we have granted to Drs. John Chambre, Thomas Linacre, Ferdinand de Victoria, our physicians, and Nicholas Halsewell, John Francis, and Robert Yoxley, physicians, that they and all other members of the same faculty of and in the aforesaid city, shall become in fact and in name one body and perpetual commonalty or college.”

Having given the above extract, I declare it to be a faithful translation from the original Latin, and now call upon Dr. Elliotson, either to acknowledge his ignorance of the College charter, or to inform an abused and indignant public, why the Royal College of Physicians continue to neglect the important duties confided to their care for the general good of society.

I am, Sir,

Your very obedient humble servant,

A CENSOR OF THE FELLOWS.

Nov. 13th, 1830.

LONDON HOSPITAL.—MR. WALFORD AND  
THE PUPILS.

To the Editor of THE LANCET.

----- “Dost know this water-fly? In our last conflict, four out of five of his wits went halting off, and now he is governed with one: so that if he have wit enough to keep himself warm, let him bear it for a difference between himself and his horse.”—SHAKESPEARE.

SIR,—As Mr. Richards, “whose ductile dullness new meanders takes,” has not commuted paternity, but claims the last letter from the London Hospital as his own, he is entitled to an extra portion of attention, and shall receive renewed acknowledgments for the obligation he has conferred, unassisted by his seven-and-thirty colleagues. I no-where observe that he resumes the subject of Mr. Headington’s conduct in opposing a MEDICAL CORONER, because he disliked the candidate (for that was the alleged excuse); nor do I notice that he justifies his patron for his share in framing and administering the laws of that College, of which, in the innocence of his heart, Mr. Richards with transport proclaims he is about to become a member. There are two enemies from whom all thinking men desire to be protected. One is an indiscreet friend, and how much ought the Damon of Broad Street to lament the good offices of the Pythias of Bethnal Green! For without the devotion of the martyr of Bonner’s Row, Mr. Headington might ere this have returned to his obscurity, and been remembered only as one of the disinterested receivers of examination fees. The other foe to a foolish man is himself. Who can be severer on Mr. Richards than himself?

If in after days his descendants desire to preserve from oblivion the fame of their ancestor, they will reprint the last number of your Journal, which, if it endure as long as the Dunciad, and his letter be “redeemed from tapers and defrauded pies,” Mr. Richards will have done for himself what Pope did for Dennis; and Messrs. Blizard and Headington—whose names now only live on certificates and diplomas—will survive to posterity hand in hand with the hero of Bethnal Green!

Your Correspondent complains of not comprehending my letter; the fault is his own—I am not chargeable with his want of intelligence. I say not so of him—he is too intelligible to be mistaken; the calibre of his understanding is indicated by his intention to purchase the College diploma, and gravely describing it as an honour. But perhaps Mr. Richards is a fool of Fortune; such men are proverbially the favourites of the goddess; and, for the future, the certi-

ficat of dulness will be the College diploma, until it can be obtained for nothing. He dwells with peculiar complacency on his friend's wearing a blue riband, and, chuckling with delight, demands if that savoured of fear: certainly not, but it savoured strongly of folly, and was about as good a proof of independence as Malvolio's cross garters or yellow stockings. Mr. Richards modestly suppresses the description of his own decoration. Who can be at a loss in conjecturing what should adorn the summit of Mr. Headington's apologist? What best befits the brows of Mr. Richards I have already decided: if, however,—unlike that quadruped whose longitude of ear compensates for the brevity of his caudal appendage,—the gentleman should desire equality of honours for both his extremities, I respectfully suggest, that as his crest is a cap and bells, his motto, or tail-piece, may be,

"Sense, speech, and measure, living tongues, and dead,  
Let all give way, and *Richards* may be read."

I remain Sir, your faithful servant,  
WILLIAM AUGUSTUS WALFORD.  
Nov. 20th, 1830.

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SIR WILLIAM BLIZARD.

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*To the Editor of THE LANCET.*

SIR,—I would ask the benevolent gentleman who wrote the letter inserted at page 209 of your 375th number, why he excludes Sir W. Blizard from the benefit of his exculpatory endeavours, seeing that the worthy colleague of Sir W. has done nothing in the course of a reasonably long life which was not worthy of the knight himself?

I bear Sir W. no more love than does the Samaritan who has thus poured oil and wine into the wounds of Mr. Headington, yet I should be sorry to add to the burden of the knight's offences, by suffering him to remain undefended from the imputation of wronging the gentleman so feelingly alluded to as "the young man who was ill-used by the Blizards." The facts are these. On the retirement of Mr. Thomas Blizard, the most accomplished surgeon the London Hospital ever boasted, or probably will again, for one generation at least, Messrs. Headington and Frampton claimed the performance of a contract in favour of the latter, which these honourable gentlemen had entered into to "flap down new-fledged merit that would rise," and secure the return of Mr. Headington's partner as surgeon to the hospital. Sir W. took shame to himself for engaging to render all competition fruitless, and disinterestedly threw the weight of his interest

into the preponderating scale of his own wealthier apprentice. Such a compact it were a virtue even in Sir W. to violate: it was a cousin german to the *bond* business of Bartholomew's. I am, Sir, your obedient servant,

T.

November 7, 1830.

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COLLEGIATE AVARICE.

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*To the Editor of THE LANCET.*

SIR,—I am one of ten simpletons who, on Friday the 11th of this present month of November, presented themselves for plucking at the College of Surgeons. For the illumination of future pigeons, allow me to inform them how, and in what manner, the farce called Examination commences. The scene opens, not with an anatomical question, not with a surgical inquiry, not with an attempt to fathom the physiology of the examinee; but a request to be informed "*whether he has got his money with him, and whether it is in paper or gold?*"

I was so disgusted with this abominable solicitude for their extortionate fees, that had it not been the desire of my friends that I should become a member of their mis-called college, I would have demanded my certificates, rejected their examination, and mortified the vultures by taking away my "notes or gold." I am, &c.,

A MEMBER OF THE  
COLLEGE OF SURGEONS.

[This communication has been properly authenticated.—Ed. L.]

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ST. BARTHOLOMEW'S HOSPITAL.—CIGAR SMOKING.

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*To the Editor of THE LANCET.*

SIR,—That your very valuable publication, THE LANCET, has produced many essential reformations in our profession every one must allow, nor is it my wish to gainsay it; but as a student of Bartholomew's Hospital, I trust you will allow me to make a few remarks on the letter of a person subscribing himself "A Pupil," inserted in the Number of this week.

On his "*ars scribendi*" I shall make no comment, giving the numerous readers of your excellent hebdomadal publication, credit for some judgment in discriminating between the usually elegant compositions in THE LANCET, and the letter now before me, which in my opinion is a disgrace to a

*gentleman*, and a foul blot on the hitherto unsullied pages of your Journal.

The gentlemen who are there accused of smoking in the theatre, are many of them men of the first respectability—old pupils of the hospital, and esteemed by those who have the pleasure of their acquaintance. The theatre (especially lately) has been very offensive, on the return of the students from their dinner, attributable to the state of the bodies used at the anatomical lecture; cigars have, therefore, been introduced by some, and as I said before, by many of the most respectable in the hospital. A most offensive thing certainly! A person whose acquaintance they would have shrunk from, takes up his pen—perhaps in the very place which he accuses these men of patronising—"a London pot-house," and writes a letter, in which he abuses them as "certain puppies,"—men whose shoes he would willingly blacken to be admitted to their society.

As I am convinced that this letter was written in a vindictive spirit by the author, I am sure you will insert this reply; and in conclusion, I beg permission to ask you and your readers a few questions:—

1st. Is it consistent with the usual character of Mr. Lawrence, to give "a hint?" Would he not, as a man and gentleman, have desired its discontinuance?

2d. Do you think that had Mr. Lawrence expressed such a wish, the students, and those too his own pupils, would have continued the practice?

3d. Why did not this reformer come boldly forward, and, as a *gentleman*, mention Mr. Lawrence's dislike to it—if he could do so consistently with truth?

As this notice has not produced the effects desired by the author, or his insolence excited any feeling in men so superior to him, except contempt, I would advise him, as the only recompense he can make to your offended readers, to attempt another letter, apologetical for the abuse and ungentlemanly feeling expressed in his last.

I am, Sir,

Your most obedient servant,

AN OLD PUPIL

of St. Bartholomew's Hospital.

Saturday, Nov. 20, 1830.

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CIGAR SMOKING.

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To the Editor of THE LANCET.

SIR,—After Mr. Lawrence had concluded his lecture last night, he made a few well-timed and judicious remarks upon the practice of cigar-smoking in the theatre of the

hospital. Mr. Lawrence justly observed, that the rules of good breeding and civilized society alike demanded that those who were partial to smoking should forego that "pleasure" for the short period of one hour in the twenty-four, rather than offend those to whom the practice might be objectionable. For the manner in which this good-tempered observation was received by the class, I may fairly conclude that the obnoxious habit will be discontinued. As my last letter was written in a moment of irritation, I am willing to admit that I expressed myself in terms not altogether appropriate. Nothing can be further from my intention than to cast any imputation upon the characters of my brother students, or to call in question their claims to the rank of gentlemen. In a word, I am proud of being a member of the St. Bartholomew's class, which for pumber, talent, industry, and respectability, is not surpassed.

I am, Sir,

Your obedient servant,

A PUPIL.

Nov. 25, 1830.

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MENDICANT MEDICAL IMPOSTOR.

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To the Editor of THE LANCET.

SIR,—The caution which you gave in one of your late Numbers against the artifices of a medical man of the name, or assumed name, of *Villiers*, who is going about the country levying contributions, and living on the profession, I am sorry to say reached me too late to prevent my being gulled by his plausible stories.

The said Villiers said he lived at Bath, or was going thither; appears to be between thirty and forty years of age, middle-sized, with an unhealthy complexion; says he is subject to scirrhus or contracted rectum; tells a plausible tale with the most moving and lachrymose accent; carries with him extracts from THE LANCET, and documents recommending his case, carefully preserved in a leathern case, as well as a long and respectable list of subscribers and contributors to a very considerable amount, to alleviate his alleged distresses, some of whom have been dead for years.

I think it would be well to caution your readers once more against the scandalous exactions practised by this unworthy member.

I remain yours,

A CONSTANT READER.

[We regret that our correspondent has omitted his address.—ED. L.]

OBSERVATIONS ON THE INQUEST AT  
HAMPTON, BY DR. HARE.

*To the Editor of THE LANCET.*

SIR,—As I consider the midwifery case at Hampton to be of the utmost consequence to the profession, I take leave to offer a few brief observations upon it. The conduct of Mr. Bowen in resisting a consultation in a case of so much difficulty and danger, I consider as unwise and reprehensible as his practice. If in the whole medical profession a single educated and respectable man can be found hardy enough to justify him, I can only say I am sorry for it.

He has great reason to congratulate himself upon the escape he has had, by the finding of a packed jury, and by the luminous and scientific observations of a non-medical coroner.

It ought to be held out as a beacon, illuminated with gas, and floated to the whole profession, to warn them of the danger of following such an example.

I remember to have seen a man with a lighted lantern placed at the entrance to certain ladies' apartments, in order to apprise unwary customers of their danger, this was called burning them out, hence, I suppose, the phrase, "a burning shame." Now is it not "a burning shame" that such a case should occur, in the nineteenth century, so near a metropolis famed for science and scientific men?

L. HARE, M.R.C.S.L.

13, Upper Gower Street, Bedford Square.

November 1st, 1830.

## ST. BARTHOLOMEW'S HOSPITAL.

### OPERATION FOR CATARACT.

On Friday last, Mr. Lawrence performed the operation for the extraction of cataract on the right eye of a man about sixty years of age.

The patient, being laid on the operating table, his head supported by a pillow, the upper half of the cornea was divided, and the lens lacerated in the usual manner. After a short time, the lens not being protruded by the efforts of the eye, slight pressure was made on it by means of Daville's curette. This had the effect of throwing the lens upwards and forwards against the posterior surface of the iris. The operator then introduced a needle through the pupil, and succeeded in removing the lens from the situation it then held; and pressure being again employed, a portion of the vitreous humour was discharged. Foiled in this

attempt, Mr. Lawrence introduced the curved needle a second time, and carried it behind the lens, which he endeavoured to transfix, but in vain. Recourse was again had to pressure, which was followed by a further escape of the vitreous humour, and the needle was then introduced a third time, but could not be made to pierce the lens, on account of the facility with which it slipped away under the slightest pressure against it. At length the curette was passed through the pupil, and the lens was immediately extracted. It was of an amber colour, and about half the usual size; to which Mr. Lawrence said the difficulty he had met with might be attributed. The patient was then removed to a room that had been darkened, a lotion was applied to the eye by means of linen rag, and a strict antiphlogistic regimen enjoined. About one third of the vitreous humour was discharged during the operation. The patient is going on well.

J. Reeve, whose case is recorded in THE LANCET for October the 16th, went on very well until last Friday, when the stump became very painful and swollen. At 4 o'clock P.M. on that day, a slight hæmorrhage took place, which was suppressed by means of cold cloths; a tourniquet was applied loosely round the limbs. Ten P.M. There has been no recurrence of the bleeding; the stump feels hot, and fluctuation can be distinctly felt in it. On Saturday morning at three o'clock, hæmorrhage again occurred, and the house-surgeon was sent for, and being unable to find the vessel that was bleeding, he tightened the tourniquet and sent for Mr. Vincent, who arrived in a very short time. The man had lost about a pound and a half of blood. Mr. Vincent separated the adhesions which the severed edges of the stump had formed, and found a cavity containing a large quantity of coagulated blood. None of the ligatures had separated. Mr. Vincent found that the posterior tibial artery had ulcerated above the ligature, and immediately cut down and tied the artery just at its origin. The bleeding then ceased, he became very pale, and his pulse could with difficulty be felt. Some wine was given him; his pulse rose, he slept well the remainder of the night, and has since gone on very well.

## LONDON HOSPITAL.

### EXTIRPATION OF THE RIGHT SUPERIOR MAXILLARY BONE AFFECTED WITH OSTEO-SARCOMA.

A MAN, the subject of this operation, apparently about 40 years of age, was brought into the operating theatre on Wed-

nesday, Nov. 17th, having a tumour which occupied nearly the whole of the right side of the face. The skin covering the antrum was of a dark-red colour, and matter was seen oozing from an opening just over the anterior margin of the masseter. The patient being laid on his left side, the first step of the operation was to secure the external carotid artery immediately after its transit beneath the digastric muscle, opposite the angle of the jaw. This was done by making an incision in the direction of the posterior belly of this muscle, by which the lower margin of the parotid gland was exposed. The dissection was then continued until the artery could be felt, pulsating in the depth of the wound; and a ligature was, with some difficulty, passed beneath it. In tying the artery, however, the ligature unfortunately broke, and another was passed under it, which occasioned a little delay in the operation. Very little blood was lost; and, considering the depth of the artery, which was increased by the swelling of the whole cheek, we consider that the operation was very dexterously performed. A consultation then took place between the surgeons in an adjoining room, the particulars of which, however, did not transpire. The operator then proceeded to lay bare the tumour, which was effected in the following manner: An incision was commenced at the angle of the mouth, and carried obliquely upwards and outwards, as far as the superior margin of the zygomatic process of the malar bone, in which the coronary and facial arteries were divided, and immediately secured. Another incision was then commenced from the same point, and carried vertically upwards to the ascending process of the superior maxillary bone. A triangular flap was thus formed, which was dissected upwards as far as the edge of the orbit, by which the greater part of the tumour was exposed. The posterior part of the cheek was then dissected downwards, by which the whole of the tumour and the teeth were completely laid bare. The tuberosity of the superior maxillary bone and the palate bone were now separated from the pterygoid process of the sphenoid with Liston's bone nippers. The malar bone was next cut through, the division extending into the spheno-maxillary fissure. The ascending process of the superior maxillary bone was then separated at its basis—the first incisor tooth was now extracted, and the maxillary bones separated at the inter-maxillary suture. All this was easily performed by the aid of the same instrument. Some little force was next exerted, by which the tumour, the maxillary bone, and perhaps the palate bone, were loosened, and the soft parts divided with a curved double-edged scalpel, and the whole easily withdrawn.

This second step of the operation was most coolly and dexterously performed, occupied only thirteen minutes, and was attended by a much less loss of blood than might have been anticipated. There were no vessels that required ligatures, and blood was prevented falling into the pharynx by the depending position in which Mr. Scott kept the mouth. Small pledgets of lint were now introduced, and the edges of the incisions connected by sutures. The whole surface of the cheek was covered with adhesive plaster; and Mr. Scott requested the porters to carry the patient to his bed, which we were astonished to hear him object to, saying, that he was quite capable of walking, which was allowed him. He displayed amazing fortitude; and his pulse, which flagged a little during the operation, regained its power before he left the theatre.

The whole surgical staff of the Hospital was present, and Mr. Scott was ably assisted by Mr. Luke. We can say nothing of the structure of the tumour, as it had not been examined when we left the Hospital.

#### FRENCH ENGLISH.

A FRENCH writer, who has edified his readers in a late number of the *Journal Hebdomadaire*, with a "biographie" of John Abernethy, thus quotes a well-known passage:—

"Tongues in the trees, books in the running brooks,  
Sermons in stone, and good in every thing."

The second figure is thus translated; "des livres dans les sources qui murmurent."

The works of M. Abernethy are described as, 1°. On the constitutionnal origin, treatment of local diseases on aneurismes; 2°. On diseases resembling syphilis, and on diseases of the urethra; 3°. On the injuries of the head, and miscellaneous subjects; 4°. On lumbar abscesses and tumors; 5°. Lectures addressed to the college of surgeons, and on the theory and practice of surgery.

Dr. WRIGHT.—We strongly recommend to the notice of the profession the "Minutes of Evidence," now published by Mr. Highley, Fleet Street, containing charges against Dr. Wright of Bethlem Hospital. We understand that the doctor will publish his "Reply" in a very few days.

#### TO CORRESPONDENTS.

*Homo Fortis* did not reach us till the 25th, too late for this week.

P. W. B.—Dr. C. A paper on the detection of antimony will very shortly be inserted

# THE LANCET.

Vol. 1.]

LONDON, SATURDAY, DECEMBER 4.

[1830-31.]

## MEDICAL JURISPRUDENCE.

PRACTICAL COMMENTARIES ON

DR. CHRISTISON'S PROCESSES

OF DETECTING POISONS.

### ANTIMONY AND ITS PREPARATIONS.

THE preparations of antimony which are most likely to engage the attention of the toxicological chemist, are the tartar emetic, the precipitated sulphurets, and the chloride, or butter of antimony, which last, though scarcely noticed by Dr. Christison, is yet of no trivial importance. The physical properties of the two former require no notice; the last, it will be remembered, is prepared by boiling the sulphuret of antimony with muriatic acid, when sulphuretted hydrogen is expelled, and a chloride of antimony formed, which usually exists in the state of a gelatinous fluid, and which, when thrown into an alkaline solution, is decomposed, a white protoxide of antimony being thrown down. All the soluble preparations of antimony are decomposed by many organic substances, such as astringent vegetable infusions, &c.; they are also decomposed by sulphuretted hydrogen gas, an orange-red sulphuret of antimony being formed, which sulphuret, when treated with caustic potash, or subjected to the action of hydrogen gas, forms either a sulphuret of potassium or of hydrogen, and metallic antimony is set free. Metallic antimony, again, is a blueish-grey metal, fixed in the fire, except when exposed at the same time to currents of gaseous matter; when heated in an open tube, it is oxidized with the production of a white shining vapour.

Such are the leading chemical features of No. 379.

antimony, a correct understanding of which is essential before the processes approved by our author can be duly investigated.

Various authors have at different times recommended particular processes for the detection of this tribe of poisons; of these we may particularize that of Orfila, and the more recent one by Dr. Turner, which latter Dr. Christison recommends to be adopted. We quote the author's description, illustrated by a diminished drawing of the apparatus employed. It is necessary also to extract his brief account of Orfila's method:—

"Professor Orfila recommends the following compound process. Either the antimony exists in solution, or it has been rendered insoluble by vegetable principles. The suspected matter being filtered, therefore, both the fluid and the matter remaining on the filter must be submitted to analysis. The fluid is to be treated with sulphuretted hydrogen, and the precipitate collected and reduced with potash in a crucible. The solid part is to be incinerated, and reduced also. In both cases globules of metallic antimony are procured if that metal was present in the mixture.\*

"This method is liable to some material objections. In the first place, if the fluid is alkaline, the sulphuretted hydrogen will not act; secondly, I have frequently found that the process of reduction does not answer on the small scale; and lastly, the double process may be dispensed with.

"A much better method of analysis is the following very simple and satisfactory process proposed by Dr. Turner. The subject of analysis is to be acidulated with a little muriatic and tartaric acids. The former will coagulate various animal principles which may be present. The latter Dr. Turner has found to possess the property of readily dissolving all precipitates whatsoever formed by reagents with tartar emetic, except that caused by sulphuretted hydrogen. Hence the addition of tartaric acid

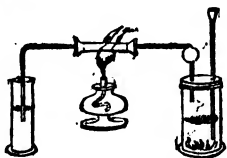
\* Toxicol. Gen. i, 481.



brings the whole of the antimony into the fluid, and consequently one-half of Orfila's process is dispensed with. The fluid so prepared is to be filtered, and a sulphuret formed and collected in the usual way. Dr. Turner found that the next step, the reduction of the sulphuret, cannot be effected on the small scale even in a crucible, much less of course in a tube; and on examining the flux, he discovered that a part of the sulphuret escapes decomposition, and that the metal which is reduced is too finely divided to be distinguishable. He was therefore led to propose the process of reduction by hydrogen (p. 354), which will develop antimony characteristically from only a tenth part of a grain of the sulphuret."

The experiment is performed by passing a current of hydrogen gas, generated in the larger bottle from diluted sulphuric acid, and iron filings or zinc. At page 354, Dr. Christison describes it thus:—

"The best mode of showing the presence of antimony in it, is the method of Dr. Turner, who proposes to place a little in a horizontal tube, to transmit hydrogen gas through the tube by means of the apparatus represented in the figure, and, when all the air of the apparatus is expelled, to apply heat to the sulphuret with a spirit-lamp. Sulphuretted hydrogen is evolved, and metallic antimony is left if the current of hydrogen is gentle, or it is sublimed if the current is rapid."†



"If the stream of gas is slow, the metal remains where the sulphuret was; if the stream is rapid, it undergoes a spurious sublimation, and condenses on the tube either in detached crystals or in the form of a shining crust. When there is much animal or vegetable matter present in the sulphuret, the metal is not always distinctly visible. In that case Dr. Turner recommends that it be heated in an open tube, when it oxidates and sublimes in the form of a white powder, which glimmers, but is not crystalline and adamantine like the oxide of arsenic.‡ A better method, however, is to dissolve the antimony by the action of nitric acid on the mixed material and broken fragments of the tube, and to throw down the orange sulphu-

ret again from the neutralized solution by means of sulphuretted hydrogen.

"Dr. Turner's method I have repeatedly found to be successful and manageable. But some practice is required to transmit the hydrogen gas with the proper rapidity. The gas ought to be allowed to pass for some time before the spirit-lamp flame is applied, otherwise the oxygen remaining in the apparatus may cause an explosion, or will oxidate the metallic antimony formed by the reduction of the sulphuret. Whenever the reduction of the sulphuret begins, the tube is blackened on account of the action of the sulphuretted hydrogen on the lead contained in the glass. This obscures the operations within the tube; but on subsequently breaking it, the metallic button or sublimate will be easily seen. I have generally found, that when the sulphuret was considerable in quantity, and the gaseous current slow, the metal remained where the sulphuret was; but if the mass of sulphuret was small and the current rapid, then the metal was sublimed and condensed in minute scaly crystals of great brilliancy.

"In a late paper, Orfila has defended his process against Dr. Turner's criticisms, and states, that either in a crucible or (if the quantity of sulphuret is small) in a tube heated by the blow-pipe with a "lampe à quatre mèches," globules may be procured; and that he has procured them in this manner from a sixth part of a grain with the black flux, or with a mixture of charcoal and a little potass.\* I can only say that I have often tried Orfila's process, and always failed to procure distinct globules, unless the heat was intense, and then I have only sometimes succeeded. This process of reduction is certainly precarious; and, notwithstanding what Orfila has said in favour of his own method and against that of Dr. Turner, the latter has appeared to me much superior."

From repeated examinations of Dr. Turner's process, we feel entitled to assert, that though theoretically perfect, it is practically unsuited to the purposes of medico-legal analysis. The objections we consider it exposed to, are, in the first place, the great difficulty to its performance by unpractised persons, who always constitute the majority of persons interested in these cases, a difficulty which arises as well from the impossibility, in many instances, of obtaining tube apparatus of so complicated a kind, as, from the nicety of adjustment and manipulation, the experiment requires; secondly, that unless the hydrogen gas be very

† On the Detection of Antimony in mixed Fluids. Ed. Med. and Surg. Journ. xxviii. 71.

‡ Edin. Med. and Surg. Journ. xviii. 75.

\* Arch. Gén. de Médecine, xvi. 85.

pure, the process increases in all its difficulties; if iron filings be employed, from the carbonaceous impurities and the sulphur which they contain, carburetted hydrogen and sulphuretted hydrogen are liable to be generated, and the decomposition of the sulphuret becomes, to say the least, extremely uncertain. If zinc, on the other hand, be used, and the heat be applied for a length of time, *metallic zinc* is liable to be deposited in the tube, if there be any matter present, such as sulphur, capable of combining with the hydrogen and setting free the metal which it holds dissolved or combined with it in considerable quantity. We have, indeed, more than once observed a metallic appearance to be produced in this way. It is true that the first objection is but of a conditional kind, and, in another respect, would apply against lithotomy or any other surgical operation; it may be also said, that it becomes as much the duty of a medical man to provide himself with analytic instruments, as with lancets or amputating knives. We freely admit this, and we will also allow that the third objection may be obviated by using pure iron, and ascertaining the purity of the gas by a previous trial, viz., by conducting it through a solution of acetate of lead, which will be blackened if it contain even a trace of sulphuretted hydrogen; but still we must repeat, on the authority of our own experiments, that even in comparatively practised hands, with every attention to purity of materials and adjustment of apparatus, the reduction of the metal is always uncertain, and unsatisfactory when obtained. We have repeated the experiment three-and-twenty times, and only succeeded four times in obtaining a portion of metal, *the properties of which could be recognised*. This, it may be argued, proves nothing but our own incompetency; but while we admit our inferiority in experimental adroitness to Dr. Christison or Dr. Turner, yet as we have practised the experiment over and over again, and as we are in general successful in equally minute investigations, we are inclined to believe ourselves entitled to offer rather a positive opinion on the subject.

But while we start objections to Dr. Turner's process, we do not intend to adopt that of Orfila, which, in every respect, is less entitled to confidence. Indeed, it is

little short of ludicrous to hear of the employment of a *crucible* in delicate operations of this kind; it brings us back to the homely days, when the reduction of arsenic was performed in a luted teapot, by the heat of a huge charcoal fire. We may notice also that Dr. A. T. Thomson, in the appendix on poisons attached to his valuable *Conspectus of the Pharmacopœias*, falls, in one instance, into the same whimsical error.

The truth, we believe, is, that all the learned authors have committed the error of doing a work of supererogation in seeking for the reduction of the metal at all, and that they might as well refuse to admit the recognition of the sulphate of baryta, unless they had previously obtained "barium," its metallic base. In the first place there is no metallic sulphuret whatever, prepared by transmitting sulphuretted hydrogen through a solution, which even remotely resembles the rich red colour of the sulphuret of antimony; secondly, if further proof be required, just as conclusive evidence can be obtained from one-twentieth—nay, one-fiftieth part of a grain of this sulphuret, and with infinitely less trouble than is necessary for the reduction process. The annexed simple experiment will demonstrate the correctness of this assertion.

Having transmitted the sulphuretted hydrogen through the suspected liquid, prepared as Dr. Turner judiciously recommends, the liquid should be boiled, and allowed to cool and deposit the precipitate; the greater part of the supernatant fluid should then be removed with a suction tube, leaving as much as is sufficient to suspend the precipitate till it is decanted upon a watch crystal; it should then be washed with distilled water on the crystal, the fluid removed by the cautious use of a fine-drawn capillary tube, and it should next be placed near the fire-place till perfectly dry.

This plan of decanting and washing will be found to possess many advantages over the filtering which Dr. Christison recommends; filtering should very seldom be employed in analyses of this kind, so great is the loss of materials which it usually occasions.

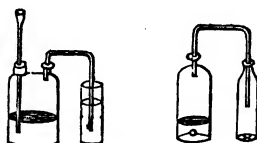
About ten drops of muriatic acid and five of nitric acid are next to be dropped over this precipitate, and the crystal being supported on a ring of copper-wire, the fluid is to be

boiled over a small spirit-lamp flame. In three or four minutes the red colour of the sulphuret disappears with effervescence, and an extremely small yellow globule of sulphur is seen swimming on the surface of the fluid, which should then be allowed to cool, and the little particle of sulphur removed with the point of the capillary tube. The fluid should now be evaporated to dryness, when a transparent gummy residuum, the chloride or butter of antimony, remains. If a few drops of distilled water be now dropped over this, an insoluble white powder, the protoxide of antimony, is immediately formed. The process of washing is to be repeated again, the white powder dried by a gentle warmth, and, finally, heated over the spirit-lamp flame, when it changes to a beautiful golden yellow.

We have thus a chain of evidence simply and easily obtained, and withal indisputable in its kind. There is no sulphuret of the same red tint as that of antimony—there is no red sulphuret but that of antimony, which, decomposed by nitro-muriatic acid, will yield a residuum precipitable by water; and, thirdly, there is no powder but the protoxide of antimony which similarly obtained, becomes of a yellow colour when exposed to heat. The theory of the process is also readily understood. The process now proposed, possesses moreover the advantage of extreme facility of execution; a watch-glass can be procured any-where, and the whole investigation completed in half an hour, without the necessity of constructing the pretty, but complicated apparatus, represented in our engraving. We are by no means inclined to question the necessity of obtaining the metallic base of poisonous preparations as a general rule. Antimony, however, constitutes the exception, as will be seen in our notices of lead, copper, silver, mercury, and arsenic. In this instance it is entirely unnecessary; and the attempt at the reduction of the metal will usually fail, and, moreover, prevent the application of much more certain experiments.

As this is the first occasion on which we have alluded to the transmission of sulphuretted hydrogen gas through suspected fluids, it may be useful for some of our remotely situated readers to inform them, that it is best prepared by pouring very dilute sul-

phuric acid over powdered sulphuret of iron, prepared by holding a roll of sulphur against a bar of iron at a white heat, and collecting the drops produced in a vessel of water. A double-necked bottle with a bent tube, such as represented in the woodcut, is the best for the purpose, if it can be obtained; if not, a common six-ounce phial may be furnished with a tube of the same form; for this purpose a piece of barometer tube may be bent to the necessary form in a spirit-lamp flame, or an efficient substitute for this may be constructed with large quills adapted together by air-tight paper joints.



Finally, it is of essential importance to ascertain whether tartar-emetic or antimonial powder has been administered before the death of the individual, whose case is investigated. If it have, it is perfectly plain that no chemical evidence can be of any importance. We may remark here, that to the interfering presence of poisons used as medicines, Dr. Christison does not generally pay the special attention which the importance of such a fallacy demands.

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*A Practical Treatise on the Diseases of the Eye.* By W. MACKENZIE, Lecturer on the Eye in the University of Glasgow, &c., &c. London: Longman and Co., 1830. 8vo. pp. 860.

NOTWITHSTANDING the great number of books on diseases of the eye which have been published in this country, a complete account of the affections of this important organ has been hitherto a desideratum in our medical literature. There exist, it is true, a few general works on the subject, but these, though certainly not without value, are too brief, or too little comprehensive; it is with very great satisfaction, therefore, that we have perused the excellent and comprehensive treatise of Mr. Mackenzie; it contains, in a comparatively small space, all the information that either the student or the practitioner can, under ordi-

nary circumstances, require,—information which he might previously have sought for in vain, or could have obtained only by consulting many separate works. We would not, however, have it supposed, that the book before us is a mere compilation, for such is by no means the case. In a work of this kind, which must necessarily be founded on the experience not of one, but of many, it was indeed impossible to introduce much really new or original matter; but while the author has, with great industry and research, collected the statements and opinions of numerous writers, English and Continental, especially those of the German surgeons; with whose valuable labours on this subject he appears to be very familiar, he has interwoven them with the result of his own observations and experience, in a manner which increases their value, and shows him to be thoroughly and practically acquainted with the diseases of which he treats.

The arrangement, which is chiefly according to the textures of the part, beginning with the external or accessory organs, and ending with the retina, is at once scientific and convenient, and the division is sufficiently minute, without being carried to the absurd extent, and involving the almost endless nomenclature in which some writers have delighted, more to the confusion than the edification of their readers. Although it is not our intention to give a detailed account, or an analysis of the work, we shall notice a few parts of it here and there, in which the facts or opinions advanced by the author are altogether new, or differ from those which have been generally received, or may seem, for any other reason, to be particularly worthy of attention. We shall begin with an extract from the general observations on ophthalmia, in which the author forcibly combats the absurdity of considering all the inflammations of the eye as one and the same disease, and of attempting to apply the same treatment to them all.

“Every different texture of the eye, as it possesses both physical and vital properties peculiar to itself, must suffer differently from the several processes of inflammation. In many cases the modifications of inflammation from differences of texture in the parts affected, are displayed with much distinctness in the eye; in other cases these modifications can be judged of only from

their consequences, and by a very minute observation of the derangement which remains in the organisation of the part which had suffered; while in other cases, from the delicate texture of the part, or its hidden situation in the eye, they may altogether escape observation.

“The conjunctiva, sclerotica, cornea, iris, crystalline capsule, and retina, present a series of the modifications of inflammation, to which I have just now referred, sufficiently distinct to convince the most sceptical of the truth of what I have asserted, and sufficiently striking to rouse the most inattentive to research. The muco-cutaneous conjunctiva secreting a flood of purulent matter, as in the ophthalmia of new-born children—the fibrous sclerotica, affected for months with rheumatic inflammation—the transparent fibro-cartilaginous cornea, becoming opaque, or being destroyed layer after layer by a penetrating ulcer—the erectile iris, losing all power of executing its motions of contraction and expansion—the crystalline capsule, pouring out coagulable lymph from its serous surface, and this lymph forming the medium of morbid adhesions—the nervous action, too deeply-seated to be observed immediately, but in a few hours losing its inconceivably delicate sensibility—these are facts in which are displayed the modifications of inflammatory action, and the various consequences of inflammation, fully as distinctly and as strikingly as they are manifested in any other, nay, in all the other, parts of the body together. There are other circumstances besides differences of texture which modify the inflammatory affections of the eye, which render this subject very extensive in the discussion, and cause the diseases to be occasionally very perplexing in the treatment. They are under the influence of peculiarities and certain artificial states of the constitution, and of constitutional diseases; and they are subject to innumerable variations from the influence of those inscrutable connexions called sympathies, scrophula, syphilis, gout, and that state of the system which we may call mercurialism, are each of them either capable of exciting inflammation in different parts of the eye, or at least of communicating to an inflammation, excited by other causes, such differences in character as shall often render it difficult to recognise a disease with which we were well acquainted in its simple or idiopathic form.”

Mr. Mackenzie's opinions on the nature and pathology of some few of the diseases of the eye, differ in some respects from those which are entertained by surgeons of great authority on these points. Thus, in opposition to Mr. Lawrence, he maintains

that gonorrhoeal ophthalmia is sometimes produced by metastasis; and adduces in support of this opinion, the cases described by Mr. Arnott and Dr. Hall, in the *Med. Chir. Trans.*, where the inflammation of the eye certainly appeared to depend on metastasis, or on the transmission of pus by the veins; these cases, however, appear to us to bear very little upon the point in question; and although the author, in conformity with the German oculists, recommends that, in addition to the other remedies, means should be adopted to bring back the discharge in the urethra, he does not mention any case where he knew it to have been suppressed.

The distinction between idiopathic and syphilitic iritis, he does not consider to be so well defined as Mr. Lawrence represents it to be. He is, however, far from denying that the latter is a separate form of disease, indeed, he mentions another species of iritis, in addition to those with which we were acquainted, viz., "scrofulous iritis," of which he gives a very marked case, where it occurred without inflammation of the conjunctiva in one eye, and with pustules and an ulcer at the base of the cornea in the other. It was treated chiefly with salomel and opium, and the patient, a boy sixteen years old, rapidly recovered as soon as the mouth was affected. With regard to glaucoma, on the nature of which various opinions have been entertained, he believes that it consists principally in the absence or deficiency of the pigmentum nigrum, and that the green colour is owing to the bluish light reflected from the bottom of the eye passing through the yellowish or amber-coloured lens; and observes, "in confirmation of this, if the lens is removed in this disease, or sinks to the bottom of the dissolved vitreous humour, the green appearance is almost entirely lost." He states also that in a great number of glaucomatous eyes which he carefully dissected, the vitreous humour, though dissolved, was perfectly transparent, and that he never found the retina materially altered, much less in that thickened state which Scarpa describes, attributing to it the principal phenomena of the disease. He is, however, inclined to ascribe the disease primarily to the morbid state of the vitreous humour, which by its pressure may induce the absorption of the

pigmentum; and observes that the excess of this fluid is probably in the same manner the cause of the total blindness which results at last.

The methods of treatment recommended are in every case judicious, and appear to be founded rather on practice than on theory; rather on his own experience than on the reports of others. There is, however, little in them which need be noticed here.

In all the purulent ophthalmiae, and in most inflammations of the sclerotics, he strongly recommends the solution of nitrate of silver, from which he has obtained the most striking benefit. The acetate of lead he thinks ought not to be used as an application to the eye, as it tends to produce opacity of the cornea whenever there is any ulcer or abrasion of that part.

He employs bleeding to a considerable extent in most cases of rheumatic inflammation of the eye, and observes,

"I feel myself obliged to differ entirely from Mr. Wardrop in his opinion that patients affected with rheumatic ophthalmia neither bear bleeding to a great extent, nor are much relieved by this remedy; he has even stated the little relief afforded by bleeding in this disease, as one of its distinctive characters. This entirely disagrees with my experience, and is, I apprehend, altogether contrary to what we observe in other rheumatic affections, &c."

Probably both writers are to a certain degree correct, each being justified by his experience in making the statement which he has done, and the safest way, perhaps, is to be guided rather by the particular circumstances than by general rules, in the treatment of this as well as the other forms of so variable a disease. In the latter part of the sentence we have quoted, however, Mr. Mackenzie certainly goes too far; very various results in reference to bleeding have been observed in the treatment of rheumatism affecting the other parts of the body, and we know that one of the best hospital physicians in London has almost entirely discarded the remedy in question, in this complaint, which he has found by experience may be more safely and more effectually combated by other means.

It can hardly be expected that a work of this magnitude should be altogether without faults, but under this head we have only to

notice the unnecessary length of the chapters on diseases and injuries of the orbit and soft parts around it (these belong rather to general surgery, and are almost out of place in a work exclusively dedicated to the diseases of the eye); the repetition of the same subject in the two sections on "nævus maternus," and on "orbital aneurism by anastomosis;" and lastly, the denial of the occurrence of intermittent ophthalmia, two very marked cases of which have been described in German journals, and are given in Nos. 290 and 330 of *THE LANCET*.

These are, however, of comparatively little consequence, and we can most strongly recommend the work to the attention of our readers.

#### SINGULAR MALFORMATION OF THE EYES.

In a late number of Schweigger's *Journal* we find a report by Professor Marx at Brunswick, on a girl about 21 years of age, in whose eyes the lens is situated immediately behind the cornea; the iris is closed, but is very thin, and is pushed backwards so as to be almost funnel-shaped. Both lens and iris are completely transparent, so that the choroid may be seen through them. The individual could see very well until lately except in a very strong light; and it was only when the lens in the right eye began to become opaque, and she applied for surgical aid, that the singular position of the lens was discovered. In the left eye there seems also a cataract to be forming. The eyelids are remarkably thin and wrinkled, and appear almost to indicate a tendency of nature to compensate in some degree the absence of the natural function of the iris.

#### METALLIC MIXTURE FOR INJECTING ANATOMICAL PREPARATIONS.

A GERMAN *Journal* recommends for this purpose an alloy consisting of

177 parts of weight of tin	
310.....	lead
101,26 .....	quicksilver
497.....	bismuth,

which might accordingly be considered as a compound of three atoms of tin, three atoms of lead, seven atoms of bismuth, and one atom of quicksilver. The best method of preparation consists in slowly heating the

bismuth, tin, and lead, with a little powdered charcoal until the mass comes into fusion; it is then removed from the fire, and the quicksilver gradually added after having been previously heated. The mixture has the brightness of silver, is perfectly fluid at 173 deg., and becomes solid at 140 deg.

## SKETCHES OF THE MEDICAL SCHOOLS OF SCOTLAND.

No. XXVIII.

DR. GRAHAM.

WE are apprehensive of committing a breach of pictorial propriety in attempting the likeness of a botanist at this uncongenial season of the year, when Flora scarcely affords a flower to fill up the back ground of the canvass. But as Dr. Graham, indifferent to the indications of the thermometer, has set us the example of treating botanical subjects in winter, by the delivery of a course of lectures, we shall imitate his laudable innovation, though the ink were to congeal as it flowed from our pen, and we produced something as misshapen as an iceberg, instead of an exact similitude of the dashing, handsome, and highly intelligent Professor who presides over botany in the University of Edinburgh. We give this early intimation of the general character of the object of the present sketch, lest it might be supposed we were about to exhibit the portrait of a venerable old swain, with silver locks, buckles in his shoes, a pea-green vest, and a glass dangling from his neck; of one, in short, of those teachers of the by-gone school of botany whose attributes pointed them out as a sort of personification of the Epicene gender, or, like the themes of their own meditations, an amalgamation of both sexes in the same individual. With such respectable old ladies, as if unsexed by the serenity of their pursuits and the indolence of their habits, Dr. Graham holds no qualifications in common. Between Dr. Graham and the associations which the tuition of botany is too apt to excite in the recollections of most medical men, there is a most felicitous discrepancy indeed, the science being considered by them as trivial in its objects, and an unnecessary addition to the knowledge of a practical physician, an opinion which the habits of those by whom it was taught but tended little to overturn. Active however in manner, acute in his perceptions, comprehensive in his

research, and painstaking in the communication of instruction, you are constantly startled into wonder, during one of Dr. Graham's lively prelections, how an individual of such buoyancy of manner—how one, the decision of whose character, and rapidity of whose movements, point him out as fitter for the extirpation of disease than for bending in patient scrutiny over the evolving miracles of the microscope, should have become the investigator of the delicate and complicated organization of the vegetable world. It is difficult, indeed, to reconcile the apparently contradictory attributes of his character, or to concentrate into one view the multifarious qualifications evinced by him in the discharge of his various official duties, whether as a teacher of botany, a clinical lecturer, or a practical physician. Like many others called to fill important situations without time to prepare a regular digest of the science which they taught, out of a systematic course of study, Dr. Graham has laboured, and not unsuccessfully, to compensate for a deficiency in early education. Aware of the connexion existing between the different branches of medical science, he has endeavoured to grapple with them all, and if he has not attained his objects fully to the extent of those who make each department of the healing art a separate subject of cultivation, he has at least carried along with him, in his hurried career over this extensive field of study, a sufficiency of its fruits and flowers to furnish at once a substantial and agreeable bouquet for his pupils in botany. Principally occupied in didactic pursuits, he is necessarily better known as a teacher than a writer on botany; but what he looses in fame is amply made up in utility to his class by the excellence of his lectures. His facts in illustration of his positions are in general happily selected, and his reasoning founded on them, the productions of a vigorous and independent mind, which brooks no authority but that which it can thoroughly understand. Excellent, however, as are those speculations on the higher departments of the science with which he enlivens his course, it is in the less ambitious, but not less useful departments of practical botany that his merits are most conspicuous. In estimating the comparative value of the various systems or methods of botanical arrangement, he has, we think, judiciously adhered to that of Linnæus, and made it the basis of his lectures, notwithstanding the unfounded imputations cast on it by recent writers, particularly by Mr. Lindly, of London, who facetiously informs us, in the preface to his *Natural Classification of British Plants*, that "it has almost disappeared from every country but our own, and ought now to find no other place in science than among the records of things

whose fame has passed away"! The gross ignorance, and we must say insolence, evinced in this passage, need no comment, nor the "sexual system" of Linnæus a defence at our hands—a system which will live as long as science itself shall be cultivated; in fact, it is the only one adapted to the botanical pupil in his first steps in the science, as it is, after all, the only one by which the name, at least, of plants can be readily recognised in the field. We have repeatedly seen the experiment of two students, the one taking Mr. Hooker's *Flora*, the other the *Synopsis* by Mr. Lindley; and in nine cases out of ten, the student making use of the latter could not recognise a single plant, or arrive at its name, by its assistance, while the pupil following the Linnæan system, adopted in Mr. Hooker's work, made out every plant that presented itself to his view. In his use of this admirable system, Dr. Graham takes the greatest pains; the orders in Smith's *Compendium* are gone over by him during the course, and specimens in illustration of the genera and species belonging to each abundantly supplied and luminously explained. In addition to these minute notices of each plant, Dr. Graham holds daily examinations in a given portion of each of the orders, and what rarely indeed occurs on such occasions, not only renders them highly instructive, but even agreeable to the class, by the affability and elegance of manner with which he propounds his questions to his pupils, who are seldom disposed to bear this species of catechetical scrutiny in public with a good grace. The style in which his lectures are composed is at least as peculiar as the matter of them is instructive, being as punctiliously elaborated as an Oxford prize-essay, or a Christmas declamation at one of our great schools. There is, perhaps, too much straining in them after effect, a fault, however, which may be the more readily overlooked when the illiteracy and negligence displayed in the compositions of many of the professors of the present day are recollected. Though philosophy and science disdain the meretricious aid of rhetorical embellishment, even truth itself may be degraded by the dress in which it is presented to our understandings; and though Dr. Graham's phraseology may be, on certain occasions, too florid, his sentiments too witty, and his periods too pointedly antithetical, we would prefer the excess of his merits to the poverty of phrase of other lecturers. He has obviously a passion (for such we may call it) for literary displays of this description, and never, when the subject admits of the effort, neglects treating his pupils to one of those sublime speculations on the more abstruse questions involved in the cultivation of botany; such, for example, are his

essays on generation, the ultimate structure of matter, his defence of the Linnæan system, and though last not least, his criticisms on the writings of Mr. Andrew Knight. In these studied lucubrations he puts forth his whole strength, and if to the practised writer they appear somewhat over-done, it must be allowed that they are admirably calculated to enliven the tedium of a long course of lectures, and to keep alive the attention of a class, which soon fails if not stimulated occasionally by such exhibitions. If Dr. Graham did not succeed in rendering the delivery of his prelections agreeable, he would be certainly without an apology, having every physical essential of oratory, a clear intelligent eye, a forehead of unruffled placidity, a loud yet harmonious voice, and features of such expressiveness and manly beauty as to interest the most phlegmatic auditor or contemner of external appearances. With such natural advantages, the delivery of eloquence becomes a matter of facility, a fact of which Dr. Graham alone appears to be unconscious, and which casts an additional charm over his manner in the public perusal of his lectures. Seldom, indeed, has a professor's chair been filled by one of higher personal endowments, and habited in his official robe, he looks, during the enunciation of one of his favourite passages, as if inviting the artist to transfer him to the canvass as the *beau idéal* of a professor of botany. A "stage player," or a "reader of Shakspeare," might indeed take umbrage at the oftentimes unvaried emphasis with which he declaims common-places; but as these are of importance to the student, as they are to be impressed on the memory, and not merely to please the ear, the energy of action and elevation of voice with which he enunciates his discourses, are at least judiciously employed to keep up the attention of the audience, though they may not be always regulated by the principles of good taste. Though generally affable, good-humoured, and sprightly in the discharge of his duties, there are occasions when these customary and amiable qualifications give way to temporary irritation. Dr. Graham having a great horror of interruption, and of "sketching" likenesses during the delivery of his lecture, is sometimes ruffled into passion, not by the pencil of "Scotus," but by that of a much more celebrated artist, the well-known Dr. Syntax of Edinburgh. The Doctor (we, of course, mean Syntax) is so singular a personage, that we are induced to turn his own art against himself, and transfer him to our pages. For aught we know, but from his appearance, the Doctor may have been a contemporary of Cullen's, and has had the rare merit of continuing a student all the time, in despite of lectures and examinations which he has heard and undergone

without number. Free by long attendance and purchase to the different courses in the "curriculum," the Doctor is seldom or never absent from the class-rooms of the University. As the bell tolls the hours for lecture, he may be daily seen hurrying down Nicholson Street to the College, with a bundle of note-books or portfolios under his arm, his aged and withering form enveloped in a suit of seedy black; and if the day should demand its protection, a plaid-mantle girded round his waist, which, from the fading tints of its texture, might have served some hardy highlander on the plain of Bannockburn, or wrapped the athletic form of Rob Roy himself. Either the Doctor has by this time appropriated whatever knowledge is to be acquired from university professors, or admonished by a series of fruitless attempts to acquire a legal right to a title which is now conceded him only through the complaisance of his numerous acquaintances, he has given up apparently all idea of profiting by their valuable instructions, his time in the lecture-room being exclusively occupied in transferring the physiognomy, instead of the words of the lecturer, to one of his portable sketch-books, in which are deposited innumerable likenesses of all the Edinburgh professors for perhaps the last half century. In short, the Doctor has relinquished the pursuits of physic for the practice of the painter, and devotes his whole time to pencil, or pen and ink, sketches of the professors of Edinburgh, which it must be admitted he executes with a masterly fidelity to the originals. It might be supposed that one so devoted to his adopted art, and of such extremely inoffensive manners as the Doctor undoubtedly is, would pursue his harmless avocations in the lecture-room, without interruption to the pupil and the professor. It is however almost impossible, for the most zealous student in the acquisition of knowledge, or for the most abstracted lecturer in the discharge of his duties, not to have his attention distracted by the grotesque appearance of the Doctor, as he sits under the glare of a gas-chandelier, with his sketch-book spread out before him, his spectacles imbedded in his grisly and bushy brows, and his pencil sending its industrious ham around the class-room, as he plies it with indefatigable perseverance over a slip of "Bristol Board." Apart from the distraction which so attractive an object must necessarily create in the mind of a speaker engaged in serious avocations, we have some suspicion that Dr. Graham may be jealous of the divided attention of the pupils, who are as much occupied occasionally with the labours of Syntax, as with his own philosophic speculations. His eye, at last,



will be seen to turn on poor Syntax, his brow to lour, and his voice to roughen in the delivery of the most important parts perhaps of his discourse; but true to his favourite pursuits, the Doctor mistaking the rebuke for a new expression in the features of his subject, stares more earnestly at Dr. Graham, until worn out of patience by the gaze of the painter, he exclaims in a paroxysm of indignation, "Have done, sir, I do not like to be caricatured, it is disagreeable to my feelings, and injurious to the interests of the class!" The extreme pains, indeed, which Dr. Graham takes with the instruction of his class, would justify the expression of the disapprobation manifested on those occasions against any interruption of his labours, while the punctiliousness with which he insists on at least an acquaintance with the principles of botany from the graduates of the University of Edinburgh, suggests the propriety of examining the question, whether botany should be *bona fide* an item in the curriculum of the education of physicians. There is nothing indeed more common, than to hear pupils complain of the labour of preparing for an examination in a science which they hold to be totally useless in the practice of their profession. Nor is this complaint confined to students; the *cui bono* of a knowledge of botany, being a common interrogation among persons removed beyond the labour of its acquisition, and exempt from the inconvenience which an ignorance of it might produce at an examination. It is certainly much easier to ask them to point out the precise value of any one of the medical sciences, particularly when the practice of them is as often empirical as it is scientific. It might, for example, be readily asked, Of what use is chemistry or anatomy in the treatment of certain diseases? An analysis of "blue pill," or a knowledge of the structure and relations of the liver, throws no light whatever on the operation of this drug on that viscus. But are chemistry and anatomy to be repudiated from the "curricula" of public instruction, on the strength of this and other isolated facts? Surely not; but it would be as disingenuous to answer, as it is to ask the question in this abstract manner. No doubt Linnæus himself might make a very sorry practitioner at the bed-side of a patient; but we hold that no practitioner can be thoroughly cognizant of the nature of the agents which he employs in the practice of his profession, without a knowledge of botany, which has been too long considered as a mere science of hard names without meaning, among the medical men of Great Britain. Besides its use in the cultivation of medicine, the improvement which it bestows on the mind by the views which it

opens to the industrious student, a knowledge of it is indispensable to the accomplished physiologist, who can never thoroughly understand the laws of animal, without a corresponding acquaintance with those which regulate vegetable life and organization,

SCOTUS.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 15, 1830.

#### VARIOUS CASES.

THERE were fourteen cases, Gentlemen, admitted into my wards last Thursday. Among the women were two cases of lepra, which were evidently syphilitic, from the leprous spots being in fact tubercles, and from being very dark. I observed likewise in one of the patients an ulcer of the throat, and in the other an ulcer of the tongue. Both women of course denied having had a syphilitic affection, and having been in the way of contamination. But I am satisfied that you will see the two cases cured speedily by mercury. There was likewise a case of eczema, one of anasarca, and one which appeared to be merely dyspepsia, for there was no organic disease nor gastritis.

*Spasmodic Contraction of the Hand and Foot.*—There was also a very curious case of constant spasmodic contraction of the left foot and hand; the foot is drawn greatly inwards, so that it cannot be straightened at all, and the hand is likewise drawn in, but in an inferior degree. This is exactly the appearance which we observe sometimes in continued fever, and it occasionally remains during the whole of life. You are aware that a state like this arises from no fault in the arm or leg itself, but in the nerves at their union with the brain or marrow, exactly as in hemiplegia, the difference between the two being, that in hemiplegia there is a loss of power, but here an excessive irritation, of the nerves, or brain or marrow, at their union with the brain or marrow. It is not merely that the nerves of motion are alone affected here, the motor nerves of flexion only, the motor nerves of extension being undisturbed. Upon making inquiry, I soon found that there were symptoms in the head and neck. The back of the head and the back of the neck immediately under it were exceedingly painful, and on mak-

ing pressure at the back of the neck immediately below the occipital bone, there was extreme tenderness; the suffering there, indeed, was far greater than at the extremities—the extremities suffered from the violence of the tension caused by the position; but at the back of the neck was suffering from inflammation, extreme tenderness on pressure; and I directed all my attention to the upper part of the spinal marrow and the neighbouring part of the head. The disease, I presume, is in the medulla oblongata, or the cervical portion of the spinal marrow. I ordered the patient to be cupped in the nape of the neck to the extent of a pint, and such was the effect that, the instant the blood was withdrawn, the hand became perfectly straight, and remained so for some time. This was a striking proof that the practice was right, and I have no doubt that by perseverance we shall cure the complaint; for this reason, that it has existed only six days, consequently there is probably no organic affection. This is a more minute division of nervous disease than we usually see. The disease is not only confined to the nerves of motion, but to those nerves of motion that cause the flexion of the muscles.

*Itch.*—Among the men was a case of epilepsy, one of well-marked chronic gastritis, one of deep-seated inflammation above the knee, which does not appear to be rheumatism, one of nervous palpitation without organic disease, which came on from anxiety of mind or some little temporary disturbance of the system, one of acrofulous caries of the thigh and pelvic bones with anasarca, one of itch, which might be easily mistaken, as it is the pustular description of itch, which of course if treated with any thing but sulphur, at least with the ordinary remedies of cutaneous diseases, continues to go on month after month, and yet looks so unlike common itch, that it is sometimes mistaken. I discovered it chiefly by looking at other parts of the body, and finding about the wrists and breasts the well-marked common form of the disease, notwithstanding the large pustules, which had any thing but the appearance of common itch, in other parts. One case was scarlet fever, and one continued fever. As so many cases were admitted, of course a great many had been presented during the preceding week, and among them were six women.

*Continued Fever.*—The first of these of which I purpose speaking, was a case of continued fever, which occurred in one of those poor German females who perambulate the streets, crying “Buy a broom.” She was a native of a village near Frankfort on the Maine. It did not appear to have arisen from contagion, and was cured, as you will see almost every case of continued

fever brought into this hospital, by the most simple means—by enjoining, first, the most perfect cleanliness. I had her thoroughly washed when she came in, and then I employed tepid ablution or cold ablution, whichever was the more agreeable to her, and whenever she felt hot, several times a day. As there was pain in the head, I directed fifteen leeches to be applied to the temples, and these were repeated. In a few days there was tenderness at the pit of the stomach, but her debility was such, that I was afraid to apply leeches again, and therefore ordered a blister to be placed upon the epigastrium. She took hyd. cum creta, grs. v., every four hours. The mouth became slightly tender, her tongue clean, and she was soon convalescent. She was at one time in a state of great debility, but by allowing her milk and two pints of strong beef tea per diem, and combating the local symptoms, the complaint gave way. It is said by some of the French writers, that when there is pain in the epigastrium on pressure, blisters are an improper mode of treatment, that they produce great irritation, and we ought only to apply leeches. I know, however, that where there is such debility that we cannot apply leeches, or when we have applied them frequently, and still something more is requisite, you may have recourse to blisters with great advantage. The only injury arising from blisters, is where they are allowed to take the place of the loss of blood,—when it is necessary that a certain quantity of blood should be taken away, but it is not taken away. In such cases, if you merely apply blisters, you produce great irritation; but if you remove a certain quantity of blood either from the arm or locally, after you have done this once or twice, or more frequently, the time may arrive when blisters will be useful, from the continuance of the symptoms. Sometimes blisters may not be required; but if the irritation continue after you have emptied the part well by means of leeches or general bleeding, you may have recourse to blisters with great advantage. That was the case here; her tenderness was speedily removed by the blister. She recovered so soon, that having been admitted on the 20th of October, she was on the 11th of November presented, and was able to walk home. This is the common treatment adopted by me, and it is so successful, that during the last two years only one patient has died in the hospital under my care of continued fever, and that was a man who was admitted in the advanced period of typhus; his tongue black, and muttering delirium present. Strict attention to cleanliness, cold or tepid ablution or affusion, local bleeding wherever signs of inflammation are present, attention to the bowels, and the moderate exhibition of

mercury. I give calomel, if the bowels will bear it, or the hydrarg. cum creta, and if there be irritation of the intestines, you may check it by moderate quantities of astrin-gents, or opiates, or leeches and blisters to the abdomen, should it be in an inflamma-tory condition.

There was likewise among the women who were presented another case of conti-nued fever, which was treated in nearly the same way. No. 9 in the same ward. The disease was mild, and the local irritation not in the head or abdomen, but in the chest. In cases of fever, if you apply the stethoscope to the chest, you will generally find a slight rattle of the same nature as in bronchitis. Here the seat of the local affection indicated that the local means should be employed at the chest. The pain was not great; there was only a slight soreness. I ordered leeches to the chest, and gave her the hyd. cum creta ten grains, three times a day, the same as in other cases, and ordered her to be kept on slops. There is, perhaps, a danger of increasing the bronchitis if you chill the surface of the body, at least when there is inflammation of the air passages, lungs, or pleura; I have feared to use cold effusion or ablu-tion; and as the heat was inconsider-able, did not have recourse to ablu-tion either warm or cold in this case.

There was likewise the case of pleuritis presented, to which I alluded in a former lecture, which was cured by a good vene-section and leeches, followed by the admi-nistration of a large dose of calomel and opium. There was no relapse, and she went away well.

*Hemiplegia and Paraplegia.*—There was also a case of hemiplegia, much improved under the use of iodine, but which I should be wrong to say had been benefited by the iodine. It is very common in cases of par-alysis, if moderate diet be observed, for the disease to decline, without our having re-course to remedies of any other kind; and I have no doubt that many instances of hemi-plegia thus cease of their own accord, when the cure is ascribed to medicines. After a time congestion ceases, or the effused fluid is absorbed; and if low diet be ob-served, a return of the congestion or effu-sion is often prevented. The absorption will proceed of itself; and if, in the lower orders, these complaints are left alone, they will improve to a certain degree, and then get no worse, or totally disappear. The tincture of iodine has been strongly recom-mended in cases of hemiplegia. It does good, probably, by promoting absorption of effused fluids. In the present case, nothing was observable, but that the woman had lost the use of her right side. No headach, drowsiness, or giddiness, was complained of. I began with ten drops of the tincture,

increasing it gradually to forty, three times a day, and she certainly recovered in a very great degree, and desired to go home. I have not met with many cases in which it has been so successfully employed, and, indeed, wherever there is drowsiness and giddiness, it would appear useless, I should fancy, to employ the iodine. The proper remedies, where there is fulness of the head, is general or local bleeding, a moderate de-gree of purging, a moderate use of mercury, and low diet, great care being taken not to carry these too far. I am sure that many persons are reduced far too low in the treat-ment of hemiplegia. They are suffered to sink so low, that the brain cannot repair the injury it has suffered, and the system gives way. Although antiphlogistic mea-sures are generally best at first, and un-doubtedly demanded, it should always be remembered that there is a danger of carry-ing them too far. If, after general or local bleeding, you keep up a drain from the part, exhibit mercury moderately to lessen congestion and inflammation and promote absorption, it is often necessary to employ means to keep up the strength. Iodine may be at this period frequently useful. Yet I have given it often fruitlessly; and often when persons recovered under its use, I saw no proof that the recovery was not owing to natural processes, or the antiphlogistic means employed in the first instance. Those who study morbid ana-tomy will suspect that it cannot be very generally useful, as sometimes a softening of the substance of the brain, sometimes excessive induration, encysted tumours, fungous and other growths, are frequently discovered to have been the cause of the disease. So also I may remark with re-gard to electricity, which is much recom-mended in paralytic affections; neither it nor strychnine, any more than iodine, can be expected in these cases to be of any service. If it be a case merely of loss of power, or of pressure from effusion, then stimulants will be of use. You will per-haps recollect a case of paraplegia which was six or eight months in William's Ward, where there was pain in the spine. I knew it would be of no use to give either iodine or nux vomica in this case, but I applied setons and the moxa, and kept the patient on a low diet. Willing, however, that he should reap the benefit of these means, if they could be of benefit, I gave him also nux vomica, or the strychnine, for many months, and tried electricity fairly, but without any alteration in the complaint. I have, in fact, failed with the strychnine not only as often as with iodine, but much oftener; where there is softening or induration of the brain, or tumours or morbid growths, it must be useless. There are cases of torpor only,

when strychnine is successful. I have employed it frequently, and nux vomica more frequently, but I cannot say in any case with success, unless the case were one merely of torpor. Accordingly, in palsy of the wrists from lead, I have often thought strychnine of advantage.

*Palsy of the Wrists.*—There was a very good case of paralysis of the wrists from lead in which electricity was employed. The man was in William's Ward; he had been ill a year; the brain was not affected, nor was the spine, but here the chords and extremities of the nerves were torpid, deadened by the poison of the lead; as likewise, no doubt, were the muscles themselves; the hand, in fact, was poisoned. He was 50 years of age, and had been a painter. There had been no internal affection, no colic, but simply the hands had dropped.

Now this is just the sort of case in which I have seen advantage derived from strychnine, and have, indeed, known a cure apparently to result from its use. I ordered the wrists to be electrified every day by shocks, and the strychnine to be given in the dose of one-tenth of a grain, increased to an eighth, three times a day. In this case I am satisfied that it was the electricity, and not the strychnine, from which the benefit was derived, first, from the circumstance that the dose of strychnine was so very small (it was only increased to an eighth), and next, because there were no symptoms of catching and tingling of the parts, which you know are among the effects which strychnine produces; thirdly, finding the cure far speedier than I had ever seen from strychnine, and believing the electricity to be the successful remedy, I suddenly discontinued it, and went on with the electricity, and the cure proceeded just as rapidly as before. He was admitted on the 7th of October, and went out on the 11th of November. He was electrified thoroughly with shocks in the wrists every day. The strychnine was only employed for ten days. He would, in fact, have gone out earlier but for an attack of rheumatism, which came on in his knees and delayed his departure.

*Rheumatism requiring stimulating treatment.*—During the week several cases of rheumatism have been presented, all of them cured, and I will now point out to you the treatment of rheumatism which I have found most successful. Among the women, for example, there was one case of rheumatism admitted which required a stimulating mode of treatment. Jane Davis, aged 22, had been ill four months with rheumatic pains in the joints, which became so bad that at last she was obliged to give up work. Warmth to the parts gave her relief. She had no thirst, dryness of tongue, sweating, heat of surface, nor heat of the parts them-

selves; on the contrary, she complained of coldness of the hands and all the other joints: indeed, coldness all over. The parts affected, she said, were never warm. I ordered her the warm-bath every day, and half a drachm of the *Ra. guaiaci ammoniata* three times a day. She at once mended, and was able to leave the hospital in a week. She required a stimulating treatment, and depletion would have done no good, but might have aggravated the complaint. With regard to the employment of the hot-bath, it is absurd to suppose that any good can be derived from its use where it is had recourse to no oftener than once or twice a week, as many patients employ it. Yet with no more frequent use of it, persons will come and tell you that they have used the warm-bath and found no benefit from it. It ought to be used at least four times a week, and if possible, every day. Some people cannot bear it every day, even if they only stay in a short time, from its producing profuse sweating; but frequently they can bear it when they tell you they cannot, if you use it but moderately warm, and they stay in only a few minutes. In the treatment, however, of cutaneous diseases and rheumatism, it is quite ridiculous for people to employ the hot-bath once or twice a week. Many patients can be gradually brought to use it, not only once, but twice a day, and then derive so much the more benefit. I have seen diseases which had baffled all other means, cured by the patient going into the bath three times a day, and remaining in it an hour each time. This woman had it every day. With respect to the tincture of guaiacum, it may be used in any quantity that will do good. I always think it unjustifiable to give a large dose of medicine if a small one will answer the purpose; and, unless in a violent complaint, I restrict myself to a small dose until I find it fail in doing good, and then I gradually increase it. Half a drachm of ammoniated tincture of guaiacum is a fair dose; some persons, however, will bear a drachm, and some several drachms. There was a man in the hospital last spring, in whose case I found it necessary to increase the dose to two, three, four, five, and then six drachms, and then it answered the purpose fully. You find it mentioned in some books that these large doses are required in many cases, and it is certainly a fact that there is no rule for a dose of this medicine any more than for a dose of another. Many persons will be made sick by such a dose as three drachms; many persons will be purged violently, and others might, for what I know, have gastritis produced; but there are some who will bear it, and who are not cured with less. If this medicine do not produce the good effect you desire, if it do not warm, or warm but

transiently, and yet do not disagree with the stomach or bowels, the dose should be gradually increased. I have never given it in such doses as these, except for the purpose of stimulating the system throughout. It is mentioned by Sir Gilbert Blane in his "Medical Logic," that in one form of acute rheumatism, in persons of a scrofulous disposition, the large dose of half an ounce is very serviceable. I have not tried it, but if it purge the patient well, or sweat him, I can conceive that it may do him more good than it would do him harm by stimulating him; yet I should think that in cases of active rheumatism, as it is a stimulating medicine, if it do not make the patient sweat, or purge him well, there would be considerable danger of its stimulating effects doing him great harm. Still it would be absurd to deny a fact. I find it one of the best stimulating medicines in cases of chronic rheumatism, where the temperature of the patient requires to be increased, and warmth does good. This patient had been ill four months, but by this medicine and the use of the hot-bath, she became well in seven days. This was a rapid cure, but I believe in the account of it there was no deceit.

*Rheumatism requiring Antiphlogistic Treatment.*—The other cases of rheumatism were of an opposite character, and would probably have been injured by such treatment. One case was that of a woman in Mary's Ward, who also had been ill four months, and although it had continued throughout that time, the affection was as active as though she had been ill only four days. Rheumatism is frequently active when it has existed for twelve months, that is to say, the parts are at the end of that time hotter than they ought to be, and heat aggravates their pain, so that if you apply any stimulants you do mischief, but if you employ the common treatment for acute rheumatism, you do them good. Acute and chronic are terms by no means synonymous with active and passive or indolent. In this woman I found some slight affection of the chest. There was palpitation of the heart and some degree of cough, and, therefore, I had recourse in her case to general bleeding. In active rheumatism, however, whether acute or chronic, I very seldom have to resort to general bleeding; never, indeed, unless there be some internal inflammation; for I always find local bleeding answer every purpose. If you take the indication merely from the buffiness of the blood, you will find, if you bleed the patient to ten pints, and there are cases on record in which that quantity has been extracted, the last pint may be buffed as much as the first. This has been mentioned by several authors. So long as the least rheumatic inflammation exists, I know that the blood

may be buffed. I was once accustomed to bleed generally in active rheumatism, but I find that local bleeding, with colchicum or mercury, is quite sufficient, and I never have recourse now to general bleeding, except where, as in the present case, there is internal inflammation. There was inflammation in the internal parts of the chest, and, therefore, I bled the patient in the arm, but had it not been for that, I should either not have bled her at all, or I should have applied leeches to the parts most affected. Sydenham once bled all his patients profusely in acute rheumatism, but finding one recover just as well without venesection, he gave up the practice. The medicine in this case was half a drachm of vinum colchici three times a day. I believe many practitioners make it a rule not to employ vinum colchici, but colchicum itself in powder, or the tincture of the seeds, which may be of equal service. But we fall into the habit of employing particular forms of medicine, and I always employ the common wine. The quantity administered to this patient produced purging, and then she was considerably better. I have sometimes seen colchicum do good in active rheumatism, without any sensible effect beyond that benefit; but, for the most part, I have not seen it beneficial, unless purging were produced. With this treatment, although she said she had been ill four months, she became so well, that though she was only admitted on the 28th of October, she went out on the 11th of November, without, as far as could be seen, any complaint.

There was a case precisely like the last also admitted on the 28th of October, into Jacob's Ward, which is among those now presented. It was one of active rheumatism, and had existed seven weeks. The parts were hot, and the warmer the joints were kept, the more painful they became, so that, indeed, the warmth of the bed rendered the pain ten times worse. Thirty leeches were applied to the joints that were in pain, and he took half a drachm of vinum colchici three times a day. With this simple treatment he got so well, that he went out on the 11th of November, the same day that the woman was presented. There was no deviation in the treatment; these simple remedies were employed, and he went on perfectly well. I see, that just before he went out, the rheumatism, which still remained in a slight degree, changed its character; he had no longer any heat. You will frequently find, that the character of rheumatism will change; you may reduce the heat until you have cold rheumatism; and, again, you may increase it till you have hot rheumatism. I have seen these forms of rheumatism alternate, and have been

obliged to alternate the treatment before the patient was cured.

I need not say, that in those cases where I had recourse to local bleeding, I employed moderate diet; it is right to feed the patients on slops, or things little better. The French reproach us with employing the most violent remedies in the country in acute diseases, so that we nearly kill the patients by bleeding them and giving them calomel, and let them all the while eat beef-steaks and drink porter, and do what they like. There may be men so silly, there are men in every business and in every profession who do not conduct their concerns in the most judicious manner, but I am confident this is not the case with the great majority of practitioners. The same attention is generally paid to diet in this country as in any other part of the world; but in detailing our cases, we certainly do often omit to speak of the diet. We take it for granted that it is known we do not give wine and porter; and from the circumstance, therefore, that we do not say so, the French have imbibed the idea that we never attend to diet at all, but that we just see the patients, write a prescription, and then let them go on as they choose with respect to food. This, I am satisfied, is an unjust observation, if it be made generally; but still there are, doubtless, some who do not pay as much attention to diet in this country as they should. We may, however, reproach some of the French with carrying restriction in diet too far. I am sure that most persons who have seen patients that have been treated by the French, have every now and then met with instances in which starvation had been carried so far, that the patients have been in danger of sinking; but who, by allowing them a moderate quantity of animal food, and, in the same degree, stimulating liquids, have rapidly rallied and got well. If we commit one error now and then, the French commit an opposite error, I will not say every day, but as often as we run to the other extreme. Let those who commit the one fault or the other be blamed, but let us not blame each other generally. Every one should recollect that he does not do his duty, either surgically or medically, unless he lays down rules with respect to diet. There is no great difficulty with regard to these rules. Every one must know that those who write on the digestive organs carry the point much too far. It is sufficient to say, that when a person is in an inflammatory state so as to require bleeding, general or local, or antiphlogistic treatment, that one part of that treatment should generally consist in low diet, in the cutting off of animal food and stimulating liquors, or they should be taken in the lowest possible degree. But with respect to articles of diet

in general, what is said by Dr. Heberden is perfectly true, that beyond the general rules of low and moderate diet and full diet with which every practitioner must be acquainted, every man knows best what agrees with him, and he can ascertain it as well, if not better than the doctor. The object of minute rules is often rather to make an impression on the patient than to lay down any specific plan which will do essential good: *Assa vero, an elixa eligenda sint, olerumve utrum utro sit utilius, modo communi judicio non caret, quam alius quilibet, tutius meliusque deprehendet.* There is a difference between low diet, moderate diet, and full diet; and every practitioner should be very attentive to the quantity, and the nutritious and stimulating quality, of the food which the patient is allowed to take. But excessive nicety in directions is too often affected. *Quomodo sanis, quomodo aegris vivendum sit, medici sæpenumero videntur nimis curiose et subtiliter disputare.*

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SUBSCRIPTION FOR THE WIDOW AND ORPHANS OF THE LATE DR. NUTTALL.

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*To the Editor of THE LANCET.*

SIR,—I need not refer you to the Number of THE LANCET, in which you did me the favour to insert my letter relative to the lamented death of Dr. Nuttall. I feel convinced you have not forgotten the offer you then tendered in behalf of his amiable and disconsolate family. Your promptitude in giving my letter a place in your valuable Journal gratified my feelings, but when I read the note which you attached to it, I felt supported and sufficiently authorized in endeavouring to ascertain the state in which the family were left, in order to avail myself of your liberal proposal, or to thank you for the same, and to convince yourself and readers that our fears were ungrounded.

The result of my inquiries is far from pleasing. I regret I cannot conclude by returning you only the sincere thanks of the friends of the deceased, for your sympathy and proffered exertions, and mine for the unexpected assistance you tendered. I say unexpected, because at that moment you had commenced an arduous and expensive undertaking for the benefit of the medical profession. I had heard of the vast sums of money you must risk in the contest for coronership, I was not, therefore, a little surprised, when I found you had volunteered your purse, as well as the use of your pages, to aid the friends of Dr. Nuttall in any object they might have in view for the benefit of his helpless orphans.

You have their thanks and mine, and you merit, not only on this occasion but many others, the applause of every well-thinking medical man, indeed of all mankind. You will do me the favour to omit no part of what I have written; I feel honoured in sounding your praise, and trust you will not allow any feeling of false delicacy to interfere with my request. And now, Sir, to my painful task.

For the benefit of some of your readers who may not possess No. 367 of your Journal for Sept. 11th, 1830, or rather for the benefit of our cause, I beg to refer them to pages 941 and 942 of the same, they will there see how I became acquainted with the late Dr. Nuttall, and why I feel so much interested for his family, also your appendix to my letter, which I shall copy here:—

“Should the friends of the late Dr. Nuttall consider a subscription for his amiable and distressed family desirable, our mite and the use of our pages shall be at their service.—ED. L.”

This unasked-for kindness on your part induced me to inquire more fully into the circumstances of the disconsolate family; having done so, and consulted with some of the late Doctor's friends, I find a subscription is not only deemed desirable by them, but absolutely necessary for the benefit of the five fatherless children. You, as well as your readers, will be convinced of this, when you are put in possession of facts.

Some time prior to the demise of my friend, his affairs had become embarrassed, owing to his having on more than one occasion lent his name to friends who proved treacherous—to the house in which he resided before he lived in Norton Street, remaining untenanted for upwards of two years—to his having contributed to the support of an aged and beloved mother,—and to the tender nature of his heart, which melted at almost every tale of woe, and induced him to alleviate the sufferings of the sick and distressed by pecuniary aid.

My former letter will partly serve to prove this last assertion. I could add many others of a similar nature, indeed I could fill a small volume with anecdotes of his charitable and other virtuous acts, which I have witnessed and heard of. Scarcely a day passes but I see some poor creature who has benefited by his kindness or professional advice, and who laments with genuine tears his departure from this world. Some may think Dr. Nuttall was indiscriminate in his givings. Not so: no man in London ever witnessed more real misery than he—no man's feelings were ever more tried. He has seen disease, starvation, and every misery, combined in one family; he has visited such at night in the severest wea-

ther, all huddled together in a cold desolate room, without a bed to lie upon, a blanket to cover them, or fire to warm their shivering frames. He has felt as every Christian should feel—he has acted as every Christian should act—he has placed fire on their hearths, food in their mouths, and from the dispensary sent medicine to restore the sick member to health. In many cases he has paid for medicines when delay would have proved dangerous. Who is the man that could condemn him—who is the man that would not applaud him?

I trust I have said enough to account for Dr. Nuttall's not leaving riches behind him. He may be blamed for not having made a provision for his family; he endeavoured to do so; he insured his life some years back for five thousand pounds, paid the insurance for a length of time, but through the perfidy of the friends to whom I before alluded, and from other causes, he failed to pay one instalment, and the insurance therefore fell. Some time after, he commenced again for two thousand pounds, which sum, I am happy to say, is safe, and the interest of which is all that is left to support the widow and five of the loveliest children parents ever smiled upon. Their education was their father's greatest care; he spared no labour to improve their minds—he allowed not a moment to pass without imparting to them some useful knowledge—he endeavoured to make them not only good members of society, but was preparing them for a life hereafter. What can supply the loss of such a parent? Can money? no; but it may serve to nourish the seeds he has so carefully sown in such fertile soil. Those who have the will, possess not the power, at least not to the extent which is necessary; I allude to the relations on either side.

The widow is still confined to a sick bed, her recovery is as yet doubtful; the loss of a beloved husband preys upon the mind, and other circumstances combined with bodily affliction, are almost too much for so delicate a frame to combat with.

For the information of some of your readers, I ought to have stated that Dr. Nuttall was one of the physicians to the Westminster Dispensary, Gerrard Street, Soho; that he laboured for the institution fifteen years up to the period of his last illness.

I feel convinced, and it is the opinion of many others, that the incessant toil of attending to the duties of the dispensary, assisted mainly in undermining his constitution, and to hasten his death. I have, on several occasions, seen him out after midnight in all weathers, visiting the sick poor; have walked with him, and felt delighted in offering him my arm, that I might profit by his conversation. Whilst I was in his

company he was never idle; I may say with truth, that his mind and body were constantly at work; indeed, "he was a man, take him for all in all, we ne'er shall look upon his like again." From the long-continued illness of the widow, and from the impossibility of Dr. Nuttall's attending to his professional duties, the little stock of cash he possessed prior to his fatal attack was so nearly exhausted, that the day after his death there was not found sufficient in the house to defray the next day's expenses. A friend, into whose hands was entrusted the arrangement of affairs, from his own purse supplied the deficiency, and paid the funeral expenses. An aunt of the unhappy widow arriving from Scotland, relieved him from a continuance of his voluntary kindness, and up to this moment, a period of nearly three months, the family are indebted to her for support.

The interest arising from the insurance will not be payable till twelve months after the demise of the insured. I am informed six months must elapse before even the claim commences, so that at the end of the year there will be only half a year's interest due amounting to 40*l*. When I first began this letter, it was my intention (wishing to spare the feelings of the widow and her relations) to have named only the orphans of my lamented friend; but having been made acquainted with what I have just stated, your readers will with me conclude, that some pecuniary assistance is even at this moment required.

From what I have heretofore witnessed, I doubt not but the sympathy of the profession, and mankind in general, will enable us soon to lighten the burden of the distressed widow and her praiseworthy relation, and to raise a sufficient sum to continue that which the last parent had so well begun—the education of the children.

We ask not for large sums from the profession, their mite will be gratefully received; but we call upon them to plead our cause, where they know charity to exist. Every medical man has it in his power, in the large circle of his acquaintance, to make known this case. We hope then that each into whose hands your valuable Journal falls, will lend us his aid, that he will become the receiver of subscriptions from his patients and friends, and that he will forward the same to Messrs. Hammersley, Greenwood, and Co., bankers, 69, Pall Mall, or to any of the undermentioned repositories for subscriptions. Three of the late Dr. Nuttall's friends have been fixed on to take the charge of subscriptions, and to dispose of them as circumstances may require.

As often as may be deemed necessary, the money received at the different places will be forwarded by them to the bankers,

No. 379.

and, from time to time, your readers shall be apprised of the success met with, the manner of disposal, &c.

I remain, Sir,

Your very obedient servant,

J. H. TUCKER.

16, Howland Street, Fitzroy Square,  
Nov. 27, 1830.

A book (in which subscribers are requested to write their names, and the amount of donations) will be sent to the following gentlemen, who have consented to receive subscriptions:—

Messrs. Hammersley, Greenwood, and Co.,  
69, Pall Mall.

Mr. Robertson, 34, Gerrard Street, Soho.  
The Rev. Mr. Stevens, 15, Huntley Street,  
Bedford Square.

Mr. Tucker, Surgeon, 16, Howland Street,  
Fitzroy Square.

THE LANCET Office, 210, Strand.  
Messrs. Callow and Wilson, Medical  
Booksellers, Great Windmill Street.

Messrs. Burgess and Hill, Medical Book-  
sellers, 35, Great Windmill Street.

Mr. Highley, Medical Bookseller, 174,  
Fleet Street, and Webb Street, Maze Pond,  
Borough.

Mr. Anderson, Medical Bookseller, 40,  
Smithfield.

Mr. Taylor, 30, Upper Gower Street.

P.S.—Allow me, Sir, to say a few words to your brother EDITORS, whether conductors of medical journals, or of newspapers.

GENTLEMEN,—Having availed myself of the kind offer of the Editor of THE LANCET, namely, the use of his pages for promoting a subscription for the benefit of the orphans of the late Dr. Nuttall, and whose character (intended for those who knew him not) I have but very faintly sketched, I sincerely hope you will likewise grant us, the friends of the deceased, all the assistance you can, and kindly publish to the world our intentions, with respect to the unfortunate widow and orphans.

I am, Gentlemen,

Your obedient servant,

J. H. TUCKER.

16, Howland Street, November 27, 1830.

SUBSCRIPTION.

THE LANCET..... 5*l*. 5*s*. 0*d*.



## THE LANCET.

London, Saturday, December 4, 1830.

THE election for a president to the ROYAL SOCIETY, took place on Tuesday last, when, upon scrutinizing the numbers that had balloted, it was found that there were 119 votes for his Royal Highness the Duke of SUSSEX, and 111 for Mr. HERSCHEL; thus the Fellows of the *Royal Society* have elected a *royal* chairman. Had it been a *scientific* society, the president it has chosen might have found himself in unsuitable company. As this body has lost nearly all pretensions to an elevated character, Mr. HERSCHEL may congratulate himself on not having obtained the chair; for high as is his character, and brilliant as are his attainments, he would have experienced great difficulty in supporting his reputation, pressed upon, as it continually would have been, by such a ponderous weight of ignorance. The Society is rotten to the core. It wants intestines, rather than a head. Taking the Fellows as a body, their character for science is not likely to be injured by the accession of the royal President; nor does the Duke's reputation for scientific accomplishments incur any risk of injury from the proceedings of the Society. Thus far they are happily associated. The Duke of SUSSEX is not without his merits; but if the Society enjoyed a high reputation, and if it were zealously devoted to the cultivation of the abstruse sciences, the election of his Royal Highness to the President's chair would have given us deep regret. As matters stand, however, we think the choice is likely to prove beneficial to the public in more respects than one. To the honour of the medical profession it may be stated that Dr. PROUT, Dr. PEPYS, Dr. SOMERVILLE, Dr. CHAMBERS, Mr. J. H. GREEN, Mr. BRODIE, Mr. C. BELL, Mr. T. BELL, Mr. HERBERT MAYO, and Mr. MANTELL, were among the zealous and open supporters of

Mr. HERSCHEL. This speaks not less for their honesty than their judgment. A writer in *The Times* of Thursday asserts, that the election which took place on Tuesday was not for a President, but for a Member of the Council. Fah!

Mr. CHARLES BELL, it appears, is not a little piqued at his resignation having been so unhesitatingly and unceremoniously received by the Council of the University. Mr. CHARLES BELL had amused himself in this way so long, that his toys had become exceedingly disagreeable to his neighbours. He was not careful of their windows. It may have been very pleasant to Mr. BELL to toss "rissignation" papers two or three times a month to the Council, but such trifling could not fail in the end to prove exceedingly irksome to the objects of the annoyance. Other resignations, we understand, have taken place, and the University is in a fair way of overcoming many heavy difficulties by which it has long been oppressed. We beseech the Council not to act with precipitancy in filling the vacant chairs. The errors already committed on this head, should stand as a salutary caution in their future proceedings; and we implore them to elect by *concours*, by open competition, and not by the secret star-chamber method of deciding by private testimonials. In throwing open the doors to all scientific men of sound moral character, we should witness the brilliant sign that would distinguish this institution from the ancient abodes of ignorance and prejudice. To hundreds of aspiring geniuses it would then appear as the promising, the encouraging, beacon of their brightest hopes. Two or three more false steps in the choice of professors would retard the University for many years.

HOWEVER much the surgeons of the present day may boast of their learning and of their successful labours in the field of medi-

cal science, it cannot be disputed that the respectable ancient Company of "pure" surgeons was very successfully opposed up to the year 1540, by the Company of Barber-surgeons. The barbers had been sufficiently influential to get regularly incorporated so early as 1460, while the "pures" could obtain no separate corporation, but thought themselves fortunate in being united with the Company of Barbers, when the joint association was styled "The Mystery and Commonalty of Barbers and Surgeons of London." Having blooded, shaved, and rooted out combs, clipped hair and legs, most successfully, the College of Physicians became alarmed for their reputation and their profits, and prosecuted the rising "shavers" and "pures" for divers infringements upon the rights of the fellows. The doughty knights of the razor and lancet were not, however, to be intimidated. The keen edges of their weapons proved an over-match for the gold-headed canes. The grand united company prevailed at court, and obtained from JAMES I. a charter, which entrusted to them the examination of all who should practise surgery within three miles of London. This was deemed a severe blow by the College of Physicians; nor was the infliction made less by CHARLES I., who extended the power of the shavers as far as seven miles from London. Thus matters stood until the reign of GEORGE II., when the barbers and bleeders could no longer agree. Their jealousies and disputes were at last so much heightened, that the throats and limbs of many of his Majesty's liege subjects were placed in great jeopardy. The strength of the razors ultimately prevailed, and the broken lancets were compelled, though, it seems, not very unwillingly, to retire from the field of contention; for the "pures" had contrived to obtain many friends at head-quarters, and immediately succeeded in procuring an act, which incorporated them into a distinct company, by the name of "The Master,

Governors, and Commonalty, of the Art and Science of Surgeons of London."

Thus matters remained until the year 1790, when, owing to the death of several of the individuals who constituted the Court of Assistants, it was alleged by the survivors that the Company was dissolved, and they applied to Parliament for a new act, with a view to procure a greater extension of their privileges. The members at large, becoming alarmed at the contemplated attack upon their rights, petitioned against the bill, and, at last, got it thrown out of the Lords, after it had passed the Commons without opposition. Lord THURLOW particularly, and in no very measured terms, denounced the proceedings of the promoters of the bill; he characterised them as fraudulent and infamous, and it was owing to his Lordship's powerful influence, that the petitioners against the bill were successful. This contest took place in 1795 or 1796. In the year 1800, the defeated party, still engaged in their hole-and-corner proceedings, secretly petitioned his Majesty GEORGE III. for a charter to enable them to re-establish the functions they had so long enjoyed under the 18th of GEORGE II. In this application they succeeded. The charter was granted,—that charter by which the College is now governed, and by which the members of the College are still robbed, insulted, and degraded. To show how suited the letter and spirit of this document are to the character and accomplishments of the surgeons of the present day, it is only necessary to state, that this instrument is almost a transcript of the charter which was held by "the Commonalty of Barbers and Surgeons in the year 1500," and—still worse—BY THE COMPANY OF BARBERS INCORPORATED IN 1461! Yes; the present charter of the College of Surgeons in Lincoln's Inn Fields, DIFFERS NOT from that which was GRANTED TO THE BARBERS IN 1461! The managing parties are designated by different names, it is true; thus, "Master" is now denomi-

nated "President," "Governors" are called "Vice-Presidents," and the "Assistants" are styled "Councillors;" but the ordinances for the elections are precisely similar, directing that all vacancies occurring in the Court or Council, shall be filled up by the surviving members, thus precluding the commonalty from taking any part in such vitally important proceedings. The choice depends entirely upon the will of the surviving members of the Council. True to the letter of the barbers' charter, not one word is mentioned on the subject of the *scientific* qualifications of the candidates. Not that we would insinuate that the members of the Council are without their qualifications! Oh, it is a goodly "company;" truly a company of "shavers." That man who would not assist in abrogating such a charter as this, is not only a disgrace to the profession, but an enemy to the whole human race.

#### REUNION OF SEPARATED PARTS.

ALTHOUGH there are several instances on record in which parts, after having been completely separated from the body, have been afterwards reunited with it, we believe their number would be much greater if the possibility of such a union were more generally admitted, and the attempt to produce it more frequently made. The following cases, extracted from the "*Heureberg Clinische Annales*," will therefore, we trust, be read with interest:—

M. D., *ætat* 21, had in a duel a piece of the nose cut off, ten lines in length and seven in thickness, comprising part of the ala and the cartilaginous septum. The fragment fell on the ground, with its raw side turned upwards. It was immediately picked up, washed, and applied to the wound, and kept in this position for about ten minutes with the fingers; after this time it was fixed with sticking-plaster, and the wound repeatedly fomented with an aromatic infusion. On the third day the dressings were removed, and the nose carefully washed with warm aromatic vinegar; it was of reddish-brown colour, and reunion was found to have taken place at all points where the skin had been vertically divided;

a small place only, where the section was horizontal, suppurated slightly. The uniting bandage was again applied, and the aromatic fomentation continued. On the fourth day the epidermis of the separated piece was of livid colour, and it seemed as if reunion was not so complete as had been suspected. The temperature and sensibility of the nose were, however, perfectly natural. The wound was dressed in the same manner as before, and lint dipped in a solution of sublimate was applied to the ulcerated part. On the 6th day the skin began to be detached; the subjacent tissue looked healthy, and was covered with granulations. On the 8th day a small portion of the skin came away, but the loss of substance was soon filled up. After this time no unfavourable symptom occurred, and in about a fortnight cicatrization was completed at all points.

In another case, a young man received in a duel with swords a wound by which a piece of the nose, half an inch in length and breadth, a flap of the upper lip, an inch in length and three lines thick, and, lastly, a part of the under-lip and of the apophysis menti, were chopped off. All these parts had fallen to the ground: the piece of the chin was immediately taken up and fixed in its place by fifteen sutures; the fragment of the nose could not be applied for about twelve minutes, and that of the upper lip was not found; the separated piece of the nose became reunited, excepting one-third, which came away. The wounds of the lips healed with a considerable loss of substance, and were cicatrized on the 46th day.

M. B., *æt* 20, had, in a ruse, a part of the nose, of twelve lines in length and sixteen in breadth, chopped off; the stroke was directed more towards the left side, and the left ala was completely separated; the flap terminated at the upper lip, and adhered to it by means of a pedicle about a line and a half in diameter; there was a profuse hæmorrhage from the left nasal artery, which it was found necessary to tie; the flap, which meanwhile had become quite cold and pale, was then reapplied in its proper place, kept *in situ* by a few sutures and sticking-plaster, and fomented with aromatic wine. Towards the evening the piece of the nose had slightly recovered its temperature, but was still pale and collapsed. On the third day the dressings were cautiously removed, the piece of the nose was of a bluish colour, almost cold and quite collapsed, and the stump of the nose began to be covered with erysipelas. The edges of the wound were dressed with an ointment of camphor and Peruvian balm, and the fomentations were continued. On the 5th reunion had not taken place in any point of the wound, all points of suture had suppurated, and on the 7th the piece of the nose came away whilst

the patient was sneezing. The wounds were healed up after about seven weeks.

B., ætat. 21. of fair complexion, received in a duel a cut across the face, by which part of the tip of the nose, the alæ, and a portion of the septum, were separated; the piece was immediately reapplied, and kept in its place for a few minutes with the fingers, and then by means of a uniting bandage. The skin of the patient was so irritable, that the sticking-plaster caused an erysipelatous inflammation and a papular eruption, notwithstanding which, however, reunion was found to be complete on the third day, yet the separated piece was of a bluish colour, and it was expected that mortification would ensue; the skin became detached on the following day and came away, leaving an unhealthy suppurating surface; under the repeated application of a balsamic ointment, and the solution of sublimate, the ulceration became of a more healthy character, and after a few days the wound began to granulate. The separated piece retained its vitality, and cicatrization was completed on the 10th day.

Besides these four, the above journal contains twelve more cases, all observed by the same practitioner, in most of which reunion proved successful.

# LONDON MEDICAL SOCIETY.

November 8, 1830.

Mr. CALLAWAY in the Chair.

## INFANTILE MARASMUS.

Mr. DENDY this evening read a paper on the pathology and treatment of infantile marasmus.

The study of those morbid affections which occur during the period of infancy is one, said Mr. Dendy, replete with interest. The helpless condition of the patient, the obscurity of the symptoms, the sudden exposure of the frame to the influence of external agents, the abrupt assumption of the duties which belong to the alimentary canal, and extreme susceptibility of the nervous system, are all matters of interest and importance.

Amongst the diseases which are arranged in the infantile nosology, there are few, the causes, symptoms, seat, and treatment of which have excited so great a diversity of opinion as the malady which has been denominated—*macies*—*atrophia lactantium*—*febris infantum remittens*—*hectic fever*—*tabes mesenterica*—*marasmus*. The causes of this diversity may have been various.

The immediate cause of marasmus is inefficient nutrition, arising either from a diminished or suppressed absorption of chyle, or by a deteriorated condition of that fluid which renders it, if absorbed, unfit for its important office in the animal economy. For although irritation of the nervous system may prove fatal of itself, it does so usually by its immediate effects on the brain, or the medulla. If the irritation be more protracted, the functions of the intestinal canal are from this cause deranged. These affections, as well as partial wasting or paralysis, it is not my purpose to treat. A healthy body, especially that of the child, is in a state of constant renovation and increase. The supervention of disease in those organs which perform this important function incapacitates them for their duty; their function is either altered, or suspended, or destroyed.

Granting some absorbing power to other tubes, the grand medium of nutrition is the lacteal apparatus of the intestines. Whatever, therefore, deranges the function or disorganises the structure of the mucous membrane of the alimentary tube, may be considered the exciting cause of marasmus. The chief of these causes are—retention of the meconium—dentition—exposure to cold—the recession of eruptions—deficient or excessive supply of aliment—deleterious food—worms—the poisons of measles, scarlatina, small-pox—of which diseases intestinal irritation and its consequent diarrhœa are the most frequent sequelæ. To this list it may be expected I should add those cases of profuse or increased discharges which are marked usually by wasting, as coryza, leucorrhœa, and perhaps diabetes, but if I admit those it would lead me to digress, as the emaciation attending them is a consequence of almost every disease in infancy. I wish here to confine myself to the abdominal sources of marasmus.

I consider then that there are two conditions of the mucous membrane of the bowels which induce marasmus—simple irritation and inflammation, or muco-enteritis—often a disease into which by neglect simple irritation may be excited, a fact which agrees with the opinion of Dr. Goelis, that the majority of infantile diseases bear an inflammatory character. I do not mean to assert that this diseased action invariably commences in the mucous membrane; many instances have, I doubt not, occurred where idiopathic inflammation of the peritoneum has been the primary disease, extending in the end to the mucous surfaces; although where we have ulcerations, and even fistulous openings at the points where the convolutions of the intestines lie in contact; it will be a difficult task to say in which tunic the disease first commenced. I believe,

however, that peritonitis is marked usually by the adhesive inflammation, and muco-enteritis by the morbid changes I have alluded to above. I am anxious to establish, as far as I can, the proper seat and nature of this distressing disease, because I think that error regarding this circumstance has been productive of frequent unsuccessful practice. The pathologist has been led away from the commencement of the lacteal tubes, by a fancied importance attaching to the mesenteric glands in the function of nutrition, or the tonic or stimulant plan been resorted to when depletory measures have been indicated. Hence wasting of the body has been described by the sweeping term *tubercles mesenterica*, because a suppurating gland has been sometimes discovered on examination. My books had led me also into this error, but experience has often shown me, on the dissection of fatal cases of marasmus, how slight, if any, disease existed in the mesenteric glands—how extensive were the lesions of the mucous and peritoneal coats of the intestines.

The suppuration of mesenteric glands is generally a secondary disease, extending from other tissues; or in the scrophulous enlargement, it may be an ineffectual effort to expel some constitutional taint; or an incapability of resisting that action which, in a vigorous system, and within due limits, is set up to repair or relieve the *vis medicatrix nature*.

I believe that muco-enteritis may often exist as a primary affection, yet it may be considered also as an aggravated form, a consequence of previous irritation; but as the removal of that exciting cause will not effect the subsidence of an established inflammatory action, the distribution of the causes of marasmus into simple irritation and inflammation becomes of the greatest practical value, equal in importance to a knowledge of the seat of excitement.

Irritation may be termed a disorder of function—inflammation that of structure. In this distinction consists the practical importance, which if we disregard, we may on the one hand drain the system of its blood to absolute exhaustion with none but a fatal effect; on the other, we shall neglect those measures without which the same disappointment will follow. I shall, therefore, consider separately, but briefly, these two conditions of the mucous surface. If I have made myself understood, it will be perceived that I presume to endow these varied excitements with the power of producing the two diseases indiscriminately, but the action established on the membrane by the specific excitements—measles, scarlatina, and small-pox—is, similar to themselves, a disease for which nature herself will often

establish the remedy—a salutary, or critical diarrhoea.

*Simple Irritation*.—Is characterised by those symptoms which have been termed mesenteric and infantile remitting fever. It is seldom that the disorder is observed by us in its first stage, the treatment of which is usually confined to the nursery. The child is restless and fretful, the prominent symptom being often simply constipation. To this succeeds a contrary condition of the alimentary canal; the secretion of the mucous surface is increased, the effort of the system, in fact, to dislodge a load from the bowels, and we have mucous diarrhoea established. This is the stage at which the patient is usually presented to us. The evacuations are mucous, slimy, or watery, sometimes of a grass-green mixed with flakes of mucus, and sometimes streaked with blood. Small hard buttons of feculent matter are often evacuated with the mucus, and these are attended by a most painful tenesmus: in the intervals the abdominal pain often ceases entirely, and the child will then suck *freely* and even eagerly, and appear lively. The heat of skin is not much increased, the pulse is accelerated, ranging often above 100, the lips are dry, and there is often an aphthous affection of the lining membrane of the mouth. Gentle pressure on the abdomen will rather soothe than irritate; and the child will even bear deep and firm pressure of the hand without crying,—the expression of complaint indeed, is generally more fretting than crying. This state will soon become aggravated; the diarrhoea and tenesmus will be more constant—often incessant, and prolapsus ani will take place. The child will become pallid—often of a livid complexion; the appetite fails; the pulse becomes less perceptible; the exacerbations of fever more frequent; the emaciation extreme; and in this condition the child will gradually sink.

In these cases dissection will discover to us little morbid change in the abdomen, except, perhaps, a superabundance of flaky mucus, or, in a protracted disorder, a peculiar emptiness of the alimentary tube; the colon will be often distended with gas, and throughout the small intestines numerous *volvuli* are often found. Death then usually occurs from a mere deficiency of absorption; the contents of the bowels being hurried past the mouths of the lacteals with great rapidity; of this condition I might cite numerous examples.

In this disease, however, as in many others, there may be a remote sympathy with other organs, which we are apt to overlook; with the membranes of the brain especially, in which chronic meningitis and ventricular effusion take place, as it will indeed even in cases of extreme irritability,

owing to the quality or quantity of milk from protracted suckling.

*Muco-Enteritis.*—In this disease we have some symptoms in common. It may, however, be distinguished from irritation by a more oppressed though fuller pulse, by greater heat of skin, by a physiognomic expression of suffering, especially about the alæ nasi and the lips, in the early stage by a feeble though shrill cry or scream, in the latter period by a dull moaning. There is a parched condition of the mouth and lips; the head is tossed to and fro; the pupils are much contracted as in meningitis, or dilated as in effusion (febris gastrica, or synochus); the legs are drawn up towards the abdomen, the belly is tumid, and there is pain felt on deep pressure. The absence of constipation will distinguish this, I think, from peritonitis, or at least from idiopathic inflammation of the peritoneum commencing in that membrane. The evacuations, in the advanced stage, are of a very peculiar character, a greyish pulpy mass like chewed paper. If the ear is applied to the belly there is a sound of constant gurgling, obeying the motion of the diaphragm in breathing, differing from the usual sound of peristaltic action. Eventually the pain will be more severe on pressure, and more extensively diffused; the peritoneum has partaken of the disease.

There is an essential difference in the type of fever, in the second form, there are seldom if ever remissions, the local excitement being constant.

On the examination, especially of protracted cases, the abdominal viscera will often be found matted together, so that it is difficult to distinguish them from each other, ulcerated or fistulous openings will be found perforating their coats. Both in the cavity of the abdomen, if that be not obliterated, and in the intestinal tube, pulpy or slimy, or purulent matter will be found. Livid patches are sometimes observed both on the surfaces of the intestines and the skin. The mesenteric glands will sometimes be found enlarged in this stage of the disease, and in a state of suppuration. We have very frequently symptoms which might appear to indicate extensive effusion into the ventricular cavities; it is not so often that we find much evidence of the disease about the brain, except that slight increase of serous secretion which is so commonly found in fatal cases of pneumonia, &c.

In the treatment of these forms of disease I have little to add; my purpose has been rather to establish a discrimination, which, being determined, we shall be easily guided in our practice by the general principles inculcated in our elementary study.

In many cases of simple irritation the removal of the exciting cause will be of itself sufficient to cure the disorder, ere in-

flammation be established. The mere incision of a gum will often appear to be the effect of magic on the child. The event, however, must mainly depend on the degree or duration of the diarrhoea; for if this flux be immoderate, the contents of the bowels will be hurried past the lacteal orifices to the effect of absolute exhaustion. It is, in fact, of natural hypercathartis. With regard to the following exciting causes—retention of meconium, deficient or over-feeding, unwholesome milk, the irritation of dentition, the presence of worms, the remedies must be obvious. During dentition, it is true that acute pain may, by directly influencing the brain and nervous system, exhaust the vital powers; but even here, in almost every case, I have observed diarrhoea has been a concomitant, if not a prominent symptom. In the cases produced by the application of cold, or the superficial cure of cutaneous disease, the re-establishment of free cutaneous transpiration, or the reproduction of the eruption, will be equally beneficial. In general, however, the recovery will be expedited by the exhibition of small doses of hydrarg. cum creta, adding occasionally some aromatic powder, and one or two drops of the liq. opii sedativus at night, and after some days the employment of a mild tonic. The form I would recommend is the following:—

*Ferri sulph. exsicc.*, ʒss;

*Pot. sulph.*, ʒiij;

*Pulv. cascarill.*, ʒss. cap. gr. iv. ad x. b. ter die, and a few drops of acid sulph. aromatic; added to these remedies, a few drops of laudanum should be given in an enema of starch.

A more direct laxative is sometimes necessary even under a state of diarrhoea; for in those cases characterised by cachexia, the removal of a morbid coating, which sometimes accumulates to an excessive degree over the lacteal mouths, constitutes the laxative itself an indirect tonic.

Let me here briefly draw a distinction between the condition of tabes, and the state often consequent on weaning—the child gradually becoming thin, but otherwise not exhibiting symptoms of an unfavourable nature. Such may be, in fact, a natural and healthy change dependent on more solid nutriment, an increase of muscular growth and power, and a diminution of deposition into the adipose membrane.

In speaking of the management of the second form, muco-enteritis, I am more anxious again to draw the attention of the members of this society to the nature of the disease, than to fatigue them with a detail of treatment so plainly indicated. The destructive lesions, demonstrated on dissection, prove either that the disease has not

always been understood, or, if understood, inefficiently treated. It is in the early stages, while the evacuations are mucous or flaky, or of the spinage green, that we may hope to relieve. I believe that when the evacuations assume the appearance of the grey pulp, and are in great quantity, that no treatment will be available; destruction of parts has commenced, the repair of which is beyond the reach of art. In muco-enteritis, from one to four leeches should be applied to the abdomen; the hæmorrhage assisted by the application of a warm bread poultice every half hour, or the child immersed in the warm-bath on the leeches falling off. The food light and mucilaginous.

It is right for me to state that I have examined several cases where the peritoneal coat has been extensively diseased, and the intestines agglutinated without much mark of disease in the mucous membrane. These cases, however, I believe to be not common, but from their protracted duration they would be as likely to exhaust life as any other form of chronic disease.

The pallid or livid complexion of the child in these diseases, has caused pathologists to determine that the symptoms arose from strumous taint of constitution and disease in the mesenteric glands, and hence they have adopted, indiscriminately, the tonic or the cordial treatment in all the stages. This I think an error, the glandular suppuration not being the result of abstract debility, but an effect of destructive inflammation on a texture endowed with deficient vitality, incapable of resisting even slightly increased action.

In some of these cases, although there had been the most striking indications of cerebral effusion, I have found the brain and its membranes of a perfectly healthy appearance.

In conclusion, let me not undervalue the cerebral pathology of infants. Although I consider idiopathic meningitis in children as very rarely occurring, yet from its being so readily induced by remote excitement, I not only always regard cerebral symptoms with great jealousy, but often advise depletion and evaporation from the head, when I suspect such excitement as dentition, or the subsidence of measles or scarlatina, &c., would be likely to induce disease about the brain.

At the conclusion of the paper, Mr. Proctor asked the author if he had not often found the liver morbidly enlarged in this disease.

Mr. DENDY replied, that in consequence of the great relative size of the healthy liver in infancy, he could not answer in the affirmative.

Dr. WHITING agreed with the author in

his division. Irritation and muco-enteritis, were often to be considered as cause and consequence. In the first state he would do little more than rigidly adhere to light diet.

Mr. DENDY concurred with Dr. Whiting as to the value of a judicious dietetic plan in all these diseases, but he thought the exciting causes of the complaint were too often overlooked.

November 15th.

#### ADMINISTRATION OF CORROSIVE SUBLIMATE IN TINCTURE OF BARK.

THE subject of Mr. Dendy's paper was again discussed this evening, but the observations were of too discursive a nature to permit of their being reported with any advantage in the limited space we could afford to them. In the course of the evening the President (Mr. Callaway) spoke of a formula which he said had long been prescribed with the most beneficial results, by Sir Astley Cooper, Dr. Babington, and himself, in *tabes mesenterica*, especially in those chronic affections of the alimentary canal where change of structure had commenced, viz., a grain of the oxymuriate of mercury in an ounce of the tincture of bark, with some other vegetable tincture, the name of which we could not ascertain. A few drops of this were occasionally administered.

An impression seemed to prevail amongst the members, that this mixture was chemically incompatible, and its good, as a *mercurial*, was therefore questioned. One gentleman stated, however, that in a particular case which had come under his observation, he had known salivation result from its operation. Into this circumstance we have instituted an experimental inquiry; and as our observations will, we believe, reconcile the conflicting opinions, we may take this opportunity to state them.

When tincture of galls, considerably diluted with water, is mixed with a minute quantity of corrosive sublimate in solution, a fawn-coloured precipitate occurs, resulting from the formation of a per-gallate of mercury and tannin. A similar effect takes place with the tincture of bark, and proceeds from the operation of the same affinity. This per-gallate of mercury is dissolved, when heated to 98 deg., with either muriatic or acetic acid, a per-muriate or per-acetate being formed, and gallic acid and tannin set free. It will thus readily be understood, that, though chemically incompatible in the phial, the insoluble compound is again decomposed by the acid secretions in the alimentary canal, and that it there operates as corrosive sublimate, or the soluble per-acetate of mercury, as the case may be.

If, however, the corrosive sublimate be

mixed with an *aqueous* preparation of bark, it is reduced to the condition of calomel.

November 22 and 29.

#### BURNS AND SCALDS.

ON the former of the above evenings, Mr. THOMAS, a gentleman who is not a member of the Society, laid before the Society a paper on the nature and treatment of burns and scalds, which was originally written for the "Fothergillian medal," a prize that was offered by the Society last year for the best medical or surgical essay that might be presented within twelve months, by any gentleman not a member. Some irregularity, we believe, occurred to prevent the competition, and the present paper alone was submitted to the members.

The essay, though well drawn up, did not contain anything novel on the treatment of the injuries in question. Its principal object was the recommendation of flour, of which the author, from experience, spoke very highly. A discussion on several points referred to by Mr. Thomas ensued, and was resumed on the following evening, the 29th, but it did not afford any information which is not already well known, nor any views which have not, probably, been already entertained by most of the members of the profession. Almost every variety of treatment obtained a recommendation from the speakers. A vote of thanks was subsequently passed to Mr. Thomas for his communication.

#### WESTMINSTER MEDICAL SOCIETY.

November 27, 1830.

Dr. GRANVILLE in the Chair.

#### ULCERATED URETHRA.

DR. GRANVILLE described a case of ulcerated urethra in the female (communicated to him by Mr. Earle), which is at present under treatment at St. Bartholomew's, and for the cure of which a peculiar contrivance was employed; it consists of a perfectly flexible air-tight tube of gut, covered with India rubber, and filled up with a stop-cock and injecting syringe. The tube is introduced into the vagina and inflated by the piston, until it accommodates itself perfectly to the size of the passage, and exerts a certain degree of pressure on the fistulous opening from the urethra into the vagina. The destroyed portion of the canal is thus, as it were, artificially replaced, the urine flows through its natural passage, and the ulcerated orifice is gradually contracting in size.

On the whole, it is hoped that a permanent cure will be effected.

#### CHOLERA MORBUS.

Dr. STEWART next read a short paper on cholera morbus, evidently intended rather to elicit discussion, than to communicate any peculiar facts or opinions. On the question of the contagious nature of cholera, Dr. Granville remarked, that some of the circumstances connected with the Indian and Russian diseases, were calculated to puzzle both the contagionist and the anti-contagionist. Mr. Bacot was of opinion, that diseases may be both of an endemic and epidemic kind; that cholera morbus may arise from atmospheric causes, and also from specific contagion: in this opinion he was corroborated by his own experience in hospital gangrene, fever, and other diseases, during the peninsular campaign. The Society in general seemed to agree in the great probability of the Russian cholera extending itself to England at no very remote period. Dr. Granville especially was inclined to this opinion.

The only peculiar mode of treatment was recommended by Dr. Webster, who contended that very small doses of opiates were better calculated to assuage irritation of the stomach than large quantities. He usually gave five or ten drops of laudanum, combined with ten grains of the sulphate of magnesia, with certain success. Mr. Evans fully corroborated the efficacy of Dr. Webster's method, and alluded to Mr. Brodie's prescription in the case of Miss Caahin, which he supposed was dictated with a similar intention.

#### ERRATUM.

To the Editor of THE LANCET.

SIR,—In the last Number of your valuable Journal, in the report of the Westminster Medical Society, it is stated that "Mr. Costello said that cases had been lately published by *Spinaldi* in Italy, in which the *secale cornutum* was administered in free doses" in cases of hæmorrhage; I take the liberty to let you know, that *Dr. Spainardi* was the person who employed the remedy, and that he who made this remark, was

Your humble servant,

D. C. NEGRI.

26, Poland Street, Oxford Street,  
Nov. 30, 1830.



## PROPOSED IMPROVEMENT IN THE CONSTRUCTION OF SPECTACLES.

By MARTIN EVANS, M.D., Teignmouth.

MANY of your readers may be inclined to suppose that the subject of the present letter is misplaced, when inserted in the columns of your invaluable Journal. However, I am disposed to look upon any information which tends to remedy a defect in the organs of our most useful sense, the eyes, as perfectly adapted to them.

For some time past, I have been in the habit of using the doubly-concave eye-glass, commonly employed by young people, and have found that its utility may be very much, indeed wonderfully increased, by fixing it in a particular direction in relation to the eye. The statement for procedure in the experiment may appear obscure without the assistance of a diagram, but I shall endeavour to make myself as intelligible as the nature of the subject admits. That part of the glass which rests at the inner canthus should be fixed as a centre, whilst the part towards the external canthus is directed *forwards* to a degree which varies in different persons. When it reaches this point or focus, the object viewed appears extremely clear, so much so indeed as to justify an assertion of increase in a double ratio. Persons who do not require the aid of glasses cannot appreciate this improvement. Those only whose vision is so far impaired as to need such artificial contrivance will pronounce on its application. My experiments on the doubly-convex glasses of old people, have not been sufficient to bear me out in extending the principle to them; neither have I as yet arrived at a satisfactory rationale of the process; some of your readers, therefore, may be ingenious enough to do so. From the knowledge of this circumstance, I venture to suggest to Opticians a practical improvement in the construction of spectacles. It is the following:—Let the space between the lenses, or that part which rests on the *ossa nasi*, be formed with a *pretty stiff*, horizontal joint in the centre, in order that an obtuse angle could be formed when necessary, the vertex represented by the joint, the sides by those parts of the spectacles which surround the lenses and directed *forwards* to a certain extent as above mentioned. This shape, although at present appearing unhandsome, would by time, and its utility, be reconcilable to our ideas of beauty in figure.

Teignmouth, Devonshire,  
October 25, 1830.

## LONDON HOSPITAL.

To the Editor of THE LANCET.

"Still dipt in verjuice, Walford's angry pen  
And dirty spite, resource of abject men,  
Harmless play o'er his vitiated page,  
Too high we stand to feel his scorn or rage;  
Short is the course his calumny has run  
But long enough to leave him quite undone."  
OLD PLAY.

SIR,—Your correspondent, Mr. Walford, reminds one of a little petulant boy, who when quite vanquished flies to the last resource—*puerile abuse*; and although exuberant in unapt quotations, the torpedo of Burton Crescent must possess more electric matter before the touch of his pen benumbs even the weakest of Mr. Headington's pupils.

My friends' wearing the blue riband savoured of folly, and strongly too, so thinks Mr. Walford; but ere he gave utterance to that thought, should he not have recollected that the pupils' compliment was an emanation of the same feeling which called Mr. Walford forward in your cause? My friend did the best his circumstances allowed, *Mr. Walford could do no more*, and this was folly. How very expressive of respect is this honest confession to Mr. Wakley's cause, and proves that the radiated sense of Mr. Walford is reduced to a small focus indeed.

Poor weak man; in bidding him farewell, we cannot help expressing our obligations for the amusement his letters have afforded, and in return we wish him all the happiness a fallen spirit can attain. We can also assure him that our worthy teacher, Mr. Headington, cares little for the venom of his rage, nor would he sully his dignity even by noticing the mean reptile that has crossed his paths. To the bubbling effervescence of Mr. Walford's malevolent mind he stands

"As the high rock's majestic form  
Frowns on the flood nor feels the storm."

I remain, Sir,

Yours respectfully,

J. RICHARDS.

London Hospital, November 30, 1830.

COLLEGE OF SURGEONS—ACKNOWLEDGED  
AVARICE.

To the Editor of THE LANCET.

SIR,—The author of the letter on "Collegiate Avarice," which appeared in the last Number of your Journal, was surely influenced, in the composition of that letter, by some secret antipathy to the honourable court of which he complained. The question which commenced your correspondent's

examination, should rather be the subject of congratulation than of censure; inasmuch as it virtually admitted, on the part of the College, what has long been supposed to be the true object of their exertions. I admire, Sir, the manliness of that admission; and only regret that the honourable court should have delayed it, until it was no longer necessary for the conviction of either the profession or the public.

I shall avail myself of this opportunity to caution many of your correspondents against the extreme severity and evident ill-nature of their strictures on the College. Such a style is rather calculated to weaken than support the cause which it is intended to serve. It is recorded of Mr. Curran that the most eloquent and most effective of his pleadings was one in which he confined himself to the *mere facts* of his brief, and I am sure that the same mode of attack would be excellently applicable to the conduct of the College-court. The bare mention of their schemes, the simple recital of their regulations, would awaken quite as much contempt as could possibly be given under any circumstances to such an institution. The bitterest eloquence of their opponents cannot censure them more severely than they censure themselves by their own daily conduct!

I am, Sir, with great respect,  
Your faithful servant,

J. C. J.

Church Street, Blackfriars,  
Nov. 29, 1830.

#### ABUSES IN GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As you have ever stood forward as the supporter of the pupils' rights, I am emboldened to ask the insertion of a few lines in your valuable journal. I am induced to ask what course we are to adopt when we are deprived of those privileges for which we have so dearly paid. Mr. Morgan professes to give his lectures on wounds three times a week, but he gives us sometimes two, and frequently not more than one a week, in consequence of his "being in the country," or "not having his diagrams ready." Why, I would ask, were not the drawings prepared before the 1st of October? Is this, as his colleague expressed it in his introductory lecture, doing his best to make "the short time we have to spend at the seat of learning (oh, dear!) most profitable?" and is it embracing every opportunity of improving us? No; this is Guy's Hospital treatment.

Again, post-mortem examinations, which

take place almost daily, (successful practitioners!) are always *managed* in private; at least they are not publicly announced to the students; so that they are only attended by a favoured few. As these may be deemed liberal regulations by King Harrison and his sycophants, it is right that they should be published, for the benefit of those young gentlemen who may be coming to London, to expend their money in the pursuit of knowledge.

A SURGICAL PUPIL OF GUY'S.

P. S. Mr. Morgan has now deceived us three nights following. Do tell us our remedy.

Nov. 23, 1830.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### TUMOUR OF THE NECK.

THE patient, the subject of this affection, was admitted into Henry's Ward, about four months since, under the care of Mr. Lawrence. There was a hard tumour occupying the extent of the sterno cleido mastoideus, but no discoloration of the surrounding integuments. Nothing particular was done for it until about two months since, when the integuments covering this muscle became inflamed, and Mr. Lawrence then directed the repeated application of leeches, and subsequently the use of the camphorated mercurial liniment. About a month ago an ulcer formed over each extremity of the muscle, and a fortnight afterwards, Mr. Lawrence connected these ulcers by means of an incision through the integuments, by which a yellow inorganic mass, of the length and breadth of the muscle, was exposed, and was supposed to be the sterno mastoid. A portion of it was removed, and exhibited a fibrous appearance. On the following days, portions of this mass, which appeared detached, were removed, and about a week since, his neck and head were attacked by erysipelas, which was treated by antiphlogistic means. During the erysipelatous attack, delirium came on, and for this he was bled from the temporal artery to  $\frac{3}{4}$  x, had his head shaved, and cold lotions applied. When we visited him on Saturday the 20th, the erysipelatous inflammation had disappeared, but the delirium continued, and his nervous system seemed very much depressed. He remained in this state until to-day (Monday the 22nd of November), when he died.

Mr. Lawrence, at his clinical lecture, said that he had examined the body after death, and had found inflammation of the arachnoid membrane of the brain, a small quantity of fluid in the ventricles, and rather more than

usual vascularity of the brain. Nearly the whole of the muscle was of a dirty-yellow colour, disorganised, and scarcely a vestige of healthy structure could be found in it. There was also disease of the liver, but no other morbid appearances could be detected, and there was nothing discovered that might be supposed to have given rise to the disease of the muscle.

#### REPEATED HÆMORRHAGE AFTER AMPUTATION.

In our notice last week of the case of John Reeve, we omitted to date it October the 30th, the day on which we wrote the report. We may now observe that he went on well from that time until the 2d of November, when hæmorrhage again took place. Mr. Vincent was in the hospital, and saw him within five minutes of the recurrence of the bleeding, and found him in a state approaching to syncope. He had lost a very considerable quantity of blood, his countenance was quite pale, pulse scarcely perceptible, and the limb perfectly cold; the bleeding was not so free as it had been, but was still copious; the stump was opened, and the hæmorrhage immediately ceased; his pulse became imperceptible, and it was necessary to give him brandy, and to envelope the entire limb in flannels saturated with very hot water. As soon as his pulse rose a slight oozing of blood took place, and endeavours were made to find the bleeding vessels, but in vain. Mr. Vincent then made an incision in the direction of the popliteal artery, with the intention of tying it; but as no pulsation could be felt in it, this measure was not proceeded with. The fomentations were continued for an hour and a half, and so much spirit was given to him that he became tipsy. The oozing continued; no vessels could be seen bleeding, and Mr. Vincent filled the wound with lint, and left the patient, having directed some saline medicine to be given every four hours. He went on well again until the 8th of November, when hæmorrhage ensued, but to a slight extent only. The wound was opened, no bleeding vessels however could be detected, and it was again filled with lint, and the hæmorrhage ceased. Up to this time he had been allowed meat diet; Mr. Vincent now ordered him a milk diet, and to take the following draught every six hours:—

℞ *Aluminis*, ℥i;  
*Ty. cinchonæ comp.*, ℥i;  
*Infus. ros. comp.*, ℥iiss.

On the 10th bleeding came on again, and was rather profuse. Mr. Earle being in an adjoining ward was called to him, when he found it necessary to give him brandy, and

as soon as the patient had recovered from the syncope, an incision was made, by which the popliteal artery was exposed and immediately secured.

Nov. 30. There has been no repetition of the bleeding, and the patient appears to be proceeding favourably.

#### HOSPICE DE LA PITIE.

##### CANCER OF THE NOSE—EXTIRPATION.

G—, ætat. 32, was admitted in May last, with a carcinomatous affection of the nose; the disease was of about two years' standing, and seemed to extend over the cartilages of the nostrils and the septum, which had degenerated into a large ulcerated tumour. After having watched the case for some time, M. Lisfranc, who was of opinion that it was a case of superficial cancer, performed the following operation:—Two semi-elliptic incisions were made, by which the diseased part was circumscribed; the skin, with the subjacent cellular tissue, which was found to be the principal seat of disease, was dissected off the surface of the cartilages, scraped with a bistoury, and then touched with the nitrate of silver, especially at those parts where the disease did not seem to have been entirely removed by the knife. After a few days, the eschar having come away, healthy granulation began to take place, and cicatrization was completed within a short time.

#### HOPITAL BEAUJON.

##### FRACTURE OF THE NECK OF THE THIGH-BONE AND OF THE OS PUBIS.

A YOUNG girl of robust constitution, but who had of late presented symptoms of mental derangement, threw herself, on the 7th of October, from a window on the second floor. On being taken up, she was found to have a slight wound in the neck, and a violent contusion over the right hip. Twenty-five leeches were immediately applied, and on the next morning she was brought into the hospital. There was much swelling and ecchymosis at the upper and external part of the hip; the patient could not move the thigh, and complained of violent pain whenever it was raised; the limb was not shortened or distorted in any direction, nor could any crepitation be heard on motion. The limb was placed on a double-inclined plane, and the patient ordered to be bled. During the following days delirium acceded, with tenderness of the abdomen and tympanitis, and suppression of the urine and fæces, and

she died on the 14th of October. On examination, the muscles which cover the joint were found much contused and infiltrated with blood; the articular cavity was filled with a thin reddish turbid fluid, and the neck of the thigh-bone, at about three lines from the shaft, was obliquely fractured. The fragments being in close contact with one another, accounts for the absence of distortion after the accident. The cellular tissue of the pelvic cavity round the bladder and rectum was infiltrated with a brownish matter, particularly at the right side, where the horizontal branch of the os pubis was found fractured at the distance of about a line from the spina pubis. The fragments were about three lines distant from each other; the external fragment being drawn upwards and outwards.—*Lanc. Franc.*

## HOPITAL DE LA PITIE.

### LITHOTOMY.

C—, ætat. 60, of a feeble constitution, had, during the last nine years, been labouring under symptoms of stone in the bladder. Being admitted at the hospital under the care of M. Velpeau, lithotripsy had been tried, but without success; the stone being very large, M. Velpeau was rather disposed to perform the high operation. M. Lisfranc, however, declared himself against it, and the lateral operation was accordingly decided upon, and performed on the 21st of October. After the incision in the bladder, the stone was easily grasped, but proved to be so large, that all attempts at extraction failed, and M. Velpeau was obliged to enlarge the wound, first in a lateral direction, and then by dividing the prostate. The forceps being now re-introduced, the stone was again seized, and at last, though not without violent efforts, extracted: it was of an oval form, two inches and a half in its large, and two inches in its small diameter. Contrary to what had been supposed from the previous examination with the sound, no other calculus was felt in the bladder, which was large, but healthy. On the 29th of October the patient was going on favourably; the hypogastric region was neither tense nor tender; the urine still passed through the wound.—*Ibid.*

## HOTEL DIEU.

### OBLITERATION OF THE VAGINA.

ANGEL. ANDRE, ætat. 22, was admitted on the 12th of August with violent colic pain, which she attributed to a stone in the

bladder, but which, on examining the genitals, was found to be caused by the accumulation of the menstrual blood in the uterus, in consequence of the vagina being obliterated. She had been quite well until about three months ago, when, in consequence of great excesses in drinking and debauchery, she was seized with violent inflammation of the genitals, which terminated in gangrene; the extremity of the clitoris, the nymphæ, and part of the large labia, went into mortification; the vagina ulcerated, and, after the inflammation had subsided, was found to be completely obliterated. In other respects the girl was quite well, but, at the time of the menses, the blood accumulated, and caused a sensation of weight and sharp colic pain in the hypogastric region. At the next menstrual period, these symptoms returned with increased violence; the colic pain, the attacks of which curiously enough always began at noon and ceased at about six o'clock in the evening, was very intense, and the patient experienced great difficulty in making water, and passing the stools. It was then only that she applied to a medical practitioner, who advised her to go into the Hôtel-Dieu, where the genitals were found to be in the following state: The large and small labia, as well as the extremity of the clitoris, were entirely wanting; the orifice of the vagina was very small, and terminated at about half an inch in a "cul de sac;" at the left iliac region there was a large tumour, which could also be felt by the finger in the rectum; it was of a globular form, moveable, and exhibited distinct fluctuation, and no doubt was entertained that it was the upper portion of the vagina distended with blood. On the 10th of August the following operation was performed by M. Dupuytren: a long trocar was passed into the contracted orifice of the vagina and plunged into the tumour, and the opening thus made was enlarged in several directions with a bistouri, carried along the canula of the trocar. A large quantity of dark, viscid, inodorous blood was thus evacuated, and the cavity having been washed out by the injection of warm water, a further examination of the parts was made. The parietes of the vagina were found to be adherent to one another for the space of about two inches, beyond which was a very considerable dilatation which had contained the menstrual fluid; the os uteri appeared to be closed. A tube of gum elastic was introduced into the vagina, and the patient went on well for a fortnight, when she was attacked with pneumonia which proved fatal in about nine weeks. It is remarkable that the pain in the chest appeared to be relieved by the removal of the canula and increased by its re-introduction. A similar case is related in a late number

of the *Lancette Française*, by M. Patrix; the patient had, after delivery, been affected with peritonitis and inflammation of the genitals, which terminated in gangrene; a great portion of the external genitals sloughed away, and the vagina became completely obliterated, although every-thing was done to prevent it. By the continued use of lint-tents, however, M. Patrix succeeded in reproducing the former canal; the woman subsequently became pregnant and was safely delivered.

In a case of congenital obliteration of the vagina, which was admitted in 1829, M. Dupuytren evacuated, by the operation, more than three pints of viscous dark-coloured, but inodorous, blood; the patient was twenty-two years of age, and had, according to her statement, felt the first symptoms of menstrual congestion in her fourteenth year. She got perfectly well after the operation. The blood was submitted to chemical analysis by M. Thenard, who convinced himself that it did not contain the least particle of fibrine or serum.—*Lanc. Franç.*

### HOPITAL DE LA CHARITE.

#### EXARTICULATION AT THE SHOULDER-JOINT. —TRANSFUSION OF BLOOD.

C. A. was on the 29th of July brought to the hospital with a gunshot wound at the right shoulder. On examination, the bone having been found to be minutely fractured, exarticulation at the shoulder-joint was immediately decided upon, and performed by M. Roux. No unfavourable symptom occurred after the operation, the wound began to heal up, and had even cicatrised for the greater part, when, on the 25th day, a slight discharge of blood took place from the ununited part of the wound, and was soon followed by real hæmorrhage, so that M. Roux, finding the application of external remedies without any effect, resolved upon tying the subclavian artery below the clavicle, according to Scarpa's method, viz., by interposing a small cylinder of adhesive plaster. The hæmorrhage was thus arrested, and the patient again went on favourably for about a week, at the end of which, however, a new hæmorrhage took place from the wound of the last operation. The usual remedies failed again in arresting the blood, and M. Roux saw himself obliged to tie the artery for a second time above the clavicle; two ligatures were applied, and the artery divided between them. The hæmorrhage was, however, not arrested, and the blood continued to ooze from the wound of the first ligature, at the same time pleuritis began to develop itself; the patient was extremely exhausted with delirium at intervals, and in

a state of the greatest depletion, so that M' Roux decided upon resorting to transfusion as the last resource. At the commencement of the operation there seemed to be a resistance to the blood passing into the vein, but it was soon overcome, and the operator succeeded in injecting about a pint of blood, which, however, could have scarcely reached the heart, when the patient was suddenly seized with a fit of suffocation and died instantly. On examination, several fragments of bone were found in the wound from the amputation, near the origin of the external thoracic artery, where the cylinder of sticking-plaster had been applied; the subclavian was ulcerated, the two other ligatures had not produced any alteration in the vessel. The heart and left subclavian vein contained much coagulated blood; the left lung contained some small abscesses.—*Gaz. Med. de Paris.*

### CHOLERA MORBUS IN RUSSIA.

At the sitting of the Institut National on the 2nd of November, a letter was read from M. Gamba, the French consul at Tiflis, on the commencement of the epidemic which is at present raging in Russia, and seems to threaten all Europe. The disease had shown itself in the autumn of 1829, at Teheran and Casbin, on the frontiers of Persia, and seemed to have been completely checked by the intense cold of the ensuing winter; in the spring of 1830 it broke out again at Tauris and Ghilan, and spreading along the western shore of the Caspian Sea, reached Lankeran, Soliam, Bakou, Dezbeu, and Astrachan, where its progress was for a short time arrested. It soon, however, extended further, and reached Tiflis on the 8th of August. On that day three soldiers of the garrison were seized with it and died within a few hours. It was rapidly propagated throughout the whole town, which was, on the 13th, filled with alarm and confusion, so that every-body fled and took refuge in insulated houses; the bazaars, caravanserais, and all public places, were shut up, and the population of Tiflis thus suddenly decreased from 30,000 to 8000. The poverty of the inhabitants, the intense heat of the season, and, above all, the scarcity of medical practitioners, seem to have contributed towards the extraordinary mortality and rapid propagation of the disease. Of the nine physicians who practise at Tiflis, four died within a short time. On an average, the disease was fatal eight hours after the appearance of the first symptoms, it began with a fit of syncope, which was followed by vomiting and diarrhoea, violent

convulsions, cramps, cold of the whole body and death. Bleeding, calomel, opium, and ether, had been employed without effect. Criminals were ordered to place the dead on litters, and carry them to the place of interment, where they were buried in their clothes. M. Gamba regrets that he cannot communicate any instances of generous devotion, which, he says, is completely wanting in Asia; he reports, on the contrary, a remarkable case of insensibility in a rich merchant, who within five days, lost his wife, mother, brother, and another near relative living with him; he had fled from the house on the first appearance of the disease, and returned within a few days after the decease of his family, not to bewail the dead, but to marry a beautiful young Armenian.

From the 8th of August to the 8th of September 5000 persons died at Tiflis and the neighbourhood. The same number have, according to late communications, perished at Tauris, where the plague had shown itself at the same time, but without its usual destructive character.—From the *Lanc. Franc.* and the *Gaz. Medic.*

## TO CORRESPONDENTS.

COMMUNICATIONS received from Dr. H. C. Field—Mr. Rennie—Mr. T. M. Greenhow—J. S. C.—Dr. G.—Dr. West—Mr. W. R. C. Clark—Mr. R. S. Richardson—Mr. Vaughan—Mr. R. Edwards—Dr. Home—Mr. Samuel Smith—Mr. Richardson—Mr. R. Thornhill—L. G.—Mr. Fergusson—Mr. H. Peter—Mr. Cazenove—Freewill—E. C. D.—Mr. Yates—Mr. J. Hutton—Mr. Nicol—Dr. Frederick—V. V.—Mr. Webster—W. S.—A Surgical Pupil of Guy's—Mr. Clark—Mr. Hamilton—Mr. Cattle—Y. Z.—Mr. Firth—Mr. Dermott—Judge not—Mr. A. Scott—Mr. Baldwin—A Surgeon-Accoucheur—A Reformer—A Medical Pupil—Caustic—A Surgical Radical—Mr. Willson—Mr. Corss—Mr. Thomas Long—A Looker-on—A Friend—Extract from Manchester Advertiser—Mr. Everitt—Mr. Woodham—A University Student—A Hater of Bats—Mr. Fowell—A Bartholomew's Pupil—Mr. Pearson—One of the Rubbed-out—Mr. Green—Dr. Nagle—Dr. Duval—Obstetricus, London, 4—Obstetricus, Stepney, 1—Obstetricus, York, 1—Argus.

*A Surgeon-Accoucheur.* The Apothecaries' Act does not give the Company any control over surgeons or accoucheurs.

*Inquirer.* Eighteen persons petitioned for the charter which was granted by George III.

*A Subscriber.* We contend that a regu-

larly-educated medical man, whether physician or surgeon, can prescribe and dispense his own prescriptions; but curiously enough, according to the terms of the Apothecaries' Act, a member of the College of Surgeons cannot dispense the prescription of a legally authorized physician without subjecting himself to a penalty of 20*l.* The druggist is liable to no such penalty. Such is the blessed state of medical law. If a *single* writer in the medical journals of that day had understood the subject, the Apothecaries' Act could not have passed the Legislature.

*A Reformer* is referred to the foregoing reply. He stands in little danger; but the judges of the Common Pleas decided, in the case of *Allison v. Haydon*, that a surgeon could not recover for medicines which he had prescribed and administered in a medical case. Typhus fever, in that instance, was the medical case for which the surgeon had attended.

*Lex.* A Charter cannot repeal an Act of Parliament. The 18th Geo. II was not repealed, although the Surgeons' Company failed to comply with its ordinances. It is one of the royal prerogatives to restore corporate privileges that may fall into disuse. The Charter of Geo. III is a mere repetition of the 18th Geo. II, but the dignified term of "College" was then given to the Company.

*An Enemy to Humbug*, in noticing an inflated paragraph which appeared in *The Times* at the beginning of November, relating to Oxford, entitled "University Intelligence," trusts that no such delusive statements will prevent Englishmen from visiting the continental universities. He says, "When the library of the College of Physicians shall be alike accessible to all its members, and to the profession at large (for this College is the monopoly of Cambridge and Oxford), and when these Colleges shall, in the liberal current of the times, have opened their doors to the public in general, for a trifling pecuniary consideration, then the professors will be *known*, and men can appreciate their *worth*."

2. The west-end practitioner was probably correct in his statement. Puncturing the pustules in small-pox to prevent disfigurement, has been practised with much success.

*A Medical Pupil.* The opportunities for medical studies in America are not equal to those of France. In the schools of London there are many American students.

*A Constant Reader* states, "that he has served nearly three years to a chemist and druggist, has attended two courses of surgical and clinical lectures, and can read a prescription well, but that the gentleman to whom he is apprenticed will not allow him

to dispense." The case of our correspondent is, certainly, very peculiar, as the complaints of ninety-nine apprentices out of every hundred are directly opposed to his. Until we are in possession of the whole of the facts, we cannot prescribe a remedy. He must refer to his indentures, the conditions of which, each subscribing party is bound by law strictly to fulfil.

*A Looker-on.* The writer displays much sound sense in his denunciations of non-medical coroners. The Harrogate Coroner, in the case of Mr. Williams, in neglecting to have the body opened, failed to discharge his duty, though the attorney would not have been a whit the wiser, whatever might have been the appearances. We are decidedly of opinion that the arsenical solution was not the cause of death.

The notice forwarded by *Mr. J. Green* would be charged at the Stamp Office as an advertisement.

We are of opinion that those practitioners who are sufficiently bold and liberal to publish interesting cases, with a view to add to our stores of knowledge, should not be subjected to the castigations of anonymous critics. Of course we do not mean to be understood as declaring that all anonymous criticisms are objectionable, but it is not manly to conceal the arm which points the "finger of scorn."

*A Turnpike Man* could become a governor by paying the fee. There is election for governors at that hospital.

*A. R. K.* Thanks; it may prove of service.

The medicines prescribed by *W. S.* are in common use, and the effects produced by them in the case of *J. D.* were not unusual. Nevertheless, the treatment was judicious, and the result fortunate.

*Mr. Martin Van Butchell* resides in Broad Street, Golden Square. He is a regularly-educated surgeon, and has been recommended by *Sir Astley Cooper* in cases of diseased rectum.

*Mr. E. Campbell.* The operation of tying the carotid, by *Mr. Brodie*, in consequence of hæmorrhage after the abstraction of a tooth, was performed in 1817. The details of the case may be found in the eighth volume of the *Medico-Chirurgical Transactions*, page 224.

*A Country Practitioner* reminds us, that the Apothecaries' Company have awarded prizes to students for their acquirements in botany. The occurrence had escaped our notice, and it certainly is not a very important one. Is it a company of herbalists? If they award any prizes at all, why do they not award them for attainments in the higher branches of medical knowledge? Botany, as it is now studied by medical pupils, is almost extra-profes-

sional, and little better than a waste of valuable time. Let the Company award public examinations to the students. The hints contained in the concluding part of the letter of our friend at Yeovil, will not be forgotten.

*Mr. Lightbody*, of Glasgow, has sent us an account of some cases of rheumatism and internal inflammation, which were successfully treated by the warm bath. The particulars are not sufficiently interesting for publication.

*Reporter.* The Goose Egg next week.

*Inquirer, Anti-Quack*, and others. The petition and affidavit have been forwarded to the Lords of the Treasury, but the solicitor, *Mr. Henson*, informs us that we may not receive their reply for some length of time. For the information of our correspondents, we will give some particulars of the account in our next Number.

## BOOKS RECEIVED.

*The Phrenological Journal* to Dec. 1830.

*Science without a Head*; or, the Royal Society dissected. By One of the 687 F.R.S.'s. London, Nov. 1830. Ridgway, pp. 122.

*Selections from Gregory's "Conspectus Medicinæ Theoreticæ," and Celsus "de Medicinâ,"* containing the first Ten Chapters of Gregory, and the First and Third Books of Celsus; the parts fixed upon by the Court for the Examination of Candidates. For the use of Medical Students. By *S. F. Leach*. London, Highley, 1830, pp. 293.

*A Grammatical Introduction to the London Pharmacopœia and Preface.* By *S. F. Leach*. 2nd edit. London, 1828, pp. 180.

*A New Mode of Ventilating Hospitals, Ships, Prisons, &c.,* being an efficient method of Destroying Contagion. By *George Hawthorne, M.D.* London, Longman, 1830. 18mo, pp. 84.

Parts 1, 2, 3, of *Illustrations of Mr. S. Cooper's Surgical Dictionary*, published monthly. Four Lithographic Plates, with Descriptions and References in each No. London, Longman, 1830, 8vo.

*Some Observations on Fumigating and other Baths, with a Summary of Cases treated by J. Green, M.R.C.S.* London, 1830. pp. 67.

*The Veterinarian* to December, 1830.

*Underwood's Celsus* to Part 10.



# THE LANCET.

VOL. I.]

LONDON, SATURDAY, DECEMBER 11.

[1830-31.]

*Elements of Pathology, and Practice of Physic.* By JOHN MACKINTOSH, M.D., &c. &c. Vol. II. Edinburgh; Carfrae and Son: London; Longman, 1830. 8vo. pp. 467.

ALTHOUGH the volume before us contains evidence of great merit, yet we cannot bestow upon it so high a commendation as we did on its predecessor. Many parts of it indeed are in every respect equal to the contents of the first volume, and alike instructive to the student and creditable to the author; but others bear evident marks of haste or carelessness, and appear to be composed rather from the statements of others than his own experience, even, indeed, where the disease in question must have frequently come under his notice.

The first three chapters on the diseases of the brain and spinal chord, are excellent in every respect except the arrangement, apoplexy and insanity being placed among the latter, or, at least, in the same chapter with them, and separate from the other diseases of the brain. This is, however, of comparatively little consequence, and the account of these obscure and complicated diseases is certainly much better than is to be found in any English work of the kind.

When speaking of the functions of the brain, the author forcibly combats the theory of Dr. Abercrombie, that the quantity of blood in that organ is the same in every state of the circulation, observing,—

“Were Dr. Abercrombie’s hypothesis correct, the circulation in the head, and consequently the functions of the brain, ought not to be materially affected by position; it ought to be all the same, whether the body were supported upon the crown of the head, or on the tuberosities of the ischia. In a practical point of view, then, both experience and common sense loudly rebel at the

bare idea of such notions as those entertained by this ingenious author; for if it were wished to subdue a true inflammatory action in the arterial system of the brain, a vein must not on any account be opened, and more particularly the jugular, because, by emptying the venous system within the skull, or doing any thing which has a tendency to empty it, as a matter of course it must follow, that the quantum of blood in the arteries will be increased in the same ratio, because the vessels of the brain must always contain the same quantity,—if there be too little in the veins, a proportional accumulation must take place in the arteries. Upon the same hypothesis, the converse must also hold good, viz. that when there is great accumulation of blood in the veins of the head, acute action ought to be an impossibility; and the most effectual method of extinguishing inflammation in the brain, would be to place ligatures on the jugulars, or by some other means to impede the return of blood from the head. Cupping, leeching, and the application of ice to the head, ought also upon this principle to be injurious rather than beneficial, and the head and shoulders should be placed in a dependent rather than an elevated position. In conducting this important critical examination, I have not availed myself of the arguments which could be fairly drawn from the experiments of Drs. Carson and Barry, by which it would appear that the heart exerts a *sucking* as well as a *propelling* power, and according to which Dr. Abercrombie would have still greater difficulties to contend with; neither have I taken advantage of certain anatomical facts respecting the cavities in the brain—the free communication between the brain and the bony canal which contains the spinal marrow, nor of the serous fluid which is known to exist in and about the brain and spinal marrow, and which is found on dissection to vary so much in appearance and in quantity.”—pp. 19, 20.

He is not, however, so happy in his objections to another proposition of the same writer, viz., that the heart does not exercise through the arteries any material pressure on the brain, and the case which he



adduces of the bursting of an aneurism within the skull, and the consequent breaking down of the substance of the brain, does not appear to us to bear at all upon the point in question, for under such circumstances, the force of the heart would be very much increased by the extension of the surface of the compressing fluid. We do not deem it desirable to enter into the details either pathological or therapeutical, but we cannot refrain from quoting, at length, for our pages will be well occupied with them, the admirable observations on acute hydrocephalus, and the very just and forcible arguments against the view adopted by Dr. Monro, in his morbid anatomy of the brain, in reference to the nature of this disease. We recommend them to the perusal of those who think with this author, that the effusion in the disease in question depends, not on inflammation, but on debility.

"The only point of inquiry which it is necessary to pursue is, What is the cause of the effusion? Is it the product of inflammation? The best pathologists of the present day, consider it as proceeding for the most part from inflammatory action of the membranes of the brain; but at the same time there can be no doubt that a serous effusion is frequently the consequence of any cause obstructing, or even retarding, the circulation in the head. Thus it is believed to be occasioned by venous engorgement; and dissection affords us positive proof that it is often owing to obstructions in the great venous channels in the head. Others allege that hydrocephalus is produced by debility. This is a pathological question of the utmost practical importance, because the remedies will be depletory in a certain stage of the disease, according to the one view, and the opposite in all the stages according to the other. In order to place the subject in a clear point of view, I shall take the liberty of offering a few criticisms upon the work of Professor Monro,\* because it is the last published work upholding views which I conceive to be erroneous. At page 101, Dr. Monro states, that before subscribing to the hypothesis, that the effusion in hydrocephalus is owing to some degree of inflammatory action, 'it is necessary to inquire whether this disease usually occurs in persons who are disposed to inflammatory disorders at or near the meridian of life, when the human body is most liable to suffer from inflammatory diseases. With regard to the first of these points it may be

observed, that hydrocephalus is so rare after puberty, when the constitution is most liable to inflammatory disorders, that Cullen and other writers of eminence have described it as being peculiar only to infancy. That the disease is rather to be imputed to debility, follows from the well-known fact, that hydrocephalus is frequently a disease which may be traced to bad nursing, improper food, dentition, the sequel of the most tedious and debilitating disorders, as whooping-cough and scarlatina.'

"Cullen's authority is a most unlucky one to quote in the present day for the true pathology of any disease, and more particularly of any disease of the brain. In the work of this author, there are only two pages and seven lines devoted to a detail of the symptoms, causes, pathology, and treatment, of all the inflammatory affections of the brain and its membranes; and all that he has said respecting hydrocephalus is comprised in three lines, in the shape of an erroneous definition! It is a fact, however, that children, particularly those under two or three years of age, are peculiarly liable to inflammation of the brain, from several causes:—1st, From the wonderful changes which take place in the circulation early in life; 2d, The large size of the head at that period in proportion to the rest of the body; 3d, The change the brain undergoes in appearance and consistency; 4th, the great activity of the circulation, and the high state of irritability of the nervous system at that period of life; 5th, Difficult dentition, which perpetually excites a determination of blood towards the head. Besides these causes, accounting for the frequency of the disease, something must be said respecting its fatality in infants. Children cannot tell their feelings, nor direct the attention of practitioners to the seat of the disease. When they are fretful or peevish, it is too often attributed to bad temper, to the state of the bowels, or to the irritation of the gums from the advancement of teeth; and the disease in the brain, as has already been shown, often advances in the most insidious manner, till convulsions or coma take place; and even the latter symptoms, although observed in its progress, is too often overlooked until the patients become insensible and perfectly comatose. Bad nursing and improper food, upon which Dr. Monro has laid so much stress in proof of his own views, certainly tend to produce debility; but children badly nursed, insufficiently clothed, who are allowed to remain wet, and receive improper food into the stomach, are far more liable to inflammation, ending in ulceration of the bowels; at all events, they will be more liable than healthy children to irregular determination of blood, and, from want of vigour in the constitu-

\* Entitled the Morbid Anatomy of the Brain, 1827.

tion, venous congestion takes place, and the vessels of the head suffer, and the effusion may take place as a consequence; or sub-acute inflammatory action will be lighted up in the brain. The experienced eye of a careful observer will be able, in general, to detect the disease in the brain, although it is not announced by symptoms so violent, or of such high-toned character, as Dr. Monro seems to expect should be produced, if actual inflammation had taken place. That venous congestion of the vessels of the head terminating in effusion, and that inflammation of the membranes of the brain, should sometimes take place in hooping-cough and scarlatina, which Dr. Monro designates as debilitating disorders, is not to be wondered at, if the reader will study nature, or refer to the pathological descriptions given of these diseases in their proper places in the first volume of this work.

“ Dr. Monro next asserts, that if hydrocephalus were an inflammatory disease, it ought, like inflammation of the lungs, and other inflammatory complaints, to be more prevalent in robust men, during the period of life when the human frame is most prone to other inflammations. Dr. Monro might have known that the period of life at which inflammatory complaints most frequently occur, is in infancy and childhood; and that for one inflammatory fever or inflammation of the lungs, or of any other organ, in robust men during the prime of life, we meet with at least fifty in infancy and childhood.

“ Dr. Monro makes an erroneous statement respecting the opinions of two distinguished French pathologists. ‘ If it be supposed (says Dr. M.), that hydrocephalus is always connected with inflammation of the brain; and that inflammation gives rise to the *softening* of that organ, which is the favourite opinion of Lallemand, Rostan, and others; in that case the brain should be found *invariably* in a softened state, which is not consonant to my observations.’ But I have already shown that modern pathologists do not assert that the effusion is *always* caused by inflammation; it is sometimes produced by venous congestion, and by any mechanical cause impeding the circulation. Neither Lallemand nor Rostan attributes the softened state of the brain to inflammation of the *membranes*, which Dr. Monro appears to confound with inflammation of the substance of the brain, and who has also attributed to Rostan an opinion *quite contrary* to that which Rostan actually maintains. At page 104 of his work already quoted, he explicitly states, that although softening is occasionally produced by inflammation of the brain, yet that it sometimes takes place unconnected with inflammation, and is a peculiar degenera-

tion, which has its own signs and proper characters.

“ At page 103, Dr. Monro further urges, that ‘ If inflammation of the brain had given rise to this species of hydrocephalus (acute), the attack of the disease should be sudden and well-marked, and its course rapid, like to that of phrenitis; whereas the origin of the disease is generally not well-marked; indeed, so much so, as often to escape the notice of the parent, and even that of the experienced physician.’ And he further states, that ‘ It is admitted, even by those who impute hydrocephalus to an inflammation of the brain, that the symptoms of phrenitis are well-marked, whereas those of hydrocephalus are often very obscure.’ It has already been shown how very insidious inflammatory affections of the brain are, even in adults, they cannot be more so in young subjects; but the reader shall see what Cullen himself says on phrenitis in his ‘ Outlines,’ at page 103. ‘ Many of the symptoms by which this disease (phrenitis) is most commonly judged to be present, have appeared, when from certain considerations it was presumed, and even from dissection it appeared, that there had been no internal inflammation; and, on the other hand, dissections have shown that the brain had been inflamed, when few of the peculiar symptoms of frenzy had before appeared.’ And Dr. Monro concludes, that if acute hydrocephalus be owing to an inflammatory state of the brain, ‘ there ought to be no distinction as to the symptoms, origin, progress, and consequences, of phrenitis and hydrocephalus.’ To make the statement still stronger, he quotes Cullen’s definition of phrenitis, and then states with great self-complacency, that ‘ the symptoms of this species of hydrocephalus do not correspond with the above definition.’ My readers will find Cullen’s definition in a previous page, where it has been shown to be erroneous; and if any further proof is wanting to show its absurdity, it may be easily obtained at the bed-side, or from Dr. Abercrombie’s work on the brain.

“ ‘ One of the most striking features of inflammation of the brain (says Dr. Monro, at page 104) is the state of the pulse; but that character is also wanting in hydrocephalus; for the state of the pulse is *widely* different from that of a person afflicted by apoplexy or inflammation of the brain. It is not full as in the former, or *hard* as in the latter. It is no doubt quick, as in other diseases which are the effect of debility. Besides, no author, who has described the symptoms of phrenitis, has stated that the pulse becomes slower some time after the commencement of the disorder.’ It is almost unnecessary to comment upon the erroneous statements made

in these passages; but this opportunity may be taken to mention, that Morgagni has clearly shown the great varieties of the pulse in acute diseases; and there are few practitioners of the present day, who are not well acquainted with the varieties of the pulse in cases of head affections. Dr. Abercrombie, in giving a general view of the symptoms which indicate inflammatory affections within the head in adults, makes the following observation at page 12:—'The pulse is about the natural standard or below it, frequently about 60.' And again:—'The pulse having continued from 70 to 80 through the whole course of the disease.' After alluding, at page 14, to the circumstance of the pulse becoming slower sometime after the commencement of the disease, he observes—'As the pulse falls, the patient is disposed to sleep—this is perhaps considered as favourable; it falls to the natural standard, he then sleeps almost constantly, and in another day this sleep terminates in coma. The pulse then begins to rise again; it rises to extreme frequency, and in a few days more the patient dies.'

"Is it not a curious circumstance, that Cullen, in the seventy lines, which is all that he has written on inflammatory affections of the brain, does not notice the state of the pulse, neither does he mention it in his definition?"

"At page 110, Dr. Monro tries to force an invariable connexion between hydrocephalus and dropsy, *both depending on debility*; now, if this were true, children ought to be very liable to dropsical affections in other parts of the body, which is decidedly not the case; but, nevertheless, looking pathologically at these affections, there is a strong analogy. Dropsy sometimes arises from inflammation; so does hydrocephalus. Dropsy sometimes arises from morbid alterations in the structure of the heart; so does hydrocephalus. Dropsy is sometimes produced by disease of the lungs, and particularly bronchitis; so is hydrocephalus. Dropsy in the belly frequently depends on diseases of the liver impeding the circulation; so does hydrocephalus occasionally depend on obstructions in the venous system of the head. Dropsy sometimes depends on diseases of the kidneys; so does hydrocephalus. Lastly, dropsy is sometimes cured by bleeding; so is hydrocephalus!"

"I feel persuaded that this subject has been pursued far enough, perhaps my readers may think too far; but its importance must be kept in recollection, as well as the talents of the author, and the reputation he has long since acquired as a morbid anatomist."

We have already complained of the arrangement, and perhaps some further objec-

tion might be made to the placing of tetanus, hydrophobia, chorea, and the other diseases generally denominated nervous, under the diseases of the spinal chord; but all these affections are certainly in some way connected with the state of the centres of the nervous system, and Dr. Mackintosh has stated nothing which can possibly lead to an erroneous opinion as to their seat or nature; we must, however, except the section on chorea from our general commendation, the treatment proposed for this disease being very imperfect and unsatisfactory. It is stated to "consist in keeping the bowels regularly open, by means of mild but frequently repeated laxative medicines, never allowing a day to pass without producing at least two alvine evacuations;" although the author has just before observed, that the "opinion broached by Dr. Hamilton, senior, that cholera depends on a collection of feculent matter in the bowels, is decidedly erroneous." Though some other remedies are slightly alluded to, the carbonate of iron, which has been productive of such marked benefit in the hands of Dr. Elliotson and some other practitioners, is not even mentioned.

From the section on insanity, which, though brief, contains much valuable information and just reasoning, we cannot refrain from quoting the following observations, which do not, however, belong to the author, but are taken from an unpublished paper by Dr. A. Coombe:—

"The *symptoms* indicative of insanity consist of deranged cerebral functions and local phenomena. Every sense, every nervous function, and every faculty of the mind, may be involved in the disease or not, and hence indescribable variety. The *true standard is the patient's own natural character*, and not that of the physician or of philosophy. A person, from excess of development in one part of the brain, may be eccentric and singular in his mental manifestations, and yet his mental health may be entire. Before we can say he is mad, we must be able to show a departure from his *habitual state*, which he is incapable of controlling."

There is little to notice in the chapters on the diseases of the eye and ear, or on those of the skin; the observations on erysipelas, which is treated of at considerable length, are, however, well deserving of attention. This cutaneous affection the author regards not as a peculiar and idiopathic disease, but

as only "symptomatic of some internal affection, which may be a disorder of function, or one proceeding from structural lesion of some internal organ," as "an inflammation produced by one of those salutary efforts of the constitution, by which disease is sometimes removed or translated from one tissue to another; in this instance, from an internal organ, the functions of which are more immediately necessary to life, to the skin, which has a less important part to act in the animal economy."

With this view of the subject we entirely coincide, and we are satisfied that its adoption must lead to a more rational treatment of the disease, or rather diseases in question,\* the more striking, but less important phenomena of which have hitherto, by the majority of practitioners, been too exclusively attended to. A similar opinion is entertained by the author as to the pathology of gout, as may be seen from the following extract, and certainly the arguments which he has adduced against the idiopathic nature of erysipelas, will apply with nearly equal force to this disease also, however unreasonable it may appear, to some practitioners, to regard the local inflammation as a mere symptom, as a phenomenon of secondary importance:—

"According to the views which I have taken of gout, I would regard it simply as an inflammation of the affected part, produced by an effort of the constitution to remove disease from internal parts to the surface of the body; and therefore the inflammation of the toe is not to be regarded as a disease, but only as the occasional symptom of a disease, which may be one either of function or of structure. This is proved by taking a retrospective view of the causes of gout and the marks of constitutional disturbance, which always precede the inflammation of the part, by the production of a great increase of internal suffering, sometimes of death, from the sudden recession of the external inflammation, and by the universal belief of all who have either seen the disease or experienced its sufferings, that a gouty paroxysm clears the system of something which had been acting injuriously upon it for some time previously."

It is hardly necessary for us to speak of the treatment of gout which is recommended by Dr. Mackintosh; our readers will

readily perceive, from the foregoing extract, that it is not of a specific kind, but rests upon general principles. We shall, therefore, only extract his observations upon the remedy which has of late been particularly employed in this complaint.

"The colchicum autumnale has been highly recommended during the paroxysms of gout, and has been used with the best effects, not only in alleviating the immediate sufferings of the patient, but in breaking the severity of the disease; it has, however, no claim to the title of a specific. There is considerable difference of opinion among practical men, as to which preparation of colchicum is the most efficacious; some recommend the powder of the bulb; others, that of the seed: many prefer the wine of the seed; while others extol the acetic preparation. I have used all the preparations, but find a saturated infusion of the seeds in wine to answer better than any I have happened to meet with. It is to be exhibited, according to the age and constitution, in doses of from twenty to a hundred and twenty drops, conjoined either with the same quantity of tincture of hyosciamus, or with a half, or even a third part of the sedative solution of opium, which I find to answer better than laudanum. In some cases, when the stomach is exceedingly irritable, and when the colchicum cannot be retained, I frequently apply leeches, or a blister, to the epigastric region, and exhibit a pill with two, three, or four grains of calomel, and two of opium. In treating a case of gout with colchicum, I by no means trust to it alone, as if it were a specific, but also attend carefully to the state of the bowels, and allay local inflammation in the same manner as if colchicum were not employed."

In the account of the diseases of the uterine organs there are too many surgical details, while several points connected with the medical treatment are either omitted or too slightly noticed; there are, however, some valuable remarks on amenorrhœa and dysmenorrhœa, the latter of which is stated to be not unfrequently dependent on a circumstance which we do not remember to have seen mentioned by any other writer, viz., narrowness of the os uteri. Fifteen cases have occurred to the author in which this condition existed, and in all a cure was effected by the gradual dilatation of the part with metallic bougies, although "none of the women operated upon had suffered for a shorter period than two years, some for three or four, and others for ten."

\* We do not here mean to include the diffuse inflammation of the cellular tissue, which is much more a local disease than true erysipelas.

It will certainly, therefore, be worth while to make an examination in reference to this point, in all obstinate cases of the disease which have resisted the usual remedies.

We have now probably said enough to show the nature and value of the book ; and while we regret the unequal execution and imperfections of certain parts of it, we may safely state, that altogether the work is one of the best, if not the best, of the kind, and will seldom disappoint the student, or the practitioner, who may refer to it for information.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 22, 1830.

#### VARIOUS CASES.

THERE were nine cases admitted, gentlemen, last Thursday, under my care ; three women and six men. Among the women was a slight case of anasarca ; one of a variety of affections, at the bottom of which seemed to be leucorrhœa ; and one of a considerable tumour in the abdomen. This tumour was moveable, reached above the umbilicus, and branched out into lobes ; it was unattended with pain, and could be traced down into the pelvis. I could not trace it lower on one side than on the other, and, on examining *per vaginam*, I discovered the os uteri and the neck of the uterus in their proper situations, and perfectly healthy. I could discover no disease of the womb, nor could I feel the tumour : it was not so deep down on either side as to allow it to be felt in the vagina by the finger, although by pressing the abdomen the os uteri could be forced down. It is very likely to be a diseased ovarium ; but upon its true character I do not feel myself at present authorised to give a decided opinion. Of the cases admitted amongst the men, was a case of disease of the heart, in which indeed not only the heart, but the lungs and the liver also, were diseased, but the heart principally ; a case of pericarditis and organically diseased heart ; a case of chronic inflammation both of the bronchiæ and of the stomach,—of bronchitis and gastritis ; a case of bronchitis which was attended with general dropsy,—anasarca ; a case of pleuritis ; a case of pure bronchitis, without any dropsy ;

and a case of gout. One of the cases presented was that of abscess of the glands at the angle of the jaw, which was treated at first by cold applications and leeches ; but in spite of these suppuration took place, and the abscess was opened, though to no great amount. By these means the suppuration was greatly limited, and I am satisfied that the steady application of cold to enlarged and inflamed glands is one of the most effectual modes of treating them.

#### DROPSY.

The only case possessing any interest was one of severe general dropsy, which was cured ; and that certainly was one of very considerable interest. It occurred in a girl named Maria Sedgwick, ætat. 14, admitted on the 14th of October. She was of delicate habit, had light hair, a fair and very fine skin, and ruddy complexion. After the disease was removed, the redness in the cheeks remained, so that this was her natural colour. It appeared that she had been the subject of ague at different times for the last three years, and that about three months before her admission her belly had become swelled, and not long afterwards her legs ; there had also been cough for about a month, but she had no pain in any part of the chest. When I saw her she was swollen from head to foot, but the abdomen was particularly swelled. The right eye was quite closed on account of the swelling of the face, and the left nearly so. The whole of the abdomen was tender on pressure, and the respiration was quick when she lay on her back, but *that*, in all probability, arose from the tenderness of the abdomen. She had, besides this, diarrhœa attended by griping. Between the great distension of the abdomen by fluid, and its tenderness, it was impossible for me to ascertain whether there was any enlargement or induration of the liver or of the spleen ; nor indeed could I ascertain whether any particular organs were inflamed. The case appeared a very bad one, for there was, besides intense general dropsy, anasarca, and ascites, and extreme tenderness of the whole abdomen, a great feebleness of the pulse ; it was quick, but exceedingly feeble. It was very possible too that she might have great organic disease, as she had suffered from ague. The indication of treatment, however, was of course, in the first instance, to subdue the inflammatory state of the peritoneum. I dreaded the application even of leeches, in consequence of the great smallness and feebleness of the pulse ; I ventured to put on twelve, and after their removal I covered the part with a constant bran poultice. Mere smallness of the pulse, had it been also solid, would have been no counter-indication to free bleeding, but it was extremely soft and

feeble. The leeches relieved the tenderness of the abdomen considerably; but the pulse the next day was so much the weaker, and I therefore could not think of applying them a second time. Still she felt better. I ordered her at the same time with the leeches, three grains of hydrarg. c. creta and the sixth of a grain of opium every four hours, making eighteen grains of hydrarg. c. creta and one grain of opium in the twenty-four hours. It was necessary to give her this form of mercury on account of the diarrhoea, for any other would only have irritated the intestines, and increased the purging; and it was necessary even to guard it with opium, which, too, independently of the mercury, would have been proper, on account of the diarrhoea. I gave her this mercury on account of the inflammatory state of the peritoneum,—on account of the dropsy being evidently of an inflammatory nature. I gave her no diuretics. The treatment evidently was to consist in the removal of the inflammatory state of the peritoneum, and in checking the diarrhoea; for had the latter continued, she most probably would have suffered from it considerably, and perhaps have sunk. Yet it would have been wrong to have stopped the diarrhoea suddenly, for the cessation of secretion of the inner membrane of the intestines might have increased the secretion by the peritoneal coat. I have known ascites produced by a sudden cessation of diarrhoea. The diarrhoea was partially checked, and the tenderness and tension of the abdomen were diminished on the very next day. The motions that had occurred were serous, thin, copious, and very offensive. She vomited two or three times the second day after breakfast, and the pulse was scarcely perceptible, yet she did not feel herself weaker. On the 16th (the third day) she felt much better; there was no pain on pressure on any part of the abdomen, still less were there tension and tumefaction; the vomiting had not returned; the bowels had only been evacuated twice in the last twenty-four hours; the pulse had become more distinct; the motions, however, which had occurred were copious and watery, but were now yellowish; the quantity of urine was increased, and she slept very well. The treatment was not altered during the whole time that I had her under my care. The leeches of course were not applied again, but the hydrarg. c. creta, and likewise the opium, were continued in exactly the same doses for three weeks. Without doing anything more than this, she gradually became perfectly well; the abdomen subsided to its proper size; the tenderness never returned; the pulse became gradually slower and stronger; the anasarca disappeared from every part of the body, and she very soon

left her bed, and appeared in perfect health. I was then able to examine the abdomen, and I found no enlargement of any organ;—no enlargement nor any induration could be discovered in any organ whatever. The case was a very striking one, and, doubtless, many who saw her thought she would die; I had very great apprehensions myself, but under the simple treatment the result was as I have mentioned. She was presented on the 18th of November. Till the 19th of October I allowed her only milk, gruel, arrow-root, and weak broth; but from that time she had half a mutton-chop daily, and this she continued to take till she went out. Now, however simple this treatment was, I am convinced that any other would have destroyed her. Had I given her common stimulants or tonics, or full diet, or had I given her stimulating diuretics, I should most probably have induced excessive irritation of the mucous membrane of the stomach and intestines—I should have suppressed the urine altogether, have increased the peritonitis, and destroyed her. I have no doubt that had she taken squilla and spirit of nitric ether, and been allowed wine, she would presently have sunk. The case was one of inflammatory dropsy, the inflammation being chiefly seated in the peritoneum, and attended with great debility. Had there been no such debility, I should not have been contented with leeches, but should have bled her well from the arm; and if I had applied leeches, I should have done so very freely. I should also not have given her even weak broth, but confined her to slops—to barley-water and tea.

You are of course well aware that many cases of dropsy are exactly of this description. Dropsies, in my lectures on the practice of medicine, I endeavoured to generalize with many other affections: with fluxes, for example,—discharges from the mucous membrane; with hæmorrhages of all kinds, whether from mucous membranes or not, and with various organic diseases. I stated that these occurrences might be inflammatory, or that they might be free from an inflammatory state; that they are all to be diminished very much, and many of them cured, simply by the usual treatment of inflammation, or, indeed, that mode of treatment may be exceedingly improper. This is most strikingly exemplified in the discharges from the various mucous membranes, very many of which may be cured by simple bleeding, general or local, and starving, while others require stimuli to the part itself, or general stimuli and tonics. Dropsy sometimes arises, therefore, from an inflammatory state; but it is to be remembered that it sometimes also arises from an opposite condition of the system. When persons are bled to excess they be-

come dropsical,—not in that instance from inflammation, but from debility. When persons are starved, their legs are observed to swell; they have hollowness of the eyes, extreme contraction of all the features, but their ancles are enlarged. Frequently, too, dropsy arises from an obstruction to the return of the lymph, or if the blood in the veins be impeded, and, in the latter case, from the great distension that is produced, the blood-vessels ease themselves by pouring forth fluid into the serous or cellular membranes. Hæmorrhage will sometimes arise from the same cause: it is not uncommon in diseases of the heart, in which the blood is obstructed, for hæmorrhage to occur from the alimentary canal, hæmorrhage which speedily proves fatal. Sometimes dropsy arises without our being well able to explain its origin. When there is disease of the kidney, it is common for dropsy to occur; one can hardly, however, see why it should be so, unless it arise from the quantity of urine being diminished, and the secretions of the cellular and serous membranes making up for the deficiency. Yet frequently there is here no deficiency of urine; we hardly see why, in disease of some other viscera, there should be dropsy, unless from the cachectic state induced in the whole system. It is very common in disease of the womb for a female to become anasarca, even when there has been no great flooding, and it is likewise common in diseases of the spleen and the liver for the same thing to occur. You might suppose, *a priori*, that there is an obstruction to the blood in these instances, but such a supposition would often be unfounded. Obstruction in the liver and spleen ought rather to induce diarrhœa, or hæmorrhage from the mucous membrane of the alimentary canal. In the case of disease in the kidney, at least, obstruction will not explain it. We cannot explain why the whole body falls into a state of dropsy, unless it be from the whole system becoming cachectic through the renal disease, or a general depraved state of the habit, in which the disease of the kidney is a part only. If the kidney be organically affected, or have great congestion of blood, or an inflammatory state, I believe the urine is generally albuminous; but, on the other hand, I do not think that the circumstance of the urine being albuminous is a proof that the kidney is in this state, at least in a state of organic disease; because I have seen so many persons cured of dropsy, and restored to perfect health, who had albuminous urine; and if the kidney had been originally diseased, we can hardly suppose that that would have been the case; nor could congestion, and inflammation of the kidney, be supposed, because there were no signs of such affections. I have continually seen albuminous urine in cases of dropsy

without any reason, first or last, to suspect disease of the kidney, and I have seen the dropsy completely cured. I think, therefore, that although it is possible that in disease of the kidney, and in congestion of that organ, the urine may generally be albuminous, the converse cannot be said, viz., that if the urine be albuminous we must necessarily conclude that the kidney is in these diseased conditions. When the disease, however, is of the nature that it was in this case, that is, when it is inflammatory, there are sure to be general marks of inflammation, or marks of inflammation of a particular part. I should not have supposed here that there had been a general inflammatory state of the system, for the pulse was exceedingly weak, but there was decidedly inflammation in one part, that is, of the peritoneum.

When dropsy is of an inflammatory nature, you will generally see fullness about the head, or an inflammatory state of the chest, or an inflammatory state of the abdomen, and frequently we have all of these three parts in an inflammatory state. You frequently see the head, from its fullness, become oppressed; the patient complains of drowsiness, or a tightness of the forehead, as though it were bound with hoops, giddiness, or headach; or if you desire him to make a deep inspiration, you find soreness of the chest, and on listening at the parietes you discover a rattle; or if you examine the abdomen you find tenderness some-where there. These symptoms are sometimes inconsiderable; but you will generally perceive inflammatory affection either of the head, chest, or abdomen: perhaps the patient will not mention them spontaneously, and therefore it is necessary that you should inquire after them. There was a case admitted a fortnight ago precisely of this character, that of William Harden, *ætat.* 42, who was admitted on the 4th of November. He had been ill three weeks, and it was found that he had headach and drowsiness, and also dyspœa, cough, soreness of the front of the chest internally, and sonorous rattle. These two parts, then, were affected, the head and the chest. Not that the inflammation was sufficient to cause dropsy in them; that was out of the question; but in the inflammatory state of the system, these particularly suffered. He had anasarca, at least œdema, as high as the hips, and the urine was not found to be albuminous. He was bled to the extent of a pint, and purged with supertartrate of potash; the blood was not found to be buffy. He was again bled to the same extent, when the urine was found albuminous and the blood buffy. He is steadily improving, and the swelling is now no higher than the ancles.

This leads me to consider the question of treating the disease antiphlogistically or not. If the patient have been in perfect health, and suddenly seized with dropsy, you may presume that it is of an inflammatory nature; you will, however, satisfy yourselves of this, by ascertaining whether the complaint arose from cold; whether it arose just as inflammation does every day from the application of cold, especially when united with moisture, and when the body is overheated. Almost all these cases may be traced to this circumstance. Another mark is, that the swelling begins in the face, or occurs as early in the face as elsewhere, the face being particularly exposed to a change of temperature. You will find, in the great majority of instances, that inflammatory anasarca begins in the face, or at least that part swells as early as any other. Another circumstance is, that the pulse will justify you in bleeding. Perhaps the pulse will be full and strong, but whether it is so or not, you may have reason, from the circumstances that I have mentioned, to consider the case to be inflammatory; although the pulse will not *indicate* bleeding, it will *justify* that measure. Observation of the pulse is often very important, and though it will not lead you to resort to bleeding, yet knowing that the symptoms indicate the loss of blood, it may justify you in abstracting blood. Such was the case with this man. In the instance of the girl, I did not infer the propriety of bleeding from the nature of the cause of the complaint. She was too weak to give an account of the origin of her disease, neither could I learn whether it began in the face, and the pulse would certainly have disinclined me from bleeding; but I found decided inflammation of one part of the body, such as made me desirous of abstracting blood by one mode or other, and if there had been no dropsy, if there had been no effusion at all, the case would have required the same treatment. You therefore see that you may *suspect* the inflammatory nature of the case from its being acute, from its beginning in the face, the patient having been previously in good health, and the pulse indicating anything but debility; and, I may add, from the circumstance of the urine not being diminished at all, or, rather, being actually increased; for in this sort of dropsy the urine, so far from being diminished, is not only in general of its natural amount, but is sometimes increased. You may be *sure* of the propriety of treating the dropsy as inflammatory, either by finding the pulse really of that nature—strong, quick, and full—a pulse that would lead you to bleed, whatever might be the disease; or, in other cases, not from a history of the disease—not from any peculiar state of the face or the

urine, nor from the state of the pulse—but you may infer the propriety of treating them antiphlogistically from the existence and severity of some local inflammation, which itself alone, without any dropsy, would point out the propriety of antiphlogistic treatment. That was the case with this girl. In the man's case there was not so much local inflammation, as to make bleeding at all advisable, but he had been previously in good health; his pulse was fuller than that of the girl's; and these two circumstances proved that there must be an inflammatory state of the system, though short of important inflammation in any one part. The treatment was equally successful in both cases.

We have been informed by a writer, that the state of the urine is a sure guide to the propriety of bleeding. We have been told that the quantity and firmness of the coagulum of the albumen of the urine are usually proportionate to the marks of inflammation. It is not asserted that the presence of albumen can only occur where there is inflammation, but it is acknowledged that in an opposite state, where there is great weakness of constitution, where bark will cure the disease, albumen may appear in the urine. It is said, however, that when the albumen in the urine is of considerable quantity and firmness, making a firm coagulum on the application of heat, that there are, usually, proportionate to this, marks of inflammation, and that a correct guide to venesection will be found in the firmness, copiousness, and early appearance, of an albuminous coagulum in the urine.

Now I am perfectly satisfied that this is incorrect. In the man's case there was no early appearance of albumen. When the urine was first examined, there was no albumen in it, and the albumen did not appear till one venesection had taken place, which venesection had been of great benefit to him. Neither, indeed, did the buffiness of the blood occur till after the first bleeding. Then, as to firmness, the albumen did not coagulate into a solid mass, but merely formed a number of flocculi throughout the fluid. I have certainly seen many cases where there was no albumen at all in the urine during the whole of the disease, and yet bleeding was indicated, and positively cured the patient. Although I have very seldom seen the albumen form a firm coagulum in the urine, yet I have seen instances out of number which have yielded entirely to venesection. I therefore do not place reliance on the state of the urine, but I place my reliance for the propriety of bleeding upon the history of the disease, upon the state of the pulse, as to whether this will justify it or not, and upon the presence of local inflammation. It is proper, how-



ever, to say that the writer to whom I have alluded, allows that the limits of venesection will be ascertained from the state of the blood and the relief of the symptoms, as well as from the improvement of the urine. Nevertheless he mentions the fact, that firmness, copiousness, and early appearance of albumen in the urine, is the sure indication of venesection. As I should not hesitate on the one hand, to bleed in the treatment of dropsy, whether there was any albumen in the urine or not (from having continually cured the disease by bleeding, both when there has been no albumen, and also when the albumen that was present formed no firm coagulum), so, on the other hand, I must say, that I have seen the urine full of albumen, I will not say firm albumen, where venesection was a measure quite out of the question. I speak decidedly on this point, because I have made it a matter of considerable observation. I feel that I have good grounds when I state, that in dropsy it is always right to ascertain whether the phlogistic diathesis is present, and to look out for local inflammation. If you do this, I am satisfied that, without an examination of the quality of the urine, without knowing whether it contain albumen or not, you will never be mistaken as to the treatment to be adopted. I gave this girl no diuretics; she took mercury, which I gave on account of the peritonitis, and she took opium to check the diarrhoea; but she took no other medicine whatever, and yet all the secretions came round. The effusion into the cellular membrane and the peritoneum, both arose from an inflammatory state, and completely subsided when that state ceased.

#### HYPERTROPHY OF THE LEFT VENTRICLE OF THE HEART—EXTENSIVE OSSIFICATION.

There have been no *post-mortem* examinations, Gentlemen, this week, but a friend of mine in the country has been so kind as to send me a heart, which he took out of an old man, which furnishes a very fine specimen of cardiac disease. I have not seen it before. It has been opened during lecture by Mr. Norblad (the curator of the Museum), and it is an instance of extreme state of disease.

I will begin with the right side of the heart: there appears to be no disease here. You are aware that the right side of the heart is much less frequently diseased than the left. Disease of the left side is a hundred fold more frequent. However, the left ventricle exhibits a terrible, or a beautiful—just as you please to speak, whether as pathologists or not—specimen of disease. In the first place there is immense hypertrophy of that ventricle; the walls are nearly as

thick again as they should be; the cavity is about the natural size, or if there be any alteration, it is slightly diminished; then there is most extensive ossification all over the sides of its two openings: the left side they are one mass of disease all round. The ring of the mitral valve is one rugged circular mass of bone. The curtain of the valve is free, and the opening natural. Continuous with this is the ossification of the aortic valves. All three are bony; the sacs of them look as if distended by pieces of walnut, and the opening is reduced to a mere three-cornered chink. This man had really a hard heart—a stony heart. If we go on, however, we shall find still more bone. The bony matter extends even to the orifice of the vessels of the neck. The aorta has many large collections of rugged bone upon its inner surface. The bony matter is deposited originally, I believe, under the lining matter of the inner coat; the inner coat cracks, and the bone is then exposed, so that the blood runs over the bare bone. The blood could have experienced no difficulty in passing from the left auricle to the left ventricle, but had extreme difficulty in escaping from the left ventricle into the aorta. Thus the efforts required of the left ventricle are sufficient to account for its extreme hypertrophy, the heart, or any one muscular part of the heart, growing large, like any voluntary muscle, by exertion. You will sometimes, however, see the left ventricle very much hypertrophied, when there has been no obstruction to the course of the blood, and no disease of the aorta.

When we see the present kind of ossification occur in old people, it does not appear to be the result of inflammation, but of a degeneration of structure. In old age there is a general tendency to induration without any marks of inflammation, and when we observe bone, as in the present instance, all that we can say is, that the parts have had a tendency to secrete bone. In young persons these transformations are frequently the result of inflammation. They commence generally with inflammation; inflammation leads to induration, induration to the formation of cartilage, and the cartilage subsequently becomes bone. In old age the change appears generally to be entirely independent of inflammation.

I cannot tell what peculiar symptoms were present in this case, as I believe that the region of the heart was not examined by the ear. If my memory be correct, the letter which I received states that the subject was nearly eighty years of age; that within the last seven years he had walked very great distances, and died apparently of old age, no particular disease having appeared, except dropsy, just before the last.

I think if the chest had been listened to, a strong bellows sound would have been heard, with, or almost immediately before, the pulse, on account of the difficulty the blood had in getting out of the left ventricle into the aorta. Without the narrowness of the aortic opening, the immense thick left ventricle would have driven the blood most impetuously to all parts; it would have given an immense pulse, produced dyspnoea, and perhaps caused apoplexy, hæmorrhage, and dropsy, from forcible distension of the arteries; and without the immense hypertrophy, the narrowness of the mouth of the aorta would have caused such obstruction that there would have been a most feeble pulse, and extreme dyspnoea, hæmorrhage and dropsy, from the obstruction of blood in the lungs and the whole venous system. The absence of inconvenience to the patient till just before death, may be thus explained, and also by the, probably, very slow and proportionate progress of the several organic changes.

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ON THE NATURE OF  
SCROFULA,

AND ON A METHOD OF TREATING SCROFULOUS  
ULCERATIONS OF THE NECK.

By G. D. DERMOTT, M.R.C.S.

SCROFULA, I believe, is *chronic inflammation* attacking a system predisposed by debility or derangement of health to that disease, and more frequently the absorbent part of that system. The *exciting causes* being those agents which operate upon the absorbent system more especially, or upon other parts which happen to be particularly subjected to the influence of some of these agents, on account of their position or function.

We know that some of these exciting causes are bad and undigested food in the primæ viæ, acting as a source of irritation to the mesenteric glands and absorbents; the influence of cold and moisture of the lungs, and upon the absorbent system, and mechanical injuries of the joints.

Some of my reasons for believing that scrofula is only chronic inflammation existing in certain structures, are those that follow:—

The *predisposition* both to chronic inflammation and scrofula may be created or increased by any cause which weakens the system generally, lessening thereby the supply of healthy nutriment, and impairing the tone of the system or the *vis medicatrix*; or by a cause which deranges a leading function or

function of the body, when nature's healthy harmony of action is broken,\* and she is easily led astray into disordered or diseased action. This disordered state frequently shows itself locally in the form of chronic inflammation in the viscous or part most debilitated or deranged, and most exposed to the (perhaps slight) exciting cause; hence the three grand steps of many diseases are, first, general disordered state of the system; second, chronic inflammation; third, morbid alteration of structure.

Chronic inflammation and scrofula are both tedious. First, on account of the slight degree of vascularity of many of the structures attacked by chronic inflammation (especially when existing in many parts where it bears the name scrofula), so that the parts are slow in changing their action from diseased to healthy, and slow, therefore, in undergoing the process of renovation. Secondly, because the habit, by the debility or predisposition of the frame's action, is not only morbidly susceptible to the causes *exciting*—i. e., is predisposed to *take on* the disease (scrofula or chronic inflammation), but having once commenced with it, to *continue* it; and this, in a ratio to the increasing debility produced by the continued action or impression of such a chronic inflammation (with its probably associated suppuration) upon the system; for, in a ratio to the increasing debility produced by the continued excitement of the disease, so is the general health, or gradually impaired strength, less capable of bearing up under that excitement; and hence on this account, and perhaps by the disease, from its seat locally impairing some leading function of the body (whether this disease be called merely chronic inflammation, or whether custom brings it under the name of scrofula), the *vis medicatrix* or vital power gives way to the ravages of the disease.

It makes no difference whether this debility is congenital, whether it be acquired by such causes as climate or irregularity of living; whether it be temporary debility produced by temporary causes, or even depression of the powers of the body produced by mental depression, for any-thing that brings the system below its natural standard of action, debilitates the agency of life in it, and makes that system morbidly suscep-

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\* I would call the *vis medicatrix*, or the proximate cause of organic action, *organic instinct*; it is by this that there is such a consent of action existing between living parts as long as they continue in health, which almost seems to amount to cerebral sense; the seat of organic sense and of organic action (instinct) being in the nerves, the processes of the base of the brain, or, in fact, in the whole of the nervous system; the unity of action and sense existing in the system, depending upon the numerous connexions or continuities of substance which exist between the nerves.

tible to chronic inflammation, and which will be produced upon the application of an exciting cause, as in cases of chronic inflammation of the liver, chronic curvaturæ with tubercles in the lungs constituting phthisis, and generally supposed to be scrofulous, chronic inflammation of the absorbent glands called scrofula, and chronic inflammation in any other part of the body where exciting causes have happened more especially to operate.

In scrofula the effects are not only the same as in chronic inflammation constitutionally, but locally; for in inflammation of two contiguous membranes we have them glued together by a deposition of coagulable lymph; or pus is produced between them from their surfaces; in inflammation of cellular structure we have pus produced in it, and its cells glutted with coagulable lymph; in chronic inflammation of membranes, we have a thickening of them produced by a deposition of coagulable lymph in their substance; in chronic inflammation of the liver we have a deposition of coagulable lymph in its substance, and with it, frequently, a secretion of pus: on the other hand, in chronic inflammation of absorbent glands usually termed scrofulous, the local effects are precisely the same—an abundant deposition of coagulable lymph and suppuration; and what are scrofulous tubercles in the lungs, but probably small glands loaded in the same way? At all events, coagulable lymph is the grand constituent of their substance; and in diseased joints (white swellings) there are also the same two effects of inflammation, suppuration and deposition of coagulable lymph. Thus in scrofula we see all the common effects of chronic inflammation, and these merely, viz., a production of pus and coagulable lymph, with a depression and gradual exhaustion of the powers of the system. If these effects are to be accounted for upon the principle of supposing scrofula chronic inflammation, what right have we to suppose it a specific disease?

In different cases of inflamed joints, inflammation is found to exist in all degrees, from the most acute, down to that termed chronic or scrofulous.

The flakes, moreover, of coagulable lymph met with in the pus are not peculiar to what is termed scrofulous inflammation; we meet with them in the pus in many other cases where suppuration is produced from chronic inflammation, more especially when the general health is much deranged, so that their formation cannot depend upon a peculiar constitutional scrofulous taint.

My plan of treating ulcerations of the neck produced by suppurating glandulæ concatenatæ, seems materially to corroborate my idea as to the non-specific nature

of these suppurations. I have been informed since I first commenced with this plan that it is not altogether new, but I wish to mention it to obtain its more universal adoption. After reducing cutaneous inflammation by the free employment of leeches, and the use of purgatives, so far as the patient's strength warrants, I have recourse to Baynton's method of curing ulcers of the legs:\* first, laying a layer of simple dressing over the ulcer so as to extend for a short distance over its circumference; upon that I apply soft compresses in the same manner, in order that every part of the circumference of the sore, as well as the surrounding skin for a limited extent, shall be equally pressed upon, and that the surface shall not be exposed to harsh pressure. The straps of adhesive plaster I then apply, not so as to strangle the patient, but to extend nearly half way round the neck, beginning with each at the nape, and bringing them forwards nearly as far as the pomum adami; at the same time the skin of the two sides of the sore is drawn into a state of approximation: the straps of plaster of the length specified will stick firmly if the composition is good, so as to draw upon the skin, and cannot inconveniently compress the larynx unless they are improperly brought over the pomum adami. If it is a large ulcer, the neck must be strapped from top to bottom, and the patient can comfortably and neatly wear his cravat over the straps with this injunction, that he do not inadvertently and suddenly twist his neck, so as to give himself pain, nor button his shirt collar too tight, as these are the causes most likely to excite irritation, so as to interfere with the healing. I need scarcely say, that as nothing is more likely to inflame superficial absorbent glands than cold and wet, the patient must preserve a free cutaneous action by being in winter clad with flannel. When all other remedies, internal and external, for the cure of these ulcerations have failed, with these simple dressings judiciously applied, the circumference of the ulcer after a short time becomes white and free from irritation, and rapidly grows over the ulcer, which has become as permanently cured as would any simple ulceration in any other part of the body.

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\* I have found a composition of equal parts of emplastrum plumbi and roborans, with a moderate quantity of the hydrargyri rubri oxydum, considerably aids the effect of pressure upon these ulcers, probably owing to the plaster bestowing such a gentle stimulus to the wound as to excite the growth of healthy granulations.

## ON FIRING HORSES.

By CHARLES CLARK, V. S.

I AM unwilling to appear again here in the capacity of a critic, but cannot withhold from making a few remarks on the subject of firing horses for lameness, which not long since has been discussed in THE LANCET.

A veterinary surgeon, Mr. James Turner, asserts, page 843 of the last volume of THE LANCET, that the operation of firing has fallen into "disrepute," and after assuming this point, proceeds to advertise what he is pleased to call an "improved method," which is at present confined, we are led to understand, to himself and "his brother," and the success of which "depends solely on making each separate incision completely through the skin, cutis as well as cuticle, and boldly exposing the cellular tissue, forming the immediate covering of ligaments, tendons, periosteum, &c.;" and he tells us, that to cure a spavin in this style, great "dexterity, tact, talent, nerve, &c., are in requisition."

Mr. Turner has certainly calculated too much on the silence of his veterinary brethren in putting forth this information, and he has already been answered very ably and well by one of our best practitioners, Mr. Fenwick, excepting that this gentleman deals with his pretensions too tenderly. In the first place, I utterly deny that this operation is in "disrepute," either in town or country, except so far as College influence and College teaching extend, and have not only been very successful in effecting the desired object by it in my own practice, but, as Mr. Fenwick says, have seen it equally so in that of other veterinary surgeons; and in some instances, where I considered it a *sine qua non*, have not hesitated to guarantee the removal of the lameness, before the owner would submit his horse to the unavoidable blemish it occasions.

"Firing" is deprecated and disused by Messrs. Coleman and Sewell, but the only reason I have heard assigned for this, was from those who have witnessed the performance of the latter gentleman, viz., that he did not do it well; and as pupils are not taught to handle the irons at the College, it is very natural they should either discountenance the operation altogether, or otherwise do discredit to it. To such, Mr. Turner's *deep plan* may be a novelty; but I should think there are very few, even medical men of much experience in horse-flesh, who will not at once see through it as a mode of operating which has been in use for ages back among the most ignorant of

our farriers, who, arguing on their favourite apophthegm, that a "strong disease requires a violent remedy," have thought they added to the effect of their firing, in proportion to the depth they carried it through the skin. All enlightened practitioners, however, have agreed in approving the more moderate method, and Mr. Turner himself is obliged to admit, that this kind of firing is held indispensable by the majority of horse proprietors. But we are now to see "the phoenix rise from his dying ashes." If the measure proposed were merely useless, instead of being alike injurious, cruel, and *unscientific*, it might be passed over in silence. I say *unscientific*, because there is not in either of Mr. Turner's papers, any account of the principle upon which he fires thus deeply, nor a single passage which implies a knowledge of the action of the hot iron on the skin, much less that would convey such knowledge to others. Mr. Fenwick says, "I have not entered into the true *rationale* and effects of firing, which Mr. Turner does not appear to me fully to comprehend." I could wish he had done so, as it would have relieved me from a responsibility which I should not venture on, were it not necessary to show the fallacy of Mr. Turner's views. The following, therefore, must serve as an explanation.

The skin of the horse is much more sensitive and susceptible of irritation than the human skin, therefore blisters and external stimulants of various degrees, have always been among the most general and useful curative means in the power of the veterinarian. Of these means, the actual cautery is nothing more than the most potent and effectual.

About the legs, where this operation is generally performed, the skin may be from one-eighth to a quarter of an inch in thickness, according to the breed of the horse; and the method I have been taught and have practised is, to draw the red-hot firing-iron in regular lines, scarring through the cuticle and *upon* the cutis, but by all means avoiding to pass through it, or expose the cellular tissue beneath. On this account, the edge of the cautery should not be too sharp, or more than a red heat, lest it inadvertently, or by the animal's struggles, pass through the skin; nor should the operation be hurried, but each line passed carefully over, that the parts may be fairly cauterized, and not hastily cut through with a sharp hot instrument. The object in view is not to burn and destroy, but to *inflammate the cutaneous structure*; it is an operation performed *upon* the skin, and in order to produce the following effects:—The parts at first shrivel and contract under the application of the hot iron, but soon after become tumefied, nature setting up a counter action,

and a clear lymph exudes, sometimes in considerable quantities, from the cauterized channels, which continues more or less for about twenty-four hours. Dissection at this period shows the *cutis vera* and cellular membranes greatly thickened, and the capillary vessels injected with red blood. After this, the surface becomes dry and the limb stiff, the heat and tumefaction continue for many days, and the inflammation gradually subsides, leaving the parts still much thickened; and now begins that gradual absorption and tense state of the skin which are consequent on such a state of excitement, and are supposed to be the immediate means of removing that disease, whether consisting in relaxation of structure, osseous deposit, or otherwise, for which the operation was had recourse to. About two months' rest may be necessary, at the end of which time the parts resume their natural size.

Some have expressed the action of firing by saying, that it occasions the skin to form a tight bandage over the part which promotes absorption and cure, but we know not whether to ascribe its efficacy chiefly to this, or to the direct effect of counter irritation. It may be needful to dress the inflamed parts occasionally with emollient ointment, but I say nothing of the common practice of blistering immediately after the operation, because I think it often does harm, and is not involved in the question.

Now, according to the rationale of firing I have laid down, let us see what would take place, if through design or want of skill, or I will say ignorance, the cautery should be carried right through the skin to an uncertain depth in the cellular tissue; for, let me observe, that when once the dense *cutis* is divided, no hand can properly control a red-hot iron in the loose structure underneath it. The first effect will be a retraction of the divided edges, forming what Mr. Turner calls a *lesion* of the parts, and if all the straight and oblique lines are of this cruel depth, the limb would appear like nothing so much as a piece of roast pork in an eating-house window. Violent inflammation ensues, but very little discharge of lymph; and the first effort of nature towards a cure is to fill up these channels by fungous sproutings from the cellular tissue, of which all who have dealt with horses' legs, will understand the momentous mischief. At the same time, the skin, being detached and undermined, will probably ulcerate and slough away; and the leg heals, frightfully blemished, after double the usual time, and twice the amount of suffering to the poor animal. Horses have died in consequence of the excessive irritation. Every observer of horses must occasionally have noticed such specimens of firing; each line presents a long scarred seam as wide as a man's finger, perhaps; for

the edges of the *lesion*, or division, never properly unite, and the leg is swelled or considerably enlarged, because the skin, instead of retracting as in the former case, is actually destroyed and cut through, and in this state can afford no support to the contained parts. I will say nothing about the obvious danger of wounding the capsular ligaments, sheaths of tendons, nerves, &c., by this rude proceeding; but a man must have the *dexterity*, *tact*, and *talent*, of a Turner, to steer clear of them, and also an antiphlogistic power, that most of us are strangers to, and which I suppose must be a secret in the family, "never to permit or allow that sturdy opponent, inordinate inflammation, to gain a day's march upon him." It may be thought that I have exaggerated these disastrous consequences; but it is not only on my own authority that I assert that Mr. Turner has, and can have, no specific by which he can prevent them.

Mr. Fenwick says, that "inflammation and sloughing invariably follow, when, by accident, the iron passes through the skin and burns the cellular tissue; and every veterinarian knows it also; yet for this candid admission, Mr. Turner presumes to charge him with something like want of skill, or at least infers that he does not possess the "profound knowledge" of the Turner family. The best writers are of his opinion. Mr. Blaine remarks, page 674, "I must again caution the young practitioner to let no consideration induce him to fire through the cuticle; if the true skin be wounded, a very considerable inflammation and sloughing will follow." The reader may now judge of Mr. Turner's pretensions. We do not suppose him ignorant of the true rationale of the operation, but really his opinions would almost warrant such a conclusion. If he had advocated firing over a more extended surface, the cause would have borne dispute; but here he divides the *cutis* instead of cauterizing and inflaming it, destroying the very structure upon which the hot iron should act, and rendering it incapable of performing those beneficial offices of pressure and absorption that conduce to the removal of disease. He is angry at being treated as a quack, but his practice cannot be explained or defended by reference to any known laws of physiology respecting the skin; he never in the slightest manner adverts to or recognises them.

It is difficult otherwise to account for the benevolent proposition of exercising his deep method of firing on the limbs of mankind for "scrofulous inflammations of the synovial membranes of joints, &c.;" for under this impression he says, "If such cases have derived benefit from the days of Hippocrates down to Professor Rust's time, from only cauterizing or scaring the surface

of the skin, how much more may be expected by making numerous crucial incisions through the skin with the actual cautery." Here it is very evident that he does not understand the advantage of simply inflaming and corrugating the cutis; he would inflict a series of ghastly wounds, such as never entered into the contemplation of the scientific surgeons, whose moderate measures, he thinks, may sanction his gross proceedings. By going right "through the skin," much more might be expected, certainly, of inflammation and mischief, but not of good effect; as well might the trepanner argue, that if the removal of a portion of the cranium is beneficial, much more good might be expected from going deeper into the substance of the brain. None of the advocates of cauterization in human surgery have so forgotten the legitimate offices of the skin as to think of firing through it. The mosa, the ancient cautery, and the searing iron of the modern Indians, have all a superficial operation, and it has been reserved for Mr. Turner to propose a plan which sets physiology at defiance and astonishes the surgical world.

Presuming that Mr. Turner's two papers contain the gist of the promised volume, I have thought proper to discuss his opinions before they were more diffused, but refrain from many additional remarks which the subject suggests, lest the length of this matter should preclude its insertion.

Veterinary Infirmary, Stamford St.,  
Nov. 15th, 1839.

#### CASE OF UNUSUAL AFFECTION OF JOINTS IN SMALL-POX.

By MARTIN EVANS, M.D.

EARLY in last June a woman applied to me with a male child, about two years old, whom she said had been inoculated some ten or twelve days before by a quack doctor; at the same time stating a belief, that the matter inoculated must have been of a poisonous quality, as the child's health was rapidly declining. On examination, I found several parts of the body dotted with various pustules on the wane; the elbow-joints red, swelled, and extremely painful; inflammation had not proceeded to an equal degree in both, the left having already reached the stage of suppuration, indicated by evident fluctuation; the child had some lingering symptoms of febrile action, and was rather robust for his age. After some general questions I ordered alteratives; the left joint to be fomented, and the right to be treated with refrigerant lotions; leeches

were not employed, the mother being either unable or unwilling to procure them. On the following day the abscess in the left joint was so pointed, the superincumbent skin so stretched by accumulation of matter, and the entire collection not appearing to communicate so much with the interior of the joint as on the previous examination, that I was induced to make a puncture at the posterior part of the joint, a little above the ulceration, where the pointing directed; through this opening issued immediately about three or four ounces of perfectly-formed *laudable* pus, mixed with a little blood; a probe was then used, and a small portion of the end of the humerus was found rough and denuded.\* Common poultices were applied, on which a little pus appeared at each removal, and in a few days the wound healed kindly, notwithstanding the unfavourable features of the case.

I have been thus minute in describing the advance and decline of disease in this joint, as it faithfully represents the stages and treatment of similar inflammations, as they occurred in the right elbow, wrist, hip, ankle, and knee-joints, according as they progressed either successively or simultaneously. The corresponding joints, as those of the wrists, became affected simultaneously, and immediately subsequent to the elbow-joints; then the hip, knee, and ankles, followed without intermission; in all, inflammation ran its course rapidly, suppuration succeeding against every effort to prevent it. The wounds cicatrized well, and the patient was quite well at the end of July, nearly two months after I had first seen him.

My attention was called to this case in consequence of reading a report, in THE LANCET, No. 532, of similar cases brought forward by Mr. Stephens, at a meeting of the London Medical Society. This gentleman inclines to the opinion, that this remarkable affection of the joints arises from circulation of pus in the blood, and adduces in corroboration, "That in phlebitis, when adhesive inflammation took place, with a deposition of lymph sufficient to block up the vein, these effects (purulent depositions) did not ensue. This, to my view, only proves, that where the lymph was shed, there was inflammation bounded, consequently that its extent was not sufficient to light up general febrile action, which may be the

\* May we not suppose that the spongy parts of bones, from their greater degree of vascularity, being endowed with more life than the denser texture, resist death more effectually, consequently that injury or exposure of them will not always kill or create disease? certainly the proneness of parts to death is in an inverse ratio to their vascularity. This was illustrated to me a short time since in a child whose skull was extensively denuded by a fall, but from its greater vascularity at that age escaped without exfoliation.

cause of certain local disease, according to the parts predisposed to assume it. His other auxiliary proof is, "That there was a probable absorption of pus (in his case), as the pustules underwent an imperfect supuration." Even this appears to me rather hostile to his own theory, as the quantity of offending matter was less than usual, and we certainly cannot presuppose the formation of pus in the blood. In one way only can I understand how his latter argument could favour his theory; it is this: that according as pus was depositing in the pustules, the absorbents were *more than usually* active in taking it up. Is it probable that the febrile action, called forth during the existence of variola, excites disease in parts which are prone by nature to receive it, as we see in common continued fever? One point appears adverse to this conclusion, namely, that these affections of the joints appear only towards the subsidence, and not at the acme of the fever. Thus we arrive at a "conclusion in which nothing is concluded," and leave the field of conjecture *pendente lite*.

Teignmouth, Devonshire,  
November, 1830.

## DERBYSHIRE INFIRMARY.

### CASE OF "GOOSE EGG."—INFIRMARY INTELLIGENCE.

CASE.—Hannah Mansfield was sent into this Infirmary in a state of convalescence after typhus fever, to be nourished by the wholesome diet of the establishment. In Dr. Baker's case-book she is reported to have miscarried before her arrival at the Hospital, and to have had after-pains and moanings. Within the first ten days after the supposed miscarriage she had seventy leeches applied to the regions of the stomach and belly, and a blister to the abdomen, considerably larger than two pages of THE LANCET. This blister produced strangury, but did not slough; her phlegm was suspended, and barley-water was prescribed as an antidote; a pint of blood was also taken from the arm, but the pains still troubled both the doctor and his patient, and recourse was had to mercury; three grains of calomel and one grain of opium were administered every three hours. The evacuations produced, &c., did not subdue the supposed inflammation, though in addition to these depletions, nature was all along lending her powerful aid by a constant discharge of blood from the womb (flooding), so the doctor was puzzled, and rested from his labours; but whilst contemplating the consequences of this unquenchable inflammation, a most curious and astonishing sub-

stance came away from the woman, shaped like "a goose egg," and almost as large, composed of "skin," &c. This was promptly secured by the watchful house-apothecary, and nothing has been seen of it since. As on former occasions, however, expectation is alive, and it is hoped that Mr. Dix is engaged in hatching the egg.

After this abortion the uterine irritation ended, the patient and the doctor were relieved, and the pains and the flooding ceased. The woman, although of a good constitution, remained extremely weak, sweating profusely for a time. This, after such violent visitings and miscarriages, is not surprising, but fortune favours her, for she is recovering gradually, and drinks sherry every day.

We presume to contrast this case with another of Dr. Baker's, mentioned in THE LANCET of the 2nd of last month, when there was urgent vomiting, the stomach appeared to have been highly inflamed, the lungs congested with blood, and the patient died without any treatment calculated to subdue inflammation. An indolent uterine tumour absorbed all the doctor's attention, and this he tried to remove. We also recollect a case which was much talked of in the Infirmary, where the doctor used the stethoscope to a girl 17 or 18 years of age, and reported that he heard "mucous rattle." She had enlargement of the belly, and was treated with diuretics, expectorants, &c., till she was tired, and then refused physic. Her belly grew larger and larger, the dropsy did not dissipate, a parish officer was called in, he opened the doctor's eyes to the true nature of the case, removed his patient, and in due time the dropsy, to use a vulgar saying, fell into the girl's arms. The doctor seems a stranger to the peculiarities of the uterus, but he must have full credit for his unremitting attention to his infirmity patients. This ignorant woman, like Miss Louisa Smith of Newington Butts, says, "It is very kind" of him, and lauds the doctor for having cured her of a terrible inflammation of the belly. "If the patient lives, then has he one more to add to the surviving list; if he dies, then it may be justly said of the patient's disorder, that as it was not cured the disorder was incurable."—*Goldsmith*.

*Practical Queries*.—Did not the huge blister, by its strangury, &c., promote the abortion?—Would not mercurial action have the same tendency?—What was the bleeding likely to do?—Would not opium, and the "soothing system," have been more likely to have relieved the pains, and to have prevented the abortion?—Was not this a case of uterine irritation, and hæmorrhage without inflammation, occurring in a pregnant woman, debilitated by typhus fever,

the commencement of the flooding having been mistaken for a miscarriage, the miscarriage, in fact, not taking place till the patient had flooded for more than a week, and had been subjected to medical treatment well calculated to produce a miscarriage?

**Infirmiry Expenses.**—The Committee for inquiring into the causes of the 140*l.* increase in the expenditure for drugs, wine, &c., during the past year, will give their report to the Board in due time. The facts are these, as they appear from the Infirmiry account-books, and from the registered admissions of patients. Dr. F. Fox began his duties as attending physician to the Derbyshire General Infirmiry at the end of August, 1829. Dr. Forester having resigned, Dr. Fox came into his place, and therefore commenced with a full average of in and out patients. It must be particularly observed, that to the end of October (when Dr. Baker began to attend as physician), the drug expenses continued as usual, viz., for August, September, and October, the Derby drug bill did not amount to 30*l.* For the next quarter (Dr. Baker constituting the only alteration in the case, for the other medical officers say they had no new physic fit upon them), the drug bill was 50*l.*, Dr. Baker having but few in-patients (six or seven only); his out-patients about the same in number as Dr. Fox's. The second quarter Dr. Baker had more in-patients, say ten, and the Derby drug bill amounted to 59*l.*; and the third quarter, ending last June, Dr. Baker had 16 in-patients on an average, and the drug bill amounted to 88*l.* It is right to explain, that though a small portion of this account should have come into one of the other quarters, it still belongs to the year's expenditure.

The Weekly Board of Governors now took the affair up, having observed the growing evil for many months, and a report was laid before the Board, but the medical officers were not disposed to report "the whole truth," as it would have been personal to have done so. Even as it was, Mr. Wright was in jeopardy, being suspected by Dr. Baker. From this moment the Doctor checked his physic, his in-patients have been almost regularly decreasing, and the Derby drug bill for the last quarter has diminished to less than 26*l.* in amount. Dr. Fox's averages of in and out patients having continued, and continuing the same as they were before Dr. Baker commenced the intention of these investigations, has been fully answered, for a similar waste of 140*l.* per annum will not be permitted in future.

Nov. 18th, 1830.

## THE LANCET.

London, Saturday, Dec. 11, 1830.

HAVING, in our last Number, reduced the dignity of the present Royal College of Surgeons in London to the less ostentatious pretensions of the Company of "Shavers" which existed in 1460; having, in fact, shown the identity of the two corporations, as exhibited in their spirit of monopoly, and as legally stamped by the letters of their respective charters, we shall now pass on to the cloisters near Blackfriars Bridge, where we shall take a summary glance at the frail and aged SISTERHOOD.

The brief sketches of the state of medical law, which we have already presented to the profession, appear to have excited the shame and indignation of a vast number of medical practitioners. Enough, it seems, of the disgusting history has already been read, to convince every liberal-minded man that our medical corporations, from the first moment of their existence, have only acted as unyielding barriers to our scientific advancement. Great anxiety is consequently expressed on the subject of the plan for a NEW MEDICAL COLLEGE, and the hopes which had been previously entertained of the degree of its usefulness and importance, have been incalculably strengthened by the accession to power of many of those individuals who have long been denominated the "liberal" whigs. This anxiety, so natural to man, and so especially natural to the victims of persecution, shall not, however, betray us into a premature disclosure of the details of the scheme for the formation of a new College. The enemies of reform are ever loud in their denunciations against "dangerous innovations," and a proposal to repeal an "Act of Parliament," or to abrogate a "Royal Charter," is as horrifying to the ears of a monopoliser, as the appalling agitations of an earthquake. Whilst, therefore, we take this opportunity of cau-

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tioning our brethren against being deluded by expectations founded upon an "official" change of men and names, we would urge them to investigate, with their utmost attention, the present and past state of medical government. Then, and not till then, will they be secure against delusive promises; then will they treat with becoming contempt any hypocritical proposal, however high the quarter whence it may emanate, for a patch-work reformation. *Reformation*, did we say? Medicine, like the Royal Society, demands a *new* constitution. No "*reforming*" of the old statutes can give the least satisfaction or security; they are all intrinsically, radically, bad—alike disgraceful in spirit and in letter. The medical body, it may be truly said, at this moment presents a correct epitome of what is passing in the political world. It is, in fact, an "*imperium in imperio*." There is the tyrannical ruling oligarchy, the sycophantic, craving, expectant, conceited, aristocracy, and the persevering and meritorious labouring classes, who enjoy no privilege from their nominal superiors, save that of relentless persecution. A complete uprooting, then, of the medico-legal statutes, is what is demanded by every sensible man; but before entering into a detail of the description of substitute that will be required, it is only prudent that we should thoroughly comprehend our present position. Evils are never so successfully opposed as when their extent and bearings are well understood. There is no safety when fighting against enemies who are concealed in ambush. Proceed we, then, to exhibit *en deshabille*, the unsightly corporation, which has so long been permitted by the "Vice Society," to disfigure the Hall of the Company of Retail Drug-dealers.

The Apothecaries boast a higher origin than the Company of Surgeons, having originally been associated with the grocers, from whom, in fact, they sprang. The an-

dient apothecaries traded indiscriminately in all those articles which are sold by the distinct trades of grocers and chemists of the present day. In those times the travelling quack carried on a most flourishing business, and was the only exclusive dealer in medicines. The cures performed by this description of persons have been much spoken of by ancient writers, but of their professional murders nothing whatever has been stated, neither are there any accounts of the patients having been "rubbed out" of existence, as by one infamous quack of our own times. The ancient apothecary, besides carrying on the business of a grocer, acted upon all occasions as the willing tool or servant of the physician, whom he regarded as the great possessor of all learning and knowledge. The knock of the gold-headed cane was magical to the ear of the apothecary, and the shake of the Doctor's wig would half-frighten him out of existence. The friendly intercourse which existed between the doctor and the apothecary is thus spoken of by CHAUCER in his character of the "Physician:"—

"Ful redy hadde he his apothecaries,  
To send him drugges, and his letturaries,  
For oche of hem made other for to winne;  
Hir friendship n'as not newe to beginne."

Whatever, therefore, may be said, in the way of reproach, of the percentage system, now supported and carried on by the doctors and dispensing chemists, the custom may certainly boast of antiquity for both its authority and justification. From preparing the prescriptions of physicians, and from their long experience of the action of various medicines when prescribed by others, the apothecaries at last began to take upon themselves the cure of the sick, and thus intruded upon the province of the "Doctors." The trade of grocer not exactly agreeing with the notions of dignity entertained by these subordinate doctors, they sought to be divorced from the retailers of sugar and butter, and at last so far succeeded as to obtain a charter of incorporation in the

thirteenth year of the reign of JAMES the First. This charter decreed that the apothecaries should constitute a distinct Company, and be entirely free from the regulations and jurisdiction of the Company of Grocers; and the King, after lamenting that the grocer-apothecaries had sunk into disrepute, and were despised, decreed that the new Company should constitute a corporation by the name of the "Master, Wardens, and Society of the Art and Mystery of Pharmacopolites of the City of London." After going through the usual clauses, which are to be found in the charters of that period, respecting "lands," "liberties," "common seal," &c., the Company was authorised to make ordinances for the regulation and government of all persons practising as apothecaries in, and within seven miles of, the city of London, but no regulations, relating to medicines, or their compounds, could be made by them without previous consultation with the president, and the four censors, of the College of Physicians. The principle for regulating the elections was the same as is to be found in all the ancient charters, namely, the *self-perpetuating*. Respecting the business of the apothecary, it decreed, that no persons in London, except those of the Apothecaries' Company, should keep any apothecary's shop, make, compound, administer, sell, send out, advertise, or offer for sale, any medicines, distilled waters, compounded chemical oils, decoctions, syrups, electuaries, pills, powders, lozenges, plasters, or otherwise practise the faculty of an apothecary within seven miles of London, under the penalty of five pounds a month, leviable by distress. Further, it was ordained that no person should practise as an apothecary unless he had served an apprenticeship of seven years with some freeman of the Company, and had afterwards presented himself for approval before the master and wardens, assisted by the president of the College of Physicians, or by

physicians appointed by him to inquire as to his "knowledge, and choice, of simples, and as to the preparation, dispensing, application, mixture, and composition, of medicines."

The Company was likewise empowered to examine the shops of all persons carrying on the business of apothecary in London, or within seven miles, whether freemen or not. They were also authorised to examine all persons whom they might find practising as apothecaries, and to prohibit them from practising, should they be found deficient in a knowledge of pharmacy; and they were further empowered to destroy, before the doors of the offenders, all such medicines as they might deem adulterated, or unfit for use, and inflict penalties besides.

This charter secured to the College of Physicians the whole of their privileges, and "all surgeons experienced and approved were to exercise their art and faculty, and use and enjoy their proper practice in the composition and application of external medicines, so that they did not vend medicines, or expose them for sale, according to the common practice of apothecaries."

In an Act passed in the reign of WILLIAM III., and which was made perpetual in the 9th GEORGE I., apothecaries in actual practice were "freed from the several offices of constable, scavenger, overseer of the poor, and all other pariah, ward, and leet offices, and from being put into, or serving upon, any juries or inquests." Apothecaries not being freemen of the Company, in practice beyond seven miles of London, were allowed similar privileges, provided they had served an apprenticeship of seven years.

Such were the provisions of the Charters of the Apothecaries' Company down to 1815, when was passed the statute entitled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales;" but a more appropriate designation would have been,—“An Act for enabling the Apothecaries' Company of London

to harass the minds, and extort money from the pockets of, the whole body of English Medical Students, to confuse the Judges of the Land, and to take from the Members of the Royal College of Surgeons, nine-tenths of their rights and privileges." How the Company must have chuckled at its success in obtaining this Act! It has thrown thousands upon thousands into their coffers; but a more useless and worthless piece of legislation never issued from the houses of Parliament. This we shall prove by contrasting its powers with those of the Charter from which we have just quoted. The Company, we are well aware, pretend that the act was, in a manner, forced upon them by the proceedings adopted at the meetings of general practitioners held in the years 1812-13-14. These meetings certainly produced a great sensation amongst the profession throughout the whole country, but they were sadly misconducted, and, taking advantage of the slight knowledge possessed by the most active of the agitators, the College of Physicians and the Company of the Apothecaries, who had acted as bottle-holders until the combatants were exhausted, altogether ousted the wranglers from the field. The conquerors were then enabled to make their own terms, and the two houses of Parliament, without scruple or hesitation, applauded and confirmed their manœuvres for monopoly. If the Apothecaries' Company had been moved by the slightest feeling of regard for the welfare of the profession or the community, such an Act as that passed in 1815 would have proved altogether nugatory. The Charter of JAMES I. gave them ample power to protect the public from incompetent pharmacopolites; but it did not confer upon them the privilege to extract, at their discretion, money from the pockets of the medical students. This was the omission, which, in the eyes of the keen-sighted Company, rendered an Act of Parliament indispensably necessary, and bottomed as was that act in the most inveterate avarice,

it has proved, as might have been expected, a measure of monstrous iniquity. If it be contended that the decision of the House of Lords in 1703, in the cause—"Coll. Phys. v. Rose," led to a material alteration in the practice of apothecaries, we deny that that decision in any way affected the legal powers of the Company, as defined by their then-existing charter; it altered not their legal position, and we repeat that the Act of 1815 was only rendered necessary, because the charter of JAMES the First did not confer upon them the privilege of extracting the *fee* shillings for a "license" to practise as an apothecary.

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A CORRESPONDENT, who signs himself "FAIRPLAY," has addressed to us the following note:—

"Sir,—As you have often criticised the practice of our hospital surgeons with severity, let me ask how a case of "Tumour in the neck," treated by Mr. LAWRENCE, as detailed in the last number of your Journal, can be justified? And whether his last operation for cataract does not deserve censure?"

FAIR PLAY.

"Dec. 7th, 1830."

We certainly cannot approve of the practice of the surgeon in either of these cases; neither do we approve of an operation, the particulars of which will be found at page 380 of our present Number.

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WE should be cruelly and criminally deficient in the discharge of our duty towards the afflicted portion of the public who seek relief in our hospitals, if we were to omit directing the attention of the governors of these institutions, to the circumstances under which the patients are frequently discharged. It often happens, that poor creatures who have been for weeks bedridden, and subjected to long courses of mercury, are sent out of the hospitals at a few hours' notice, without having a friend to apply to for relief, or a bed whereon to rest their aching bones. It was only about

twelve days since, that four patients called at the private residence of the Editor, to complain of the sudden manner in which they had been dismissed from St. Bartholomew's Hospital; and we have little difficulty in saying, that two of them were in a most unfit state to be discharged, and quite certain are we, that no private patient who could have paid a *fee*, would have been turned into the street under similar circumstances. One of these poor creatures was from Yorkshire, and had not a single friend or relative in London; yet he was so much disabled, that it was only with the greatest difficulty he could walk. On the Sunday he had been directed by the house-surgeon, Mr. ———, to keep in bed; on the Monday he was deemed by the visiting surgeon a fit subject for the streets.

And these are our charitable hospitals!

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"*REX V. LONG.*"

(*Note from Mr. HENSON the Solicitor.*)

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"9, Bouverie-st., Fleet-st.,  
Dec. 7, 1830.

"SIR,—Understanding that you wish me to send you the particulars of the costs incurred in this prosecution, and the monies allowed by the county, I beg to forward you the following memorandum:—

"Entire amount of costs in the prosecution of LONG .....	£	s.	d.
	132	1	3
"By cash allowed by the County of Middlesex for the witness- es, and received of the treasurer on the 8th of November	42	11	6
<hr/>			
"Leaving the amount of costs incurred by you as the prosecutor .....	89	9	9

"Of which 89*l.* 9*s.* 9*d.*, fifty-five pounds were received by me before the petition was presented to the treasury, leaving a balance still due from you of 34*l.* 9*s.* 9*d.*, in addition to which will be the costs of the petition to the Lords Commissioners of the Treasury, which will amount to 5*l.* or 6*l.* more.

"I have not as yet been enabled to procure an answer from the Solicitors of the Treasury, to whom the petition is submitted, nor shall I for some months to come, because the petition is referred from the Solicitors to the Attorney and Solicitor General, who will report thereon to the Lords of the Treasury.

"I remain, Sir, yours truly,

"W. S. HENSON.

"T. Wakley, Esq. Bedford Square."

The Lords of the Treasury now in office, are not the gentlemen to whom LONG's fine of 250*l.* was paid; if they were, we should be inclined to say a few severe words to them upon delaying for some months the consideration of such a petition as the one we presented. The difficulty, inconvenience, and expense, incurred in prosecuting criminals in this country, have long effectually obstructed the full administration of justice. From what we know of Earl GREY, the first Lord of the Treasury, and Sir THOMAS DENMAN and Sir WILLIAM HORNE, the Attorney and Solicitor-General, we are inclined to believe that Mr. HENSON will receive an earlier reply to his application than the hitherto tardy proceedings of the Treasury have led him to anticipate.

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ATTORNEY-CORONERS are so extremely anxious for medical men, the only competent persons to preside over inquests, that they are availing themselves of every opportunity to show that their ignorance of law is equal to their ignorance of medicine.

The attorney-coroner of the City held an inquest on the body of the boy who was operated upon by Mr. EARLE (whose case is recorded at page 380), and the coroner and jury, we should think, were not a little surprised when they heard, that a "mallet" had been extracted from the child's *ear*. Of what use are such inquests?

## WESTMINSTER MEDICAL SOCIETY.

November 13, 1830.\*

Mr. CHINNOCK in the Chair.

## GONORRHOEA, AND THE IDENTITY OF ONE FORM OF THAT DISEASE WITH SYPHILIS.

Mr. BACOT. I rise to acquit myself of the promise made to the Society last Saturday, to bring under consideration the subject of gonorrhœa, and the question of its identity with syphilis. It is not my intention to occupy the time of the Society with a detail of the symptoms and method of treating gonorrhœa; it is a disease so universally known, that to dilate upon so trite a topic would be more than useless, though I believe there are few practical men who will not readily admit that gonorrhœa, however common it may be, occasionally presents difficulties in the cure, and anomalies in the progress of the symptoms, sufficiently vexatious to the most experienced; however, putting this view of the subject aside, at least for the present, I will proceed at once to draw your attention to the identity of one form of this disease with syphilis. In doing so I must not only entreat your attention, but your favourable consideration, for I feel that I am struggling against the general opinion of most modern practitioners, and that I am especially opposed to some of the most distinguished men of the present day. If this were a mere hypothetical question, it would be undeserving of our consideration, but as it involves, in the course of the discussion, circumstances that occasionally throw a shade of suspicion upon female chastity, and destroy the peace of the domestic circle, besides that it leads to some practical conclusions, it has strong claims upon our attention. The term gonorrhœa, in its usual acceptation, implies, as we all know, a purulent discharge from the organs of generation, attended with pain and scalding in passing the urine; to these symptoms I restrict the definition of the disease, because the superadded symptoms, which are almost endless, are not *essential* to the disease, neither do I include in my definition the usual term "the produce of impure connexion," because that is not an essential circumstance to the production of discharge from the sexual organs, and the impure origin of which can only be made out by the confession of the patient, or from other evidence than the mere symptoms; thus in the female it is impossible always to distinguish between a venereal discharge

and mere leucorrhœa; in many female infants also, the symptoms above mentioned, discharge from, and inflammation of, the genitals, with pain in making water, not unfrequently accompany certain forms of struma; in the male the presence of stricture will often produce the symptoms of gonorrhœa, passing a bougie will do the same, and no doubt a man may produce a discharge from the urethra, arising from inflammation of the mucous membrane of the urethra and simulating gonorrhœa, whenever he chooses to apply any irritating substance within that passage. None of these facts can, I apprehend, be doubted; and if not, then we have abundant sources of what may be, and has been, repeatedly called gonorrhœa, without having recourse to sexual intercourse; for if we have all the above-named symptoms, in conjunction with redness and tumefaction of the orifice of the urethra in the male, and turgescence and redness of the mucous lining of the labia and vagina in the female, I apprehend no man will rely upon the mere appearance of the discharge, to settle the point as to whether the complaint is the produce of connexion or not, much less whether it be the result of impure connexion. Now it is well known that what we call gonorrhœa has been recognised from very early times; it is described by all the older writers; and how should it be otherwise? So long as mucous linings are liable to inflammation, so long, under various circumstances of disease, either constitutional or local, must gonorrhœa have existed. I need not quote authorities to prove so notorious a fact, they are to be found in every book, and the regulations of the Bishop of Winchester's stews in particular will not only show the frequency of the complaint, but what of course does not admit of doubt, the facility with which the discharge, however arising, can be communicated by intercourse between the sexes: this then puts us in possession of the fact, that not only did purulent discharges from the organs of generation prevail long before the disease called syphilis was known, but that it so existed both as a constitutional disease, as well as a consequence of promiscuous intercourse between the sexes. But now comes the question, Is gonorrhœa a form of syphilis? or, in plainer language, Does the poison of syphilis ever attack the mucous lining of the organs of generation, producing the symptoms of gonorrhœa without a breach of surface, and known by its causing the usual secondary symptoms of the lues venerea? I assume that it occasionally does, and shall proceed to state shortly the grounds upon which I have formed this opinion; but I have some difficulty in doing this, because the subject is so extensive, and the authorities so nume-

\* Want of space prevented the insertion of this Report in its proper place.

rons, that I can scarcely do more than glance at the labour that has been bestowed upon the inquiry, in which so much ingenuity has been displayed, and so many mistakes committed. It is well known that the identity of the two diseases has been warmly espoused by Hunter, Foote, Swediaur, Sawrey, Lagness, Carmichael, and several others, and that it has been especially opposed by B. Bell, and other equally respectable authorities, as well as by the tacit consent, if I may so say, of the bulk of the profession. As usual, both parties appeal to practical facts and direct experiments, to prove their respective positions. Now I will at once declare that, in my mind, none of the recorded experiments are at all satisfactory; those of Hunter fail, from the mode in which they were conducted; the appearances produced by inoculation were interfered with by art, and the belief that the cure of a disease by mercury proved its nature to be syphilitic, renders all his labours nugatory; but then the same must be said of the trials made by B. Bell, because they only go to prove that, in a very limited number of instances, the insertion of gonorrhoeal matter into the skin of the penis, or *vice versa*, was unattended by the expected proofs of the mutual conversion of the two diseases; but when the numerous instances of discharge from the urethra are considered, it would not change my opinion in any degree to find a thousand instances of failure in the production of a syphilitic sore by the insertion of gonorrhoeal matter; whilst on the other hand, if one successful experiment can be quoted of this kind, the matter is settled; and this is asserted to have been said to have been done by Dr. Harrison. To constitute a fair set of experiments on this subject, it would be necessary to recollect that the inoculation of the matter, from a syphilitic sore, requires some discrimination, for all sores on the genitals are not syphilitic, and that its insertion into the urethra is not necessarily attended by a similar ulceration, all that can be reasonably expected is, that an inflammation of the mucous membrane, and in consequence a discharge of pus, should take place, the specific nature of which can only be proved by its after-consequences. Secondly, it is necessary, in performing such experiments, that every curative means whatever should be avoided, and that the processes should be left entirely to nature. Thirdly, that the inoculation should be performed from one individual to another, and not on the same person; and fourthly, the *experimentum crucis* should be demanded, namely, to produce a syphilitic sore from the inoculation of gonorrhoeal matter. So much for the experimental part of the inquiry. With regard to other evidence, we have the positive as-

sertion of Swediaur, that he has met with secondary symptoms arising from what he calls bleenorragia only; cases are also related by Vegarou and Lagness, tending to the same point; the former records a fact of six Frenchmen having had connexion with the same woman, one after another; three of these men contracted chancre, two gonorrhoea, and one escaped with a bubo only. A case of the same kind is related by Mr. Hennea, but it would be uncandid not to state that all these relations are imperfect, inasmuch as the exact condition of the female is not given with the necessary clearness to make the case conclusive. There is also an indirect testimony in Mr. Evans's pamphlet favourable to this view of the subject. That gentleman tells us that at an inspection of the public women which he attended at Valenciennes, out of one hundred only two were affected with ulcerations, and at Little nearly the same proportions existed, and yet the men continued to present the same proportion of ulcers on the genitals as usual. I proceed in the next place to observe that shortly after the introduction of syphilis among the nations of the Continent, surgeons almost universally took up the doctrine of the identity of the two diseases, and all our own practical writers not only assumed the matter without hesitation, but proceeded to the cure upon this presumption, and some of them go so far as to say that gonorrhoea is always a proof of first infection. One of the ablest of these writers (Mr. Wiseman) affirms that he has met with various individuals infected by the same woman having chancres, some of whom contracted gonorrhoea, and others sores only, and it is by no means unusual to observe the same thing now, but there is nothing conclusive in this, because it is not always, nor perhaps often, possible to affirm that a female with gonorrhoea has not deeply seated in the vagina an ulcer also; neither do I wish to draw any decisive inference from the belief expressed by the writers of the sixteenth and seventeenth centuries in favour of the identity of the two diseases, because it is quite clear that in the vast majority of instances, gonorrhoea, though a venereal complaint, that is to say a complaint produced by means of sexual intercourse, is not syphilitic, that is, does not lead to secondary affection. But I can conceive that the surgeons of those days, though aware that gonorrhoea had existed long before the invasion of syphilis, still were induced to consider it to be part and parcel of that disease, in consequence of their observing that secondary symptoms did really flow from it, and thus from too great a fondness for generalizing facts, they took it for granted that all discharges from the urethra had a syphilitic origin; and in my opinion there are facts enough to warrant any belief that

there exists a *symphilitic* species of gonorrhœa, from which may proceed pains, ulcers in the throat, eruptions on the skin, and other symptoms recognised as the true consequences of syphilis. Of such consequences I shall relate three examples, and then conclude, by a summary of my views stripped of all unnecessary *verbiage*, after making a few remarks upon the practical inference derivable from these views. About ten years ago I was called to attend a young gentleman labouring under gonorrhœa, the symptoms of which were very severe; this young man was of very irritable habit, and had contracted the disease in the usual way; there is nothing peculiarly deserving of attention in this case excepting the great severity of the inflammatory stage of the disease, which was attended by such an enormous swelling of the prepuce, that the relations of the gentleman became alarmed, and as he was highly connected, it was thought right to join the late Mr. Pearson in consultation. It is needless to repeat the mode of treatment adopted, and I only mention Mr. Pearson's name in order to record the expression that he made use of to me when he quitted the patient, whom he saw only once. He said, "If I were in your place, when the disease is nearly subdued I would exhibit mercury, for I have seen many evil consequences follow such cases of gonorrhœa." I did not, however, follow this advice, and my patient, after remaining quite well for two months, became affected with ulcerations of the tonsils and palate, and finally recovered with some degree of deformity, exfoliation of part of the palatal bones having taken place. Now, I can confidently assert that this gentleman had gonorrhœa only; I inspected him repeatedly and minutely, and I can truly assert, that not a particle of cuticle was destroyed or abraded on any part of the genital organs. My second example is that of a medical pupil, who, about two months after the cure of a severe gonorrhœa, applied to me on account of superficial ulcerations of the tonsils, pains in the limbs, and a profuse eruption of lichen simplex over the whole body. His remark upon coming to me was, "Sir, I always denied the possibility of secondary symptoms arising from gonorrhœa, but now I am unfortunately convinced of its truth." The alterative administration of mercury was recommended, and the patient speedily got well. The third case which I shall trouble you with is that of a female, a patient at the St. George's and St. James's Dispensary, who laboured for many weeks under a profuse purulent discharge from the vagina, with great turgescence and redness of the whole external organs, and ardor urinæ, but who nevertheless wished to pass off this disease as mere leucorrhœa. Whilst under treatment, she was

seized with a smart attack of fever, preceded by pains in the limbs, and in forty-eight hours was covered with one of the most profuse and distinct crops of copper-coloured spots I ever witnessed; she was then really, in plain language, ashamed to show her face, and I saw no more of her. I have stated but three cases, and those very shortly, in order to spare the valuable time of the Society; but I trust that enough has been said to afford matter for reflection, and, at least, to excite the attention of those who hear me. Perhaps it may be asked, What is the advantage of this discussion, and to what course of practice does it lead? My answer to this is,—that the advantages of this discussion are two-fold;—in the first place, if it be true that numerous discharges from the genital organs of either sex may arise without sexual connexion, important practical conclusions may be the consequence, saving, perhaps, many females especially, from misery and disgrace; it may teach us, in our medical capacity, some degree of caution in pronouncing upon the venereal nature of such discharge, and thereby save us also from much difficulty, and sometimes from censure. It is not above three months ago that I witnessed a severe discharge, with intense ardor urinæ, and considerable local irritation of the external organs, in a young female between thirteen and fourteen years of age, who had never yet menstruated, but in whom the signs of puberty were beginning to develop themselves, and yet certainly, both from inspection of the parts and other circumstances, it was impossible that sexual intercourse could have taken place. Now had this female been but a few months older, or so situated as to have been exposed to suspicion, the medical man's opinion might have been decisive as to the future prospects of this poor girl. Now with regard to discharges avowedly the result of impure connexion, and where it may be suspected that after-consequences may ensue, I do not propose materially to vary the treatment, because I am induced to believe that one species of that disease is syphilitic; but I do think it is of importance to remember, that symptoms may arise, demanding our serious attention, and to the nature of which we must not wilfully shut our eyes; that in very severe cases of gonorrhœa, it may be advisable to let our patient know the risks that impend over him, and occasionally, perhaps, to terminate the cure by an alterative dose of mercury, a medicine which I consider absolutely mischievous and improper to be given during the earlier stages of the disease. I have purposely omitted any mention of those symptoms which immediately and avowedly flow from gonorrhœa, and gonorrhœa only, such as

various species of ophthalmia, rheumatic pains, especially those of the feet, all of which are sometimes very troublesome sequelæ of the disease, but which, nevertheless, have nothing to do with the question at issue; and I will now conclude by referring to a few sentences in a work which I lately published, wherein this question is treated of at some length. It cannot have escaped your penetration, Sir, that the time devoted to our discussions has compelled me to waive many arguments, and to pass unnoticed many interesting points connected with this inquiry; but I hope enough has been said to excite the interest, and to call forth the opinions, of many gentlemen around me, fully competent to put me right if I am in error, since truth alone is, and ever ought to be, the object of our search.

Dr. SIGMOND disputed the correctness of Mr. BACOT's chronology of the disease. He could never perceive the slightest similarity between the two diseases, but considered them perfectly distinct; the only circumstance he could allow at all favourable to the doctrine of identity, was the necessity of administering small doses of calomel after gonorrhœa.

THE PRESIDENT complimented the author of the paper on the clear and comprehensive manner in which he had treated the subject; he expressed his concurrence in his doctrines, and stated his surprise, that in the list of authorities corroborating his views, the late work by Mr. Travers had not been referred to; to this he called the attention of the Society.

Mr. BACOT said, he had not been able to comprehend Mr. Travers' work, otherwise he should have adverted to it.

Mr. EVANS related a very clear and interesting case that had fallen under his own observation, bearing particularly on the question, where gonorrhœa was followed by secondary symptoms to a violent degree, and required the exhibition of mercury, sarsaparilla, &c., for its cure. He had, previously to this case, been decidedly opposed to Mr. BACOT's doctrines. A similar case was related by a gentleman whose name we could not learn.

Dr. GRANVILLE, during his travels on the Continent, had had many opportunities of investigating the subject; his attention was particularly called to it in some parts of the Peninsula; he expressed himself favourable to Mr. BACOT's views.

Dr. BARRY opposed the notion of the identity of the two diseases. Dr. Copland followed him by supporting the identity. The discussion was very animated, and the majority of the members were inclined to support Mr. BACOT's opinions.

## SPONTANEOUS EVOLUTION.

To the Editor of THE LANCET.

SIR,—I have read with much interest in the last number of your valuable LANCET, the details of two cases of "spontaneous evolution," by Mr. Cooper, of Brentford; and certainly, as far as the subject of evolution is concerned, they are interestingly illustrative of that mysterious power, whereby nature produces so admirable an adaptation of means to the end. An observation of nature and her mode of action has been, since the earliest ages of medicine, the directing principle in the building-up of theories, and the application of remedial agents; but there are few instances, indeed none, where her power is so strikingly displayed, as in the subject before us. So far Mr. Cooper deserves the thanks of the profession, but I regret that we cannot bestow our meed of praise on his line of practice in his first case. He says, "Introductory pains commenced on Saturday; the pains continued at intervals until Tuesday evening, when I was sent for. On examination, I found that the membranes were not broken. On Wednesday I was again sent for, and now I discovered the arm presenting, and so firmly wedged in, that the child could not be turned."

Now, Sir, Mr. Cooper on his first examination tells us, that the membranes were not broken. What condition the os uteri was in, or what was the presenting part, he does not say; but if he could find that the "membranes were not broken," he certainly could ascertain the condition of the os uteri and the presenting part; now Mr. Cooper did or did not ascertain the presentation on Tuesday; if he did, I consider that a degree of culpability is to be attached to him in consigning to her fate a poor creature, when he could, before the evacuation of the waters and the impaction of the child in the pelvis, turn with ease to himself and safety to the mother, and if he did not, he cannot claim the tact of a tyro, much less that of a practitioner of 14 years' standing. I shall not insult the understanding of your readers by quoting proof of the propriety, nay, necessity of this proceeding, it being insisted on in the lectures and works on midwifery. Well then, on Wednesday Mr. Cooper finds himself in a dilemma, he cannot turn in consequence of the opposing power of the uterus; having no data to proceed upon, and finding himself in the by-paths of uncertainty, he betakes himself to "*physiological reflection*," and the effect of his physiological ratiocination is to subdue the strong action of the uterus. Surely the profession will hail with gratitude so happy an *idea*.



Mr. Cooper then proceeds to overcome this obstacle, but lo and behold, after he has accomplished his end, i. e. the relaxation of the uterus, he throws himself into the arms of Morpheus, and desires to be called when uterine action comes on again, the very thing on which he had wasted so many physiological ideas; however, he left a good midwife (nature), and by a most fortunate occurrence, evolution took place, and saved the patient's life and the doctor's reputation. I need not ask, Would any man be mad enough, in cases of that kind, to trust to spontaneous evolution?

Allow me to apologise for this communication, and to assure Mr. Cooper that I have not been actuated by any personal feelings, and do really tender him my thanks for laying the cases before the profession.

I am, Sir, yours,

OBSTETRICUS.

London, Nov. 29, 1830.

#### SUPPRESSION OF QUACKERY.

Dr. H. C. FIELD, of Baggot Street, Dublin, writes to us as follows:—"As I think the opinion of so numerous a body as the medical practitioners, on this side of the Channel, should give some additional preponderance to a cause in which they are, with English practitioners, equally interested, I have for some time anxiously hoped (but in vain) that some one, on the part of the former, more capable, would express his great sense of obligation for your exertions, and of the justice of a general demand for a protecting law against all kinds of medical empiricism. Permit me to say that we have felt here most indignantly on the subject of the empiric Long. The ebullition of angry feeling is now subsiding into contempt for him, with astonishment and disapprobation, however, at the encouragement given to quackery by the trifling punishment inflicted." The doctor continues his strictures at some length, and calls upon the press to lessen public credulity,—unhappily a demand much more easily made than accomplished,—and concludes by imploring the legislature to take immediate steps to guard the community against the plundering and murderous proceedings of quacks.

#### OBSTETRIC SOCIETY.

A correspondent (*Argus*), in making some observations on the proceedings of the "Obstetric Society," observes that "its exertions might have been rendered far more efficient if it had been thrown open to the profession, instead of being confined to a few who may be said to have a direct interest in the question. There is not a man practising midwifery in the united kingdom

who would not have come forward and most readily have joined in a petition to the legislature. One word to the secretaries of the Obstetric Society. As in the "full plénitude" of their candour they published the proceedings of the Society, why did they not also publish the correspondence which took place between the Colleges of Physicians and Surgeons and themselves, through the ex-Secretary of State for the Home Department? From undoubted authority I am informed that the epistles from the learned and most liberal bodies, would make the hair on the head of an intelligent person stand on end.

#### ASSOCIATION OF MEDICAL PRACTITIONERS AT NEWCASTLE.

THE members of the medical profession at Newcastle-upon-Tyne, at a meeting held a short time since at the Assembly Rooms, Mr. Baird in the chair, have unanimously agreed to a series of resolutions expressive of their opinions on the dissatisfactory and degrading custom of charging for medicines as a mode of remuneration for the exercise of professional skill, and that the nature and extent of services actually rendered, are the only just and rational basis for obtaining compensation. In accordance with these views a table of fees and charges "specifying the several services which practitioner may be called on to render, with a reasonable but adequate sum affixed to each, adapted to several ranks and circumstances of the community," was adopted, each practitioner affixing his name to it as a pledge of his using it in all practicable cases.

A resolution was also entered into, that those practitioners who acceded to these regulations should form themselves into a Society, to be called "The Newcastle and Gateshead Association of General Practitioners in Medicine and Surgery," which Society is to hold meetings once or twice a year for the consideration of subjects connected with their joint interests and well-being, and for the promotion of social and friendly feelings amongst the members.

We are sorry that the secretary, Mr. T. M. Greenhow, did not forward to us the table of charges, as it might be acceptable as a guide in other cases. Mr. Greenhow observes in a note accompanying the resolutions,—“In consequence of the address of the Metropolitan Society, a correspondence has been commenced with that body, but it does not appear that they expect to be able soon to accomplish any-thing connected with a better principle of remuneration, though it is part of their ultimate object. At any rate it is obvious that a general movement in the profession would hasten and facilitate incalculably, such an intention on their part.”

## CURE OF ENLARGED SPLEEN BY IODINE AND THE HYDRIOATE OF POTASH.

Dr. W. M. West, of Newbury, has forwarded to us the particulars of a case of great enlargement and induration of the spleen, with alarming symptoms. The disease had existed for nine or ten years, and it was successfully treated in the following manner:—

“ I began with small doses of iodine, one grain every four hours, which I continued for nearly a month, without producing the slightest effect; I then added half a grain more, to be repeated every five hours, and to rub the hydriodate of potash on the part affected night and morning. In a fortnight I saw her again, and perceived a considerable change for the better. I then increased the iodine to two grains every six hours, prolonging the intervening periods, to prevent its exciting pain or uneasiness of the stomach; after taking this for a week, she complained of slight pains like the colic, with pains of the head, as described by Professor Brera and many others. During the omission of the iodine, I ordered the hydriodate to be persevered in. In a week, all those feelings that had appeared to be aggravated by the former treatment, were subdued; I then ordered a quarter of a grain of opium to be added to each dose of the iodine, and this was persevered in until a perfect cure was effected, which took place, as nearly as I can recollect, in about three months.”

## ASSOCIATION OF MEDICAL PRACTITIONERS IN GLASGOW.

The want of a medical institution accessible to every respectable member of the profession, had been long felt in this city. Although there is a very extensive and valuable library already in existence in Glasgow, it belongs exclusively to the members of the Faculty of Physicians and Surgeons, who form but a small proportion of the practitioners of Glasgow and its neighbourhood, and whose demands from new entrants in the shape of entry money are so exorbitant, as to prevent many who would otherwise have joined them from entering their body. For the purpose of establishing an institution on liberal principles, and calculated to be generally useful, a considerable number of medical practitioners and medical officers of the army and navy resolved, in the year 1824, after various meetings, to form themselves into a medical, literary, and benevolent society, under the designation of “ The Glasgow Faculty of Medicine,” declaring all regularly-licensed physicians and surgeons eligible for becoming members. Two-thirds of the annual subscriptions, which are only 25s., with one guinea of

entry money, go to the library, and the remaining third to form an ordinary fund for defraying the necessary expenses of management, and for granting relief to decayed members or their families. In connexion, a widow's fund has been established, by which a regular member may insure to his widow (by annual payments) any annual sum, from 10*l.* to 30*l.* according to approved tables adopted by the faculty, and which have stood the test of experience else where in similar associations. The faculty, in their hall, vaccinate gratuitously, and distribute lymph to all applicants weekly. There is also a medical literary society, without additional expense, the entering which is optional with the members. The library has rapidly increased, and now contains the greater proportion of the standard medical works, with other publications, inclusive of all the approved periodicals. This association has now placed the means within the reach of all our professional brethren, of keeping pace with the march of improvement in the healing art.

As there are many young practitioners in the vicinity of Glasgow who may have heard of this association only through some prejudiced medium, and who are therefore ignorant of its real objects, I have been instructed by the Faculty of Medicine to transmit to the editor of *THE LANCET* the above sketch, in the hope that with his usual urbanity and zeal for the interests of the general practitioner, a corner may be spared in an early number for its insertion.

WM. E. C. CLARK, Sec.

Faculty of Medicine Hall,  
St. Andrew's St., St. Andrew's Sq., Glasgow,  
Nov. 18th, 1830.

## SURGICAL LECTURES IN THE DUBLIN COLLEGE.

A CORRESPONDENT (Y. Z.), who dates his letter from Dublin, complains of the mode in which the lectures on surgery are delivered at the Dublin College by Mr. Wilmot. “ Four of these lectures (he observes) are delivered weekly; two of them by Mr. Colles, and two by Mr. Wilmot. This latter gentleman delivers his lectures in such a low voice, that they are absolutely inaudible to nearly one half of the class. Thus those of the pupils who cannot get to the front seats, are completely debarred from obtaining the knowledge for which they have paid. Besides, when Mr. Wilmot speaks, his manner is confused, and he evidently labours under great paucity of words; defects than which I know none more disagreeable, and few more prejudicial to the interests of students. A *copia verborum* is essential to the successful communication of knowledge to others, and where wanting, no

extent of acquirements will make up for the deficiency. I have only to hope that some improvement will speedily be effected in these lectures; for I certainly know that the gentlemen whose first season is the present, have been sadly disappointed.

#### CURE OF HYDROCEPHALUS.

MR. R. S. RICHARDSON of Holborn, states that "a case of hydrocephalus in an advanced stage" was treated successfully by him in the following manner:—"The patient, a boy *ætat.* three years, had been attacked eight days previously to his being called in, at which time he was in a state of insensibility, and apparently dying. Mr. Richardson says, "I found the little patient insensible, sawing the air and picking at the bed-clothes with one hand, whilst the opposite side appeared motionless and paralytic. The respiration was difficult, and there were repeated attacks of convulsions. The eyelids half concealed the pupils, which were dilated; bowels inactive; alvine dejections dark-coloured and fetid; pulse quick and weak; head of a hydrocephalic form. As the bowels appeared to have been neglected (the evacuations being scanty, dark-coloured, and offensive), I prescribed a brisk purgative, consisting of five grains of the powder of scammony and calomel, and two grains of jalap, immediately. This I directed to be followed up every four hours with a mixture of infusion of senna and tartrate of potash. I also directed the warm-bath to be employed, four leeches to be applied to the temples, and sinapisms to the feet. Drastic purgatives were exhibited daily, the warm-bath was employed every evening, and the feet were kept in a constant state of vesication by means of sinapisms. By perseverance the bowels were completely cleared, and a state of hypercatharsis (as some would term it) was produced. The little patient gradually recovered the use of his faculties, but appeared restless, peevish, and irritable. I now suspended the use of purgatives, and ventured to exhibit one minim of tincture of henbane four times a-day, which tranquillized the child, and appeared to accelerate the cure. The tincture of henbane was succeeded by the administration of infusion of senna and tartrate of potash, so as to relieve the bowels twice or thrice daily, and I am now happy to say that the child has perfectly recovered. This case serves to show that we never ought to despair, even under circumstances apparently the most hopeless and unpromising."

#### EFFICACIOUS ADMINISTRATION OF CROTON OIL.

MR. A. SCOTT, of Sydenham, has communicated to us the particulars of a case in

which the croton oil was used with the most decidedly good effects on a patient who was reduced to the lowest state of emaciation and debility. The illness, which had arisen without any obvious cause, had been progressive for many months. The patient was a child about ten years of age; exhaustion and loss of appetite were the only prominent symptoms, but these were so extreme, that the powers of speech and motion could hardly be exerted. Change of air, various aperient medicines, calomel, leeches to the head, tonics, &c., were resorted to, not only without good effect, but with decided aggravation of the symptoms. "Under these circumstances," Mr. Scott says, "I proposed the administration of the croton oil, which, after again trying some other purgatives without effect, was given in the manner following:—Two drops were divided into three pills, and one directed every hour. The first and third were retained on the stomach, but the second was rejected. Three copious fetid motions were the consequence; and on seeing her the following day, I could not help thinking she looked better, though I feared to express a hope, so completely were the minds of her parents made up as to the event. The stomach was more tranquillized, and in a day or two she was able to retain pills of the *ext. colocyn. c.*, which happily kept up the action of the bowels, the evacuations became more natural, and in a few days she took a little nourishment. Her recovery has been rapid and progressive."

#### ST. BARTHOLOMEW'S HOSPITAL.

##### EXTRAORDINARY OPERATION—DEATH.

THOMAS BRADY, *ætat.* 7, was admitted into Keaton's Ward on Monday, the 22d of November, under the care of Mr. Viucent.

On Friday, the 19th, whilst at play with some other children, he put the round head of a nail into his left ear. He was unable to get it out again, and his father took him to a surgeon for the purpose of having it extracted. The gentleman to whom he was taken, told the father that he could distinctly see the head of the nail, and that if the boy would allow him, he could easily extract it. The boy objected strongly to this measure, and it was necessary to have him held by four men, but their efforts were not sufficient to retain his head at rest, and consequently no attempt at extraction was made. When he was brought here he objected so strongly to the examination of his ear, that it was necessary to have him held by several assistants. This being done,

Mr. Vincent proceeded to introduce a probe, which, when it had been passed about an inch, could be distinctly heard to strike some metallic substance, which appeared to be firmly impacted in the tympanum. As it could not be moved with the probe, several pairs of forceps were successively introduced, and with each of them the piece of nail was taken hold of, but could not be extracted. Mr. Vincent used as much force as he thought prudent, and from the boy's efforts to get away his head, he must have lacerated the membrane lining the meatus, which was followed by tolerably copious hæmorrhage. Mr. Vincent then desired him to be put to bed, to have his ear syringed with warm water, and afterwards a bread-and-water poultice to be applied, and in the evening six leeches, to the ear.

25. He has suffered no pain in his ear or head; the several functions are regularly performed, and he appears perfectly well. There is a free discharge of pus from the ear.

Dec. 2. The discharge from the ear stopped this morning; he has headach.

3. Much better. Mr. Vincent ordered the leeches to be repeated.

4. He has very little pain in the head, and appears free from the symptoms which attacked him on the 2d. Mr. Vincent to-day requested Mr. Earle to endeavour to extract the nail, which he immediately proceeded to do. He began by introducing into the meatus a director, which he used with so much force, that he bent it; dressing forceps were then employed, with which he laid hold of the nail, and pulled so forcibly, that he bent them also. Another pair was tried, which unhappily met with a similar fate. A pair of forceps, with hooks at the extremities, was then used, but they were soon bent straight; several attempts were made with different instruments, but the nail could not be moved, though Mr. Earle exerted great strength on the occasion. Mr. Earle then requested Mr. Vincent to make an incision of about an inch long parallel to the posterior part of the ear, and to divide the meatus auditorius. This Mr. Vincent immediately did, and Mr. Earle again proceeded to search for the nail. Forceps of different kinds were repeatedly introduced, but they either bent, or slipped their hold every time. An elevator was had recourse to, but it was equally unsuccessful. A pair of tooth-forceps was next employed, and after laying hold of the nail (as Mr. Earle said), and pulling very forcibly, he at length succeeded in extracting three pieces of metal, which appeared to be portions of the head of a nail. Encouraged by this success, he introduced the forceps again, and extracted the *mallet-bone*; they were again repeatedly introduced, and

though Mr. Earle enclosed the head of the nail between the extremities of the forceps (as he said), nothing but *portions of bone* were extracted. Mr. Earle now called for a pair of wire-nippers, for the purpose of cutting the nail in two; but some gentleman observed that they would be too large to be introduced into the tympanum. He said that it was evident that the nail was bent, and was "lying in the posterior part of the tympanum," and talked of trephining the mastoid cells, but soon abandoned the idea. On looking through the incision which had been made, bone could be seen at the bottom of a deep cavity. Mr. Earle said it was the external boundary of the tympanum, and thought that the nail was lying against it; but he again, in a few minutes, changed his opinion, and said he did not know where it was. The patient had now been on the table about *an hour*, and it was found that he was nearly exhausted; his pulse could scarcely be felt, and his skin was bedewed with cold perspiration. Some wine was offered him, which he refused; his pupils were dilated, and it was considered necessary to desist from any further attempts; to have him put to bed, and to have a bread-and-water poultice applied to the ear, and to give ten drops of liq. ant. tart. every four hours. Mr. Earle then stated that "he had used more force than was warrantable." He consoled himself, however, that there was now a large opening, through which pus might escape if it should form, but yet he feared that part of the petrous portion of the temporal bone would exfoliate, and that inflammation would come on in the brain, and occasion abscess and death. He stated that he had seen three or four similar cases which had terminated in this manner!

5. Has not spoken since Mr. Earle's operation; he has been insensible ever since; groans a good deal, as if in pain; pupils very much dilated, and the approach of a lighted candle occasions very little alteration in their size. There is no discharge from the ear; pulse very rapid, and scarcely perceptible; bowels open once during the night. His mouth cannot be opened sufficiently wide to allow his tongue to be seen. He has not slept since yesterday. Mr. Vincent saw him to-day, and ordered a blister to be applied to the back of the neck, and to take ten grains hyd. c. creta every eight hours.

6. Eleven A.M. Is perfectly insensible; has not spoken since the 4th. He continued to groan loudly till ten o'clock last night, but since then he has been perfectly quiet. Countenance is now cadaverous, and lips are exsanguine; eye-lids half closed; right pupil very much dilated, left contracted; a lighted candle brought close to them occasions no change; pulse cannot be felt in

either wrist; the heart beats very feebly and rapidly; respiration hurried and frequent; there is also gargouillement; bowels not open since our visit yesterday. Saliva is seen flowing from the corner of the mouth; skin bedewed with cold clammy perspiration. He has taken his medicine regularly; blister has not risen; he appears to be in *articulo mortis*. We returned at one o'clock to see him, and were told that he had been dead about an hour.

*Post-mortem Examination four hours after death.*

**Head.** About four ounces of serum were found between the dura mater and arachnoid membrane. There was softening of the entire extent of the base, and of the anterior part of the hemispheres. The vessels on the surface were very much distended, but the substance of the brain was very pale. The ventricles were examined, but nothing particular was discovered in them.

**Ear.** The temporal bone being removed from the skull and the soft parts stripped off, the cavity of the tympanum was immediately brought into view, without anything else being done. Not a vestige of the bony portion of the meatus auditorius externus remained, the whole having been removed in the operation, and the floor of the tympanum was also wanting. The remaining portion of the tympanum was covered with pus, which being washed off, the surface of the bone beneath appeared highly inflamed. The nail not being in the tympanum, sections were made through the cochlea, vestibule, semicircular canals, and mastoid cells,—but there was no nail to be found!

STRANGULATED HERNIA.

*Condemnation of a Practitioner in words, by a Surgeon, who on Saturday last condemned himself in DEEDS.\**

A man, apparently about 25 years of age, was admitted into Darker's Ward with a strangulated congenital hernia, on the right side, on the 7th of December, at two p.m., under the care of Mr. Earle. He stated that he has had a rupture many years, but that he had always been able to return it himself until last Saturday, the 4th instant: it then became strangulated, and the symptoms have since then been progressive. Mr. Earle considered that the case would admit of no delay, and proceeded to perform the operation immediately, which he did in the usual manner. On cutting into the sac, some dark-

coloured fluid escaped; it also contained some omentum and intestine; the omentum appeared mortified, the intestine was dark-coloured and exhibited numerous gangrenous spots; a few adhesions existed between the omentum and gut, but they were recent and easily separated; the mortified omentum was removed, and an incision of about two inches in length was made into the intestine, but no hæmorrhage followed it. The other proceedings exhibited nothing particular.

After the patient had been removed to his bed, Mr. Earle addressed the class. He began by *deprecating*, in the strongest terms, the *malpractice* of the medical man to whose care the patient had been entrusted, and said that he felt assured that if the operation had been performed at a proper time, the man's life would have been saved. He stated that he feared the man had now but a very slight chance of recovering, but in the event of his doing so, he would have an artificial anus; he said that all his operations for strangulated hernia had been successful when they had been done in time. In the present instance, the case was of that kind which he had taken the liberty of calling scroto-vaginal, in contra-distinction to the vaginal hernia that occurs in the female. The stricture existed at the superior part of the tunica vaginalis, at that part which, in the natural state, contracts to inclose the spermatic chord.

After making these remarks, Mr. Earle visited the patient, and found it necessary to give him brandy, which he rejected the moment he had swallowed it.

Ordered to take a saline draught, with a drachm of sulphate of magnesia, every hour, and an enema containing an ounce of castor oil, directly.

The enema was administered, but returned immediately; he has taken the medicine every hour, but vomited immediately after each dose. Towards the evening his abdomen became much more painful, and the slightest pressure on it caused great pain; he had constant vomiting; pulse feeble and slow, and there had been no evacuation from the bowels; he appeared to be in a state from which he could not recover.

We will give the result of this case.

**HIGH TEMPERATURE OF THE FLUIDS.**—In a case of dropsy related by Mr. Hunter, the fluid drawn from the abdomen was 104 deg. In a case of ovarian dropsy which I lately attended with Dr. Gibson, the thin fluid drawn from the general cavity of the abdomen, raised the thermometer to 102 deg., though the thick fluid from the cyst was only 100 deg.—*J. Burn's Surgery, vol. I.*

\* Mr. Earle should remember the "note and the beam."

## EXTIRPATION OF THE FIBULA.

At a late sitting of the Société des Sciences Naturelles et Médicales, at Brussels, the following case was reported by Dr. Sentin.

M. Hallemans, *ætat.* 39, of a robust constitution, was admitted at the Hôpital St. Pierre, under the following circumstances:—About six months ago he had, without any obvious cause, been affected with violent shooting pain in the right leg, on the lower portion of which an ulcer subsequently formed, and gradually enlarged, being accompanied with intense pain and considerable swelling of the whole leg. On his admission the ulcer was about one inch and a quarter in diameter, its margin was inflamed and very painful, and at the lower part of it there was a sinus which was found to terminate at the fibula. The general health of the patient had within late begun to decline, he lost his appetite, complained of fever, and restlessness at night, &c.; so that Dr. Sentin having convinced himself that the bone was affected, decided upon removing the diseased part of it: an incision of three inches in length being made at the outer side of the leg, the bone was laid bare, but proved to be diseased to a much greater extent upwards than had been anticipated; the incision was accordingly enlarged, and the bone being laid bare in its whole length, was found to be almost thoroughly diseased; a small portion of it only was healthy, from which the diseased part was removed by means of a trephine; the adhesions of the soft parts to the bone were then divided, and the inferior portion of the fibula detached from the astragalus by a curved saw. A large number of vessels were tied, amongst which was the posterior tibial artery. The peroneal nerve was likewise divided; at the lower part of the tibia the bone was also, though but slightly, diseased, it was, however, considered prudent to have the actual cautery applied to it. The edges of the wound were brought together, except at the lower part, where a tent was placed between them in order to promote suppuration. On the third day after the operation the dressings were removed with the exception of the uniting bandage; suppuration had begun at the inferior part of the wound. On the fourth day the edges of the wound were much inflamed, swollen, and painful; an erysipelatous redness began to extend over the whole limb, the patient complained much of headach, giddiness, &c., there was much fever, and considerable irritation of the digestive and respiratory organs. The dressings were entirely removed, and an emollient poultice put on in their stead, and the patient was largely bled. Under this treatment the fever and local irritation subsided; the wound suppurated rather profusely, but

had on the seventh day a good appearance. The favourable progress of the case was, however, somewhat interrupted by a severe attack of pneumonia, which was happily subdued by repeated venesection. On the 14th day the wound looked well; some aponeurosis and tendinous parts came away, and the tendon of the peroneus longus being almost entirely destroyed, was cut through at the place where it passes behind the ankle; the pus was healthy. The wound was dressed with dry lint and cerate. From the 20th to the 30th day the state of the patient greatly improved, the wound became much smaller, and the irritation of the lungs also completely disappeared, so as to admit the use of tonics and nourishing food. On the 30th a small piece of the tibia exfoliated at the place where the cautery had been applied. Two months after the operation the patient was quite well, cicatrization was complete, and his general health had also much improved; the movements of the limb were at first rather limited, but gradually became as free as before, so that after some months' exercise he was able to return to his former employment.—*Gaz. Med. de Paris.*

## HEADACH CAUSED BY THE PRESENCE OF A SCOLOPENDRA IN THE FRONTAL SINUS.

We extract the following case from the report of the "Société des Sciences Médicales, du Département de la Moselle."

A farmer's wife, twenty-eight years of age, residing in the neighbourhood of Metz, had for a long time been affected with an unpleasant itching sensation in the nose with coryza, to which symptoms in the year 1827, violent headach acceded, so that she was at length obliged to apply for medical aid. The headach was irregularly intermittent, and generally began at the root of the nose and the middle of the forehead, or at the right frontal region, extending thence first to the right side, and then over the whole head. The attack was accompanied by a great discharge of tears, and sometimes even nausea and vomiting; the features were forcibly distorted, the jaws firmly closed, and the eyes and ears so very sensible, that she could not bear the least light or any noise. At other times she became delirious, pressed the head between her hands, and ran about in a state of distraction. The pain was, according to her statement, like the strokes of a hammer, or as if something was perforating the skull, and the fits generally returned about twelve times in twenty-four hours; sometimes the headach continued uninterruptedly for several days. The coryza existed during the whole period, and the discharge was occasionally very fetid and

mixed with blood. Some medicines were employed, but no regular plan of treatment was followed, and it was not before a twelve-month's suffering that this singular affection terminated, after the expulsion of a worm from the nose, which moved with rapidity, and when placed in water, remained alive for several days; it was afterwards killed by being put in alcohol, and sent to M. Maréchal, who reported the case to the Society. He found the animal to be more than two inches in length, and one line in breadth; it had two antennæ, was of yellowish colour, flat, and consisted of sixty-four rings, on each of which were two legs. M. Maréchal subsequently transmitted the insect to MM. Hollandre and Roussel, who ascertained that it was a scolopendra electrica.

#### EFFECTS OF THE BITE OF A VIPER.

In the *Comptes des Travaux Méd. du Dep. de la Moselle*, M. Beaumont, of Briery, reported the case of a young, robust man, who, in the summer of 1827, was bitten by a viper under the following singular circumstances:—

The boy had been out on a hill in the neighbourhood of Homecourt, and saw two snakes, which he killed, by dividing them into several pieces with a hatchet. A few moments afterwards he came back the same way, and finding one of the heads lying on the ground, he picked it up, and was going to throw it away, when he suddenly felt a bite in the index of the right hand; he tried to shake the head off, and at last, with some effort, succeeded in detaching it from the finger, on which he saw two stings, at the distance of about half an inch from one another. He immediately returned home, but had hardly gone a hundred paces when he felt a violent pain in the throat, giddiness, and extreme lassitude, so that he could hardly walk; fortunately there was a house at about a hundred paces from the spot where he had been bitten, and after extreme efforts succeeded in reaching it; on his arrival he felt so faint that he was obliged to lie down; he felt sick; had a slight fit of syncope, and vomited a large quantity of bile; at the same time his tongue began to swell, so that he could not articulate. About an hour after the accident a silk thread had been placed around the finger, but was afterwards taken off by a surgeon, who cauterised the wound; the hand, arm, and even the whole of the right side of the trunk, began to swell under violent pain, so that the patient repeatedly fainted away. The application of a hundred leeches to the hand and arm, as well as the use of embrocations and poultices, were without any effect, and the

pain and swelling still continued, and increased to such an alarming extent, that a physician, who meanwhile had been sent for, advised the sulphate of quinine in large doses, which having been administered, the patient felt immediately relieved, and under the continued use of quinine perfectly recovered on the eighth day, with the exception of stiffness in the arm, which, however, also gradually subsided.

#### CONGENITAL WANT OF THE IRIS.

Dr. HENTZSCHEL, of Chemnitz in Saxony, gives an account of three sisters with the above malformation. The parents are still alive and in good health; the eyes of the mother are well formed; in those of the father the upper portion of the iris is entirely wanting. He is presbyopic, and cannot bear any strong light. He is frequently subject to ophthalmia, and within the last four years his sight has become much impaired. In the eldest daughter, who is 28 years of age, the iris is completely wanting, she suffers greatly from photophobia, and is almost constantly affected with ophthalmia, in consequence of which a staphyloma has formed in the left eye. On the cornea of the right there are a few nebulæ, the lens is of a greyish colour, and sight is very much impaired.

In the second daughter, 21 years of age, nearly the same symptoms are observable, and there is no iris in either eye; she is affected with photophobia, and very liable to ophthalmia; the sclerotic is very thin, so much so, as to permit of the choroid shining through at several points; in the left eye vision is very deficient; in the centre of the right cornea there is a greyish spot, which, however, not only does not impede vision, but seems even to facilitate it, by lessening the intensity of light.

In the youngest girl, who is 13 years of age, sight is also impaired, though to a less degree than in the two elder sisters.

There are two more children in the same family, a girl and a boy, the eyes of whom are perfectly well-formed.—*Ammon. Zeitschr. f. Ophthalmologie.*

#### TO CORRESPONDENTS.

A CORRECTED list of those Fellows of the Royal Society, who openly and honourably supported Mr. Herschel, shall appear next week.

(Other Correspondents must stand over.)

JOHN LONG.—This wretch has not yet (Thursday, December 9th) surrendered himself to take his trial at the Old Bailey.

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

#### LEAD AND ITS PREPARATIONS.

DR. CHRISTISON subdivides the chemical part of his excellent article on lead into two sections, one referring to its detection after it has been administered in large quantities; the second to its relations to medical police, comprehending the mode in which it is affected by water—its use in several arts—the adulteration of various articles of food to which it is applied. To the first section we must limit ourselves exclusively, recommending to our readers the attentive perusal of the second, which we have no hesitation in asserting to be the most brilliant and masterly application of chemistry to medico-legal inquiries which has ever been made in this or any other country. The patience, the profound knowledge, and the manipulatory skill, displayed by Dr. Christison on this subject, would entitle him, if he had never written another sentence, to be ranked amongst the most distinguished chemists of the age.

The author, following his accustomed arrangement, first describes the metal and such of its compounds as come within the province of judicial research. Of these he enumerates litharge, or the semi-vitrified protoxide, minium, or the red oxide, and the acetate, or sugar, of lead. All these, he correctly states, agree in the property of being blackened by sulphuretted hydrogen gas. The acetate is soluble in water, the litharge, and carbonate, in nitric acid, and

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the red oxide, but partially soluble in that menstruum. Carbonate of lead also, when heated to redness, assumes as it cools a yellow colour, the carbonic acid being expelled, and the yellow protoxide remaining behind. The solutions of lead are extremely liable to decomposition by animal or vegetable matters, many vegetable infusions, and almost all animal solutions, precipitating the oxide of lead in combination with organic matter.

We pass over the enumeration of the tests which the author recommends for detecting lead in pure solution, reserving our observations on them till we notice his mode of proceeding with complicated mixtures.

*"Process for detecting Lead in mixed Fluids."*—A solution, if necessary, is, in the first place, to be made in water. Professor Orfila in the early editions of his Toxicology advises that the soluble and insoluble parts be separated by filtration,—that the fluid be subjected to a stream of sulphuretted hydrogen, and the sulphuret reduced with black flux,—and that, if no lead be procured by that process, the insoluble matter left on the filter be incinerated, and reduced. In the last edition of his work the plan recommended consists in simply evaporating the whole fluid to dryness and incinerating it in a crucible; when a button of metallic lead is procured."—p. 408.

Nothing can be more practically absurd than Orfila's directions in this instance; we quote them principally to justify the scepticism in great authorities, which we expressed in the first of these papers. To look for metallic globules in such a mass of carbonized materials as would result from the incineration of a complex animal mixture, would be almost as hopeless in practice, as the attainment of the object which, in nursery metaphor, is called "seeking a needle in a bundle of straw."

"The process which has appeared to me the most convenient is a modification of the

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former one. In the first place, a little nitric acid should be added to the suspected matter before filtration; for nitric acid I find redissolves any insoluble compound formed by the salts of lead with albumen and other animal principles, as well as some of those formed with vegetable principles; and consequently renders it more probable that the poison will be detected in the first part of the analysis, if present at all.\* This being done, sulphuretted hydrogen gas is to be transmitted through the fluid part of the mixture; and if a dark-coloured precipitate is formed, the whole is to be boiled and filtered to collect the precipitate."—pp. 408, 409.

Several other black precipitates are thrown down, however, from metallic solutions by this re-agent, viz., from the soluble salts of mercury, silver, copper, bismuth, &c. A mode of discrimination, therefore, becomes essentially necessary, and the author proceeds in the following manner:—

"In order to ascertain that the precipitate positively contains lead, I should advise a different process from that recommended by Orfila, which I have found to give, on a small scale, metallic particles of too small a size and indistinct an appearance. Those who are accustomed to use the blowpipe may put the sulphuret into a little hole in a bit of charcoal, and reduce it by the fine point of a blowpipe-flame, when a single globule is procured, which is easily distinguished by its lustre and softness. A much better process, for those who are not accustomed to use the blowpipe, and perhaps a better test of the existence of lead in all circumstances, is to heat the sulphuret to redness in a tube, and to treat it with strong nitric acid, without heat or with the aid of a gentle heat only. The lead is thus dissolved without the sulphur being acted on. The solution is then diluted with water, filtered, evaporated to dryness, and gently heated to expel the excess of nitric acid. If the residue be dissolved in water, it will present the usual characters of a lead solution when subjected to the proper liquid tests. Of these the hydriodate of potass is to be preferred when the quantity is too small for trying more of them. But for this purpose great care must be taken to expel all excess of nitric acid, because an excess will strike a yellow colour with the test, though lead be not present.

"If the preceding process should not detect lead in the filtered part of the mixed fluid, then the insoluble matter left on the

filter is to be incinerated as Orfila suggests. This branch, however, will be very rarely required, if lead be present, because the precaution of adding nitric acid previous to filtration, dissolves the lead from most of its compounds which are insoluble in water. The process of incineration in medico-legal analysis generally should be avoided if possible, as it is not easily managed by unpractised persons."—pp. 409, 410.

It appears above, that Dr. Christison does not consider the reduction of the metal essential, and that he considers the effect of certain reagents as sufficiently characteristic; these he has described at p. 382. The best, he states, are the chromate of potass, hydriodate of soda or potass, and metallic zinc; the first two cause lively yellow precipitates, the third produces the deposition of the metallic lead in an arborescent crystallization. To the two former of these tests, individually considered some objections apply, none of which have escaped the author's notice, but to none does he pay the special attention which the strictness of these investigations demands. Thus, the sulphate of copper is precipitated black by sulphuretted hydrogen; this black precipitate is dissolved by nitric acid, and when evaporated to dryness and again redissolved, will strike a yellow colour with hydriodate of potassa, unless all excess of acid be expelled, which, in unpractised hands, will not usually happen, the evaporation being usually concluded when brought to dryness; whereas, from the tendency of nitric acid to form bi or super-salts, a bi-nitrate of copper is usually produced, the excess of acid in which acts on the hydriodate in the described manner. We may add also, that from the scandalous adulterations of the hydriodate of potash of commerce, the evidence of the whole experiment may be destroyed at this stage of the inquiry, carbonates, chlorides, &c. being precipitated, and obscuring the colour of the hydriodic acid. In minute quantities, finally, the action of metallic zinc will not assist us, for it certainly is not entitled to the epithet "delicate" applied to it by the author.

It is thus evident that in small quantity, and under the management of an inexperienced person, the several tests may have been applied to a copper solution, and positive testimony given to the detection of lead. We are, therefore, inclined to prefer the re-

\* The precipitate formed by acetate of lead with albumen is dissolved by nitric acid. From that formed with milk the acid removes the oxide of lead entirely, leaving the casein.

duction process as performed on charcoal with the blowpipe flame, an operation which is extremely easy, and affords at once the most beautiful and satisfactory evidence which can be obtained. Minute instructions will not, however, be misplaced, and we would recommend the operator to practise the experiment on sulphuret of lead, before he proceeds to the examination of the suspected substance.

A small hollow should be scraped in a piece of dense fine charcoal, and in this the sulphuret should be placed, moistened with a drop of distilled water, in order to make it adhere to the support; it should then be touched with the *interior* or blue flame of the blowpipe, when the reduction almost instantly takes place. The little globule of metal should then be removed and examined, for we have now to distinguish it from silver, which, take it in the pure state, is a white, shining, and soft metal; the globule should, therefore, be flattened by gentle pressure, replaced on the charcoal, and touched with the *furthest* point of the flame, when it quickly disappears, and on withdrawing the charcoal, two beautiful concentric circles of red and yellow remain, being the yellow and red oxide of lead. Nothing can be so conclusive as this experiment, and its success is perfectly certain.

When a soluble salt of lead is taken to an excessive dose, the phosphate of soda, or sulphate of soda or magnesia, should be administered as soon as possible, and vomiting speedily excited; an insoluble sulphate or phosphate is thus produced, and an effectual antidote supplied. A point now remains for consideration, which Dr. Christison has entirely omitted, viz. the means of detecting lead in the condition of the extremely insoluble phosphate or sulphate contained in the vomited matters; for this purpose the matters should be agitated with a considerable quantity of water; this mixed with solid matter, the phosphate or sulphate from its weight quickly subsides, and should be collected, washed, and heated to redness with charcoal in a glass-tube; phosphuret, or sulphuret, of lead is thus generated, either of which may be reduced by the blowpipe in the manner above directed; the reduction should be accomplished in the interior flame, when, if the salt be the phosphate, which the analyst should always inquire,

the process presents a modification thus described by Griffin, in his excellent *Manual on the Use of the Blowpipe*, p. 177, and for the accuracy of which description we can vouch from repeated trials.

“ Before the blowpipe alone on charcoal, in the *exterior* flame, it melts, and on cooling forms a dark-coloured polyhedral crystal, the faces of which present concentric polygons. In the interior flame it exhales the vapour of lead; the flame assumes a bluish colour, and the globule on cooling forms crystals, with broad facets inclining to pearly whiteness. At the moment it crystallizes, a gleam of ignition may be seen in the globule. If the crystallized mass be pulverized and heated with borax, there results in the first place a milk-white opaque enamel; upon the continuance of the heat this effervesces, and at length becomes perfectly transparent, the lower part of it being studded with metallic lead.”

Another and still easier mode is, to suspend the phosphate or sulphate in water, transmit sulphuretted hydrogen, wash and reduce by the blowpipe-flame. In both cases the concentric circles of red and yellow oxide remain on the charcoal when the flame is removed.

The foregoing extracts and remarks are amply sufficient for the guidance of the examiner of matters of food, drink, &c., suspected to be adulterated with lead, with the exception of cheese, which has been, and is, occasionally, coloured with red lead. In this case the cheese should be chopped into fragments and suspended in water, when, if blackened by sulphuretted hydrogen, the indication may be considered decisive without further trouble.

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*Elements of Chemistry, including the Recent Discoveries and Doctrines of that Science.* By EDWARD TURNER, M.D., Prof. of Chem. in Univ. of London. Third edit., 8vo. pp. 900. London, Taylor, 1831.

We feel much pleasure in recording our decided approbation of this excellent work, and in affording testimony to the great ability and industry manifested in the improvements to be found in this edition. The book as it now stands, is not only highly creditable to the author, but is calculated to confer additional reputation on the institution to which he is attached.

In the present volume, Dr. Turner does not depart in the slightest degree from the excellent arrangement which he has hitherto observed, one in which he differs materially from many of his contemporaries, but which we confidently believe is better suited than any other to the construction of an *elementary* treatise, that is, to a work not so much intended for the reference of scientific chemists, as for the guidance and instruction of the utter novice in the art. The simple substances by this method follow each other in strict succession, uninterrupted by a too theoretical adherence to their supposed ultimate habits or electric relations. The mind of the pupil is thus gradually, and imperceptibly, conducted to the knowledge of facts, and afterwards taught to apply them with more certain, and satisfactory, precision. The several individual substances Dr. Turner treats with great judgment, omitting, in most instances, all the unnecessary accumulation of irrelevant and useless circumstances which crowd the works of the continental chemists, and which threaten, shortly, to render the details of chemistry almost as incomprehensible as infinity itself.

The principal improvement in this edition is, the introduction of Berzelius's doctrines on "haloid" and "sulpho" salts. Some change may also be noticed in the statement of the theory of galvanism. The experienced reader will, moreover, observe many minor additions and alterations, corresponding to the progress of this zealously-cultivated science. The greater number of these have been drawn from that admirable periodical the *Annales de Chimie*, and many of them have already been transferred to our pages. For the benefit of our junior readers, we subjoin in the foot-note the names of the new substances treated of in this edition, to which our space does not permit a more lengthened attention;\* we cannot, however, omit his notice of Berzelius's opinions on the nature of the "haloid" salts.

\* *Acids.* Aspartic, amylic, chlorous, ceric, hippuric, indigotic, pyrophosphoric. Agedoite, alizarine, corytalen, coumarin, pluranium, rhenium, sanguinaria. To these we may add his account of the modified opinions of the nature of the caseous principle of milk, the confirmation of the existence of the metal thotinum, and the controversion of Taddei's opinions concerning gliadine and zymome.

"*Haloid Salts.*—This term comprehends all those compounds which consist of a metal on the one hand, and of chlorine, iodine, and the radicals of the hydracids in general, excepting sulphur, on the other. The word *haloid*, being derived from ἅλς, sea-salt, and εἶδος, appearance, is very appropriate, since the substances to which it is applied, such as the chlorides and iodides, cannot in many instances be distinguished by their aspect from real salts; but in point of composition they resemble oxides rather than salts, and in connexion with these they have already been described.

"Berzelius has correctly remarked, that the number of haloid salts which a metal is capable of yielding with the same element, generally corresponds to the salifiable oxides which it forms with oxygen. Thus, there are two chlorides and two iodides of mercury, proportional to the two oxides of mercury; and potassium, which has but one salifiable oxide, unites in one proportion only with chlorine and iodine. Besides simple haloid salts, Berzelius distinguishes three different combinations of them. The first of these is an acid haloid salt, formed of a simple haloid salt and the hydracid of its radical. A compound of the kind may be obtained by evaporating a muriatic solution of gold with excess of acid at a very moderate temperature, when crystals are obtained, consisting of chloride of gold and muriatic acid. The compound of fluoride of potassium and hydrofluoric acid offers another example. These compounds may be called *hydro-haloid salts*. The second mode of combination, which is more frequent, gives rise to what may be termed *oxy-haloid salts*, being composed of a metallic oxide, united with a haloid salt of the same metal. Thus chloride of lead combines with oxide of lead; and submuriate of iron, obtained by evaporating permuriate of iron in an open vessel by a rather strong heat, is considered by Berzelius as a similar compound. The third kind of combination is productive of double haloid salts. They may consist, first, of two simple haloid salts which contain different metals, but the same non-metallic ingredient, as the double chloride of potassium and gold, or the double fluoride of potassium and silicium; secondly, of two haloid salts consisting of the same metal, but in which the other element is different, as the compound of chloride of lead with fluoride of lead; and, thirdly, of two simple haloid salts, of which both elements are entirely different. In some cases haloid salts unite with common salts; as, for example, when chloride of sodium is fused with carbonate of baryta, or carbonate of soda with chloride of barium."

Having spoken thus favourably of the work, we have to notice an error or two of

omission, with some trifling faults of commission,—blemishes which we regret to observe in a book which we should otherwise have designated as perfect in its kind. Why, we would ask the author, has he passed over, in silence, the beautiful and talented papers on galvanic subjects, by Mr. Kemp, of Edinburgh, published in the new and clever “Journal of Natural and Geographical Science” in that city? Was it fair, or candid, to pass by, thus contemptuously, the labours of a young but highly promising chemist, whose papers have been translated into more than one of the foreign scientific journals? Dr. Turner cannot plead ignorance, nor will he venture to deny the importance, of Mr. Kemp’s experiments. We cannot account for the circumstance, except on one supposition, in entertaining which we hope we should wrong Dr. Turner. Again; we find that Dr. Turner has taken no notice of papers published in *THE LANCET*, pointing out a remarkable error in the tests advanced for nitric acid; the author still recommends the sulphate of indigo, although its utter fallacy has been indisputably established; we pass over this, however, the more superficially, as our own Journal is concerned in the omitted facts. The important discovery of salicine, moreover, is omitted, though certainly there was quite time enough to have alluded to it in the appendix, if not in the body of the work. We are also compelled to notice the inadequate, we had almost said discreditable, manner, in which electro-magnetism is disposed of, a subject which, in scientific importance, is perhaps unequalled at present, and which, from every other chemist, from Henry especially, has received the attention which it so signally demands. Lastly, we must allude to the brace of laughable plates which terminate the volume; our readers will scarcely believe it, but let them examine, and they will find that Dr. Turner has considered it necessary (3rd edit. A.D. 1831) to present them with a drawing of—a safety lamp and a pestle and mortar! A retort stand, an evaporating dish, and a Hessian crucible, are also figured with the most amusing solemnity. Such are all the faults which, we believe, Dr. Turner’s *Elements* contain; there are, however, some typographical errors which have run through each edition, and some of which are by no means unimpor-

tant; thus at page 351, alcohol is stated to be composed of 14, or one equivalent of “oxygen” gas, united with 9, or one equivalent of water, instead of 14, or one part of “olefiant” gas, &c. This error we have known to create a considerable impediment to the understanding of the compounds of carbon and hydrogen, and their atomic relations.

In conclusion, it is but just to say, that these faults are few and trifling indeed, when contrasted with the numerous excellences of the work; that, on the whole, we consider it the best *elementary* book on chemistry in any language with which we are acquainted, and that all the errors are shared by every contemporary publication, without many of the redeeming features by which this is distinguished. It is only because we expected the nearest approach to perfection from Dr. Turner that we have alluded, thus specially, to these particular omissions.

## ST. THOMAS’S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Nov. 29, 1830.

In the enumeration of cases admitted and presented, with a brief summary of which the present lecture was prefaced, was one of rheumatism of the chest and one of inflammation of the spine, both of which were cured by the application of leeches to the region affected; one of chronic inflammation of the hip-joint, following a sprain of six months’ duration, with numbness and, occasionally, acute pain down the front of the thigh, which was cured by the vigorous application of cupping-glasses and making his mouth tender, and one of an uncertain nature, in which the upper part of the man’s abdomen was tense, hard, and very large, affording a little fluctuation, which was relieved by active purging and friction with hydriodate of potash, in the form of ointment, a very useful salt, Dr. Elliotson observed, in many enlargements of the abdomen and other parts.

#### COLIC ARISING FROM LEAD.

In William’s Ward was a very good case of colic from lead, which was treated very

simply and cured. The man's name was Thomas Passmore; he was aged 52, was admitted on the 4th, and presented on the 25th of November. He said that he had been ill a month, had had no stool for three days, and, indeed, had never had a stool oftener than that during the whole month. He was labouring under vomiting and violent pain of the abdomen, such as is vulgarly ascribed to a twisting of the intestines—*tormina*; on pressure, however, there was little increase of pain, or rather, indeed, some portion of the pain was diminished. But besides the pain, which thus appeared to be of a spasmodic character, there was tenderness. The tenderness was inconsiderable, and on making pressure he experienced considerable relief, though he felt soreness; the case, therefore, was, no doubt, much more one of spasm than of inflammation, though it partook of both. The pain was greatest about the umbilicus. He had had no sleep for some time, in consequence of the pains in the back and limbs. This is a fact worthy of notice. The pulse was only 72, and was full and soft; material inflammation, therefore, was out of the question, and the principal part of the affection evidently consisted in spasm. His face was not flushed, and his skin was cool. I asked him if he had been exposed to lead, to which he replied in the negative, and I, of course, could not say that he was not speaking the truth. I gave him a scruple of calomel, and ordered him to take half an ounce of castor oil every two hours afterwards, till he was purged. He said at night that the pain was more severe, and that he had had no motion. The gentleman who saw him in the evening gave him another scruple of calomel and a grain of opium, this being followed by castor oil; his bowels then became opened, and two stools occurred.

It is the custom of many excellent practitioners to give opium in large doses at the first, with the purgatives, and I have no doubt that it is a very good practice, provided you give purgatives briskly, for the opium can then do no great harm, and possibly may do good; it may, in fact, act indirectly as a purgative, by lessening the spasm. This, I believe, is almost the only instance, except in the case of extraordinary idiosyncrasy, in which opium opens the bowels; but still, in this disease, the ultimate effect of opium is to leave the bowels more contracted than before, and therefore I am not in the habit of employing it. I think I have found that the cases do as well when you give simple purgatives as when you administer opium. I am not, however, speaking decidedly on this point. I have not compared a sufficient number of cases to say whether simple purgatives, or their union with opium, will answer best; but so far as my

observation has hitherto gone, I believe that full doses of purgatives will answer as well without opium as with it; and as, although opium may do good in the first instance, there is a chance of the bowels becoming more sluggish afterwards; I have fallen into the habit of giving purgatives without it, and my cases do just as well as the cases of those who give opium in addition.

However, this man took opium but once, and then only one grain, so that no inference can be drawn from this case; he took forty grains of calomel, and two or three ounces of castor oil: all this medicine opened his bowels, and he got the better of the spasm; but now more or less of an inflammatory state came on in a decided manner. There was tenderness of the abdomen; a severe pain down his thighs; the tongue was brown, and his face became flushed. It is also to be remembered, that he said he had a fall upon the abdomen six years ago, which of course rendered the abdomen more liable to inflammation on the application of an exciting cause. I found it necessary the next day to bleed him to syncope, to put on twenty leeches, and to follow that by a poultice of bran. It was necessary, in two days, to apply twelve leeches to the abdomen, and after the application of these he did very well.

For opening the bowels in colic, I believe one of the best plans is to give a large dose of calomel, say a scruple, for securing the operation of other purgatives to be given in repeated doses subsequently. A large dose sits on the stomach as well as a small one, and does not operate violently. An injection of three ounces of oil of turpentine at the same time is very useful; this medicine might be given by the mouth, like the other purgatives. When all things fail, dashing cold water on the belly and legs has often succeeded, just as it sometimes does in spasmodic retention of urine. The introduction of tobacco-smoke into the rectum ought never to be omitted, when the case proves rebellious to ordinary measures.—There is a little apparatus for this purpose; but when faintness and the pulse show the system to be influenced, you should desist from the insufflation, and after a time, if the bowels do not relax, repeat it. Sydenham had so high an opinion of this in constipation, from his experience, that he says,—“*Ego fumum nicotianæ sive tabaci ex tubulo inverso per vesicam majusculam in intestina validissime insufflatum, enema omnium quæ mihi innotescunt hactenus, efficacissimum esse duco.*”

After his colic and inflammation were cured, he had severe pains in his limbs, for which he employed the hot bath, and that quickly and entirely removed them. Now the occurrence of these pains strengthened

my original suspicion, that the man had been in the way of lead. When colic occurs from cold, or an obstruction in the intestines within or without (for any thing that obstructs them will cause colic, whether, for example, it be the pressure of a strictured abdominal opening in hernia, or a collection of hard faeces within), whatever causes it, if it be not lead, there is seldom pain in the back and in the extremities. The occurrence of pain there in the first instance made me ask whether he had not been in the way of lead, and he denied that he had; but when I saw, after the colic was gone, that the pains were severe in the extremities, and that the warm bath took them away, I had still stronger suspicions, and questioned him over and over again, till at last he said he had been engaged in painting a ship (he was a seafaring man), but could not have supposed that that produced the colic, or he would have said yes when I questioned him. Patients will continually tease you in this way; they will not give a plain and true answer, but will be guided by what they think. Although he had been in the way of lead, yet, because he thought it could not have hurt him, he denied it altogether. This is a difficulty that you will every day meet with in investigating cases. Although, however, he had only been engaged one day in painting the vessel, he had of course been exposed to the effluvia of lead afterwards till the paint was dry. This exposure had occurred, he said, some little time before the colic began, which might be correct, but the exposure might have left a disposition to colic, and then an accidental cause might have brought on the complaint. This is just what we see in ague, where persons have been exposed to malaria. Ague frequently will not appear at the time, but the tendency to the disease, nay, perhaps the poison itself, being in the system, the persons will go on for a long period, perhaps several months, when the disease will appear if they take cold. So it might have been with this man with regard to the lead; accidental circumstances might have acted upon the predisposition acquired by his exposure to the lead. When colic arises from lead, it is often preceded, accompanied, or followed, by those severe pains in the loins and extremities. When you give lead internally as a medicine, you will find that if you are obliged to administer it in large quantities, the most severe pains of those parts will sometimes result. You may keep the bowels open during the exhibition of the superacetate of lead, and prevent all colic, but frequently severe pains in the extremities come on afterwards; these are best removed by the warm-bath, or by colchicum, but I believe that the warm-bath answers better than any thing else. It is among the peculiar effects of

lead to produce violent pains in the back and the extremities. There is another observation to be drawn from the consideration of this case, namely, that although colic is a spasmodic complaint, it is very liable to become an inflammatory one; it is very liable to become enteritis. We see this every day in colic from strangulated hernia. The symptoms are at first colic; the pain comes and goes, and there is no pyrexia; but after a time, sooner or later, you have tenderness of the abdomen, with all the marks of abdominal inflammation, and, ultimately, mortification. It is just the same with colic of all kinds; if there be the least obstruction, and it is unremoved, inflammation is sure to appear: and even if it be removed, if this is not effected in good time, inflammation may still come on. Here the disease had lasted, more or less, a month, and the opening of the bowels did not prevent inflammation; indeed, that which was mere tenderness—slight tenderness of the abdomen on the first day that he came to the hospital, soon became extreme tenderness; his pulse got up, his face became flushed, his tongue brownish, and it was necessary to bleed him. Independently of this, you will often find it useful to bleed in colic, just as in the early stage of strangulated hernia, or spasm of any sort throughout the body; for relaxation of spasm is often effected by bleeding. If the pulse be full, and the person strong and in the prime of life, it is often a good practice to bleed; it produces relaxation of the whole frame, and, consequently, relieves the parts that are in a state of spasmodic contraction among the rest. This is a good practice also on another account; it tends to prevent inflammation; though the moment signs of that appear, you ought to treat the disease as one of an inflammatory character. If the colic had not presently yielded, I should have bled this man; and although it did yield, yet, as tenderness increased, I lost no time in bleeding him the next day. It is also to be remembered in colic, that no antiphlogistic measures can do good if the obstruction continues in spite of them and other means, for it keeps up the inflammation. I recollect being called to a man twelve months ago, who was labouring under a dreadful colic after drinking a quantity of rum. The pain was much diminished by pressure; pressing with the whole weight of my body on the abdomen with both hands lessened his pain materially, but his obstruction never gave way. Oil of turpentine was given both by the mouth and the rectum, and every sort of purgative was administered; opium was also given in full doses, but none of these produced any effect; none of them would open his bowels. Inflammation supervened, and

he died. It appeared that this colic came on in a moment, and, by post-mortem examination, it was found that one portion of the intestine had passed within another; intussusception had taken place, and adhesion had thus occurred around the intussuscepted part, the intestine was completely obstructed, so that nothing, of course, could have relieved his complaint short of opening the abdomen, and operating upon a portion of the intestinal tube. This, however, could not have been effected in the present instance, because there was no greater indication of an obstruction in one part of the abdomen than in another; there was no pain in one spot more than another—no tumefaction or induration. Although some surgeons have performed this operation, it is a practice that one would hardly be inclined to adopt, unless in some rare cases where the situation of the obstruction was very clear, and the person in certain danger, though without having sunk too far.

#### SCARLATINA.

There was likewise presented in William's Ward a case of scarlet fever, affording a very good illustration of that disease, and of the treatment which it is best to adopt for so guiding the disease that it may go on mildly and torment the patient but little. Like most of these cases, it occurred in a young subject, a boy named James Harris, ætat. 10, who was admitted into William's Ward on the 11th of November. He had been ailing for a month, but on the 9th of November was seized with rigours, which were followed by heat, pain of the head, and sickness. On the 10th, a redness of the skin was observed about the chest, which on the 11th, the day of admission, had extended over the whole body; and the day the affection appeared, he complained for the first time of a sore throat, and there was, at his admission on the 11th, an ulcer on one tonsil, covered by an ash-coloured tenacious exudation, such as is generally considered a slough. The tongue was tremulous, and red round the edges; the pulse frequent and small, as much as 150; he complained of pain in the forehead, sickness, and heat, with great thirst; the bowels were rather confined.

You know that scarlet fever belongs to the exanthemata of Dr. Willan; that it is a disease which occurs only once, and affects children particularly. I believe its recurrence in the same person is not more frequent than the recurrence of small-pox or measles. Dr. Willan says, that among two thousand cases he never saw it occur more than once; but that it does recur, the same as measles and small-pox, is undoubtedly true. There are exceptions to this

very general rule. Many persons are insusceptible of this disease, not merely adults, but children. Many children who are as much exposed to it as others, never have it. I myself have never had the disease, though continually exposed to its infection, and there are hundreds and thousands of others who have not, although, like me, they have gone through the common diseases incidental to childhood, such as small-pox, cow-pox, chicken-pox, whooping-cough, and measles. It is thought that children are more liable to this affection than adults, but I do not know that this is quite proved. In childhood, as much as at any other period, we are exposed to the contagion, and are therefore as likely to catch it then as at another time; and, further, as when we have had it once we cannot have it again, adults, for the most part, must escape, without the disposition to it being at all greater in infancy than afterwards. If you suppose an equal susceptibility of the disease during the whole of life, as all are exposed to its infection from infancy upwards, and scarcely any have it a second time, of course the greater number of instances of the disease must occur in children. Scarlet fever is not by any means so usual a complaint, whether in children or adults, as the measles and small-pox.

It is not certain what is the period that elapses between the application of the contagion and the appearance of the disease. I believe, with respect to all contagions whatever, that there is a great variety of periods, and I do not think that there is a rule for any of them, because where we can make accurate observation, as in gonorrhœa and syphilis, we see that there actually is a great variety. Scarlet fever is said to appear in general within four or five days after the contagion has been applied. The interval is longer, generally, in adults. It is not exactly known how long a person is capable of communicating the contagion after he has had the disease; perhaps not longer than two or three weeks, unless desquamation of the cuticle continue; and then the exfoliations appear to be so impregnated with the poisonous secretion of the skin, that they may give it as long as they continue to be formed. How long they may retain the contagion after separation, I do not know.

The disease usually begins, as it did in this child, with a feeling of general illness, pain in the head, and chilliness, which are soon followed by heat, thirst, and sickness, and all the symptoms of pyrexia. There is this difference in the early period of this disease between it and small-pox, that in small-pox there is frequently intense pain in the loins, sometimes dreadful pain, especially in adults, such as would almost make you fancy an inflammation that might

induce suppuration; and great tenderness of the epigastrium,—symptoms which do not occur in scarlet fever. If a person, therefore, be taken ill suddenly, and you suspect the appearance of an eruptive disease, and yet there is no violent pain of the loins, and no extreme tenderness of the stomach, you have not the least reason for supposing small-pox. In measles, before the eruption, there are generally catarrhal symptoms. You see the eyes running; you hear the patient sneezing and coughing; the whole face is flushed, and the head very heavy. This is not the case in scarlet fever, which does not so much affect the conjunctiva and the air passages, whether the nostrils, larynx, or bronchia, as do the measles: there is nothing like catarrh; and, therefore, when you see violent symptoms of that, you may suppose that the disease will be measles, and not scarlet fever. When the eruption has begun a short time, there generally can be no doubt as to its true nature; minute red points appear upon the face and neck, extremely small; they soon become innumerable, run together, and within twenty-four hours, form continuous patches over the trunk and extremities; the patient then looks very like a boiled lobster, or as if he had been smeared with raspberry-juice; it is a bright scarlet colour, that does not appear in measles, or in any other disease; the hue is most vivid at the flexures of the joints and in the loins; the efflorescence is especially continuous round the fingers, seldom so much so on the trunk. The skin altogether is smooth in this disease; but if you examine it very accurately, you will find exceedingly minute asperities, like the *cutis asperina*, where the skin is naturally rougher than in other parts. The small points of the skin become a little inflamed, and, consequently, there is not a coarse roughness, such as may be felt in the face, under measles, but a minute roughness, which may just be felt with the very ends of the finger; but for this, you might say, that there were merely red patches of the skin.

You are not, however, to suppose that what are called cutaneous diseases are mere diseases of the skin; they are all called cutaneous diseases, it is true; but it would be wrong to suppose that these diseases are limited to the skin. In measles, the mucous membrane of the nostrils, the conjunctiva, the mucous membrane of the air-passages, often down to the very air-cells,—nay, occasionally the substance of the lungs and the pleura, and even the intestines, are much affected. In small-pox there is often great affection of the larynx,—such as frequently destroys life; a great affection, also, of the epigastrium; the stomach is particularly tender, and is really inflamed from the

very first. So in the case of scarlet fever, you are not to consider it a mere disease of the skin; it certainly does not much affect the eyes or the nose, but it does affect the inside of the mouth, the tonsils, the velum pendulum palati, the pharynx, and the tongue, often most intensely. These symptoms are more or less observed in almost every case, and in some instances the parts are affected to a violent degree, so that, indeed, their state particularly co-operates in causing death. There is sometimes, likewise, in this disease, an inflammation of the stomach and intestines; the mucous membrane of the alimentary canal is affected below the pharynx, so that there is tenderness of the epigastrium; and sometimes there is, as I shall presently mention, inflammation of the head, inflammation within the chest, or lungs, as well as in the abdomen. In all these diseases, the inside of the head often suffers extremely; more or less inflammation occurs there. These are really diseases of almost the whole system.

The case which I have now mentioned was one of that form of the disease called *scarlatina anginosa*. There are three forms of the disease, the first of which is *scarlatina simplex*, in which the skin only is affected, or, rather, the affection within the mouth is inconsiderable, not worthy of notice. In the second variety the throat is affected considerably; hence it is called *scarlatina anginosa*. If this occur, which it sometimes does, with a disposition to mortification, the disease is then called *scarlatina maligna*.

The present case was one of *scarlatina anginosa*; it was a mild case, but still it affected the throat, not, however, very severely. It is generally on the second day of the person's illness that the eruption comes out, and it generally lasts a week altogether; on the fourth day of the whole disease the affection is at its height; about the fifth it declines, so that interstices and patches reappear; about the sixth there is an indistinct eruption only; on the seventh it is usually gone before the end of the day; and on the eighth and ninth the cuticle is seen coming on. In the mildest form of the disease the tongue is red, but if there be much inflammation of the mouth,—that species of the disease properly called *scarlatina anginosa*,—you see the tongue not only red, as if the mucus upon it were sprinkled with grains of cayenne pepper, but the papillæ are so elongated, as well as red, as to project considerably through the mucus. The tonsils, and the velum pendulum palati, are entirely red, and you see them covered here and there by dirty exudations or sloughs; these, of course, vary in quantity, so that between them and the tumefaction the patients can sometimes scarcely swallow or breathe. It is dis-



eased mucus in the one case, and when removed you see the inflamed surfaces below; when it is a real slough an ulcer is seen on its removal, that is, in the anginosa, when the inflammation of the throat is intense. In this state the general symptoms are much more severe; there is more shivering at first, and afterwards more intense heat of the body. The heat is so intense as to be at  $107^{\circ}$ ,  $108^{\circ}$ , or  $111^{\circ}$ ; but even in the mild form of the disease, where the throat is scarcely affected, you will find the heat very intense. The eyes, too, are affected, and so is the nose, but to nothing like the degree that you see in measles, though sometimes the face so swells that the eyes are closed. It is observed in this form of the eruption that it does not come out on the second day, as in the mild form, but at a later period; nor does it fully come out: it comes and goes, and the disease does not terminate so decidedly altogether; the desquamations will continue for some weeks. In this extreme form of the disease the symptoms are all severer from first to last. When there are symptoms of great malignity, there are signs of great debility; the throat is in a state of dark sloughing, mortification takes place, and the most putrid smell is perceived, and, for the most part, the patients die. Now, in the case under consideration, one ulcer occurred upon the left tonsil. When the ash-coloured slough was removed, an ulcer appeared under it.

The treatment consisted simply in keeping the patient clean and cool, and in giving him scarcely any thing to eat. You will find a great number of cases of scarlatina do perfectly well if no medicine be given. This is almost always the rule of treatment. Keep your patient clean and cool, and equally avoid internal stimulants, by giving him as little food, and that as little nutritious as possible. Thus treated, he is almost sure to do well. You will hear persons say that they have given a particular medicine in two or three thousand cases, and these have all done well; and another will say the same thing with respect to some other medicine. I have no doubt that if they had given no medicines the cases still would have done well, provided the patients were kept clean and cool, and given only diluent drinks. There can, however, be no doubt of the propriety of *one* sort of medicine, and that is aperients, because an open state of bowels very much lessens the general irritation of the system, by the removal of the unhealthy and disordered secretions which it necessarily produces, and by gently evacuating the vascular system; but I believe that is all that is required in by far the greater number of cases. There was at one time a great antipathy to purgatives, founded on the supposition that they were ex-

hausting. It is remarked by Dr. Bateman, that the patients were first exhausted by the treatment adopted, that fires were lighted in the rooms, the doors and windows were kept shut, additional clothes were put upon the bed, and the patients were kept in such a state of heat and excitement, and so much exhaustion was produced, that purgatives became really hazardous. Moderate purgatives, however, are all that are requisite. You must carefully open the windows and doors, according to the season of the year, and let the patient be but lightly covered. This patient was at first washed several times a day with cold water, and afterwards with tepid water. There is no objection to the application of cold affusion, if you ascertain that the temperature is steadily above  $98^{\circ}$ , or, indeed, if the patient merely says he is hot. By merely cold water you will induce perspiration better than by other means, and you will sometimes, it is said, cut short the disease altogether. It is not, however, an object to cut short the disease, because if you so put an end to it, the patient will most likely have it at another time, and as the disease is begun he may as well go through it: the object is to lessen, rather than remove it. But whether you use cold affusion, or cold ablation, or tepid affusion, or tepid ablation, you will find that the practice is exceedingly beneficial. I never omit the use of water, if the patient feel hot, and be not in a profuse sweat. I do not use cold affusion, because I find cold, or tepid, ablation answer the purpose; but in every case of this disease, where the heat is above the natural standard, I have the patient washed several times a-day, as long as the heat continues, with either cold or warm water, whichever he prefers. I never yet lost a case of this disease.

It is to be regretted that the French do not seem yet to know the value of cold water in fever. M. Rayer, whose work on cutaneous diseases, coming after Willan's, and founded to a great extent upon it, is altogether a far better and more copious work, says that the application of cold water to the surface is too much extolled by the English, and that we should not go beyond wetting the epigastrium. Yet he acknowledges that he has *never* dared to employ it as directed by Currie, Withering, Bateman, and others. I know that it is not at all too much extolled; and the comfort of cold ablation, to say nothing more of it, is indescribable. It is our neighbours' fancy that it may produce anasarca. It might, if employed when unnecessary, that is, when the skin is not hot and dry, and anasarca generally follows this disease when the patient has been improperly exposed to cold, and especially to cold and wet; but so absurd a misapplication of

a remedy is no argument against it. No remedy is really a remedy, but when well-timed; *nullum datur remedium quin solo tempestivo usu tale fiat*. I have seen incalculable good from cold and tepid ablu-tion, but never the slightest harm.

Abstinence from food is of the greatest importance: you should give nothing but tea, barley-water, and similar diluents. Bleeding generally, and particularly locally, from the head, throat, chest, or abdomen, is sometimes required. When the throat is affected, you will find that one of the most useful applications is the chloride of soda or lime. This was used in the present instance around the bed; but you will find it one of the most serviceable gargles that you can employ. You must remember, however, that children cannot gargle the throat, and sometimes adults are in such a state that gargling is out of the question; in such cases you must apply it by means of a syringe, squirting it all over the mouth and fauces: this should be done every hour or two: the solution should be diluted, so as not to produce pain; I have continually employed it for the last two or three years, and certainly with the most beneficial effect. It comforts the patient; it causes the ulcerations to assume a healthy appearance, and throws off the sloughs. It is of great use also to employ the chloride of soda or lime about the bed; but the latter generally is used for these external purposes. It would appear that the chlorides of lime and soda have a tendency to destroy contagion, and on this account I sprinkle one of them upon the bed-clothes, have it thrown upon the removed linen, place it in saucers around the bed, and introduce it into the vessels which are used by the patient for the purposes of nature. Were it only to lessen fevor, its use in every sick room in the latter mode is a great comfort. I adopted the practice in this case because I knew that this was an infection which is particularly apt to spread, and because so many children are always in the hospital. I recollect the circumstance of a patient being admitted into a ward with scarlet fever, and children and young men in that ward, for nearly two years afterwards, were continually seized with scarlet fever, notwithstanding the hospital is thoroughly whitewashed and cleaned once a year. Where malignant symptoms come on, it may be necessary to use the treatment that is adopted for typhus fever. But it is frequently necessary to apply leeches in this form of the disease, on account of local internal inflammation. There is, however, another thing to be remembered in connexion with this affection, namely, that after it has gone through its stages, the patient is very liable to dropsy. It is a singular circumstance, but one well-established,

ed, that after scarlet fever, children are apt to become anasarcaous; nay, sometimes more than anasarcaous; to have effusion into the head, chest, or abdomen. I believe this occurrence takes place much more frequently in winter and in cold damp weather, than at any other time. Hence, allow me to repeat, that however proper cold affusion, or cold ablu-tion, may be, when the temperature is above the natural standard, yet, when the heat is not above the natural point, and after the disease is over, there would be the greatest danger, no less than perfect inutility, in their application. I believe the dropsy that occurs after this disease is almost always of an inflammatory nature—that there is either a general inflammatory state, or a local inflammation. As in other inflammatory dropsy, the face is affected at the very first. I believe that when effusion occurs in the chest there is inflammation or sub-inflammation of the pleura; and so with respect to the abdomen, there is peritonitis; and with respect to the head, arachnitis; or at least the state of these parts is inflammatory. I believe that this dropsy is best treated by purgatives, and by leeches applied to the parts in which it particularly occurs, whether the head, the chest, or the abdomen. If there be hydrocephalus, or ascites, or hydrothorax, or if there be not—in all cases purgatives are the best remedies, adopting local bleeding if you find local dropsy, and having recourse in intense cases to bleeding from the arm. It is said that digitalis answers a good purpose, that it controls the pulse, that it excites the secretion of urine, and that it lessens the inflammation altogether. Many cases do well with slight or even without any treatment; but I believe the best general rule is to treat the disease in the first instance, if this be not counter-indicated, on the anti-inflammatory plan.

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ON THE USE OF  
THE STETHOSCOPE  
FOR THE DETECTION OF  
PREGNANCY, A FÆTUS IN UTERO, &c.

By DAVID C. E. NAGLE, A.M., M.B.,  
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“Ου χρεῖ παννυχιον εἶδεν βουλευφορον  
ανδρα,  
ὃ λαοι τ' ἐπιτετραφαται, και τοσσα  
μεμηλε.”

—

“It had never occurred to me (said the illustrious Laennec) to apply auscultation to the phenomena of gestation. For this happy idea we are indebted to Dr. Kergaradec,

who obtained by it two results, which may now be considered as the most certain signs of pregnancy, namely, the pulsations of the fetal heart, and the simple blowing pulsation (*battement simple avec soufflet*), or placenta sound."

It may, perhaps, be considered presumption in me to differ in opinion from authority so weighty and influential with medical men as that which is supported by the names of Laennec and Kergaradec. But when I venture before the profession with views that, to many of its members, may appear both novel and untenable, I hope they will extend to me all the indulgence which should be awarded to one who really has no object in view but the advantage which may arise from a fair and candid examination of opinions and doctrines which appear to him to be erroneous. With much reluctance, indeed, should I attempt dissenting from any opinion offered by the talented Laennec, as the result of his *own* observation and experience; but when I reflect that, in midwifery at least, he must necessarily have had but a very limited experience, I feel sufficient justification for not fully coinciding with the inferences which he drew from Kergaradec's researches.

In a paper which I laid before the public in a late Number of *THE LANCET*, I considered auscultation to furnish us with the most and the only unequivocal sign of pregnancy, in so far as it enables us to hear the pulsations of the fetal heart, from the moment that it begins to act with any degree of energy; but I must be pardoned if I withhold my assent to the importance of the other phenomenon laid down by Kergaradec as a sure sign of utero-gestation. I perceive, with regret, indeed, that in the "*Dublin Medical Transactions*," lately published, Dr. Ferguson concurs in opinion with Kergaradec, that the "*placental bruit*," as the former designates it, should be considered as "*infallible evidence of a fœtus in utero*;" and opposed as I am to such physicians as Laennec and Kergaradec, I hope my young and intelligent countryman, who himself admits that he has had but a very limited acquaintance with midwifery cases, will pardon me for a disagreement in opinion with him too, when I submit that we are not justified in placing any reliance on what is usually denominated the "*placental soufflet*," as an unequivocal sign of impregnation. In justification of this assertion, I trust I shall succeed in laying before the profession sufficient proofs and the most convincing facts.

During my attendance at the excellent Meath Hospital, I endeavoured by much industry and minute attention to the diseases of the chest, to familiarize my ear to the nicest distinction of the rôles and sounds

afforded by disease. Prepared as I must thus have been for the detection of the stethoscopic phenomena presented by gestation, I entered, from my very commencement at the Lying-in Hospital, on the investigation and analysis of those phenomena. The result of some of my inquiries I shall now endeavour to submit to the profession.

I have already stated that the simple blowing arterial murmur, designated by some "*placental soufflet*," heard in the advanced stages of utero-gestation, should not be considered as an unquestionable sign of impregnation, and I trust I shall show by most satisfactory proofs that it is wrongly denominated *placental*, the placenta in my mind having nothing to do with its production. The contrary opinion I know is confidently maintained in a paper published in the last volume (5th) of the "*Dublin Hospital Reports*," by Dr. Kennedy, for whose understanding and industry I entertain so much respect, that I should be sorry even to insinuate that in his hands the stethoscope should be considered as an "*inutile lignum*."

In the appendix to Laennec by Forbes, 2d edit., p. 703, it is stated that "*the bellows sound*" is usually heard "*on the side opposite to that on which the fœtal pulsation is perceived; but this is by no means constant*." The latter part of this extract is, I humbly submit, the only portion of it deserving our attention; for in some hundreds of cases in which I carefully examined this phenomenon, I have, in ninety-nine instances out of every hundred, heard it as well on the one side as on the other in the same patient. It may, I admit, be masked on one side in some degree by the pulsations of the fetal heart; but an acute and practised ear will experience no great difficulty in detecting it even then. The great and unusual difficulty is, to find a case where it is really confined to one side. Whenever I happened to meet with any want of facility in detecting this sound during the day-time, I returned to the examination in the stillness of night, and generally heard it without much trouble, noting carefully that it was not that which proceeded from the opposite side.

When the patient is placed in the recumbent posture, with only a sheet interposed between the sternal extremity of the stethoscope and the abdomen, the auscultator will in most cases detect the soufflet at a point midway between the umbilicus and the superior anterior spinous process of the ilium, but not unfrequently closer to the latter. It often extends from this point towards the middle of Poupart's ligament, the loudness of the murmur in many cases increasing in a very marked degree as we descend; yet it not rarely assumes near the

gament a sharper character. From the same point it can often be traced upward and forward towards the mesial line, in the course, as it were, of the *trunk* of the *lateral* uterine arteries, which, it must be remembered, is enormously enlarged in the advanced stages of gestation. Thus then, in most cases, the soufflet can be traced from the middle of Poupart's ligament to a point midway between the scrobiculus cordis and the centre of a line extending from the anterior superior spinous process of the ilium to the umbilicus; and, in general, it is at the same time audible on both sides. Of this I have had indeed many satisfactory proofs; for instance, in the first of the twin cases recorded in No. 376 of THE LANCET, in which case, while examining the patient, I pointed out the fact to Dr. Kennedy. To this circumstance respecting the sound I must beg leave to direct attention, while from the nature of the soufflet, and the extent of surface over which it could be heard, I endeavour to draw an argument against Dr. Kennedy's theory, that "the placental soufflet is heard indifferently over the abdomen," and that "it depends on the transmission of blood through the arteries of that part of the uterus to which the placenta is attached."

It will be recollected that in the above case of twins I stated that there was but *one* placenta. The patient having died, this was found to have been attached to the upper part of the fundus of the uterus, which, I also stated, was more than usually distended previous to delivery. Now, if the soufflet be owing to the attachment of the placenta in a case where it was thus affixed, it is very improbable that the soufflet could extend equally on both sides all the way down to the middle of Poupart's ligament, without gradually decreasing as we, in the descent of the cylinder, receded from the radiant point. Besides, when the cylinder was moved across any part of the abdomen from one side to the other, the soufflet could not be detected to extend *uninterruptedly*, even at the upper part of the uterus, as we might reasonably expect it to do, particularly when it was traceable down even to Poupart's ligament. We must therefore account upon other principles for the occurrence of the sound on both sides. Dr. Kennedy's expression, "heard indifferently," is so equivocal, that I am at a loss to determine the precise sense in which he meant to use it. If he means to imply, as I believe he does, that the sound can be heard, no matter what part of the abdomen we examine for it, the above case, and many others, will be directly opposed to him. In numerous cases I found the soufflet distinctly audible for a few square inches between the superior anterior spinous process

of the ilium and the umbilicus, but often approaching close to the latter, and it was even then quite perceptible in both iliac fossæ also. The question for us to determine in a case of this kind is, whether the sound on the opposite side is the effect of radiations from that part where the placenta *might* be supposed to have its attachment. Now the placenta was placed on that part, or it was not. If the placenta was placed on that spot, and thus gave rise to the soufflet on both sides, we might reasonably expect that this soufflet would radiate from one side to the other across the *anterior* surface of the uterus where the space must be narrower, rather than across the *posterior* wall where the greatest extension of the uterus is known to take place. Yet in no case was I ever able to trace it across the anterior surface of the abdominal parietes in an uninterrupted course, or even to detect it under the mesial line, except when it proceeded from the epigastric arteries, from which it can, in such a case, be easily proved to arise. But if the placenta was not situated on that part of the side of the uterus over which the murmur was so audibly heard, it will follow as a necessary consequence, that the murmur *there* must have originated in some other cause, an admission that would be fatal to Dr. Kennedy's theory, and the practical inferences he deduces from it. Now the cause of the murmur existing almost *invariably* in this spot, may, I conceive, be found greatly, nay chiefly, owing to the fact mentioned in his own paper, p. 239, that "in the neighbourhood of the ligaments, at the lateral parts of the uterus, we shall also find a *more full distribution of vessels*, even when the placenta is not attached to this part, as the principal vessels which connect the uterus with the maternal system pass into it *here*." To this fact I beg particular attention, as it is calculated very much to facilitate the settlement of the disputed question respecting the *site* of the murmur, and, consequently, whether, as we shall have occasion to discuss hereafter, the discreet and guarded practitioner would, without any other sign, be warranted by any change in the quality of that murmur alone, to pronounce on the life or death of a fœtus in utero.

Another position of Dr. Kennedy is, that when the soufflet is heard over the whole uterus, the placenta is then attached to the anterior wall of the organ. It will be easy, I think, to prove that this inference is unfairly deduced. In such a case the soufflet would be more distinctly audible, in proportion as we approached in our examination to the point of insertion, whereas the contrary is the fact; for the more we recede from the mesial line towards the iliac fossæ, the clearer, as far as my experience at least

warrants the assertion, does the murmur invariably become. Now let me suppose that the placenta is situated under the mesial line, what should we expect? Why, that the soufflet would be most distinctly audible over a space coinciding with the diameter of the placenta, and become fainter and fainter as we receded from that point of radiation. But I have already shown that the contrary is the fact. The same mode of reasoning will apply if the placenta be situated on the fundus of the uterus, for the murmur is generally heard louder at a point which is nearer to the pubes than to the fundus of a distended uterus.

In order to meet some assertions of the French writers, it will be necessary to refer to page 703-4 of Laennec. There he says, "What seems to me most probable is, that the sound in question exists in the chief artery distributed to the placenta," and then alludes to a communication made to him by Dr. Ollivry, who is represented to have expressed himself to the following effect:—"The point where I had previously heard the blowing pulsations, corresponded exactly with the point in which the placenta was implanted;" and again; "A proof that the cause is what you have stated, is found in the fact that the sound ceases the very moment the umbilical chord is cut." In his opinion a very triumphant, but in mine "a very lame and impotent, conclusion." As Laennec has himself successfully ridiculed the "*post hoc, ergo propter hoc*" mode of argument, perhaps I shall be fortunate enough to meet forgiveness from some of those distinguished men whose doctrines I am thus presuming to impugn, if I submit that Ollivry's "*prope hoc, ergo propter hoc*" is equally inconclusive. The admirers of Drs. Laennec, Kergaradec, Ollivry, Ferguson, and Kennedy, will be startled, perhaps, when I assert that the "self-same" identical description of murmur or soufflet, which usually occurs in the advanced stages of pregnancy, is distinctly presented to the ear, when there is no fetal circulation at all going on—where there is or has been *no placenta*! And now for the proofs.

In the first place I shall venture to assert, that the fetal circulation has nothing to do in the production of the murmur in question; that it can and does exist with its characters unaltered, even when that circulation is destroyed, no matter for what length of time; and therefore that we are to attach no importance either to the soufflet, as an infallible test of gestation, or to Ollivry's assertion, that "the murmur ceases the very moment the chord is cut." I could adduce many cases in support of my assertion, but the following will, I hope, appear sufficiently decisive.

On the 27th ultimo, a patient was admit-

ted into the Lying-in Hospital with abortion threatening, in consequence of ill usage received about three weeks previous. My acute and intelligent friend, Surgeon R. Robinson, was engaged in examining, with the stethoscope, this woman when I entered the ward. He expressed a wish that I should examine the case, observing to me, that he could not hear the fetal heart, but could distinctly perceive, in the right iliac fossa, a murmur *prolonged*, and not by any means "*abrupt*;" "but if I am (said he) to be influenced in my diagnosis by the theory of Dr. Kennedy (the truth of which he knew me all along to deny in the most decided terms), I must, from the distinctness and prolonged nature of the murmur, conclude that the fetal circulation is still going on." I examined the patient, could detect no fetal pulsation, but heard, on the right side, the murmur as described; it was also audible in the left iliac fossa, but weaker than on the opposite side. Convinced that by this case too I should be furnished with a powerful argument against Ollivry and against Dr. Kennedy's theory, respecting the quality of the murmur being a test indicative of the life or death of a fetus in utero, I remained in the ward until about four o'clock that day, at which hour the patient was delivered of a fetus, very small, dead, and so putrid, that not only had the funis been divided, as it would appear, for some considerable time previously, but, as it was a breech presentation and the parts in a very undilated state, I had considerable difficulty during the extraction of the fetus to prevent its limbs from falling asunder. The patient was in about the seventh month of her pregnancy; had received, about *three weeks* before her delivery, an injury on the side (after which occurrence she did not feel the fetus to move in utero), and the suspicion of its having been three weeks dead was fully justified by its excessive putridity. It is important to observe, that the placenta, in this case, was very much impoverished, and its diameter not greater than that of the palm of an adult's hand. This case, then, proves, not only that the murmur is quite independent of the fetal circulation, but that persons, unaccustomed to accurate stethoscopic observations, would, if influenced by Dr. Kennedy's theory respecting the *quality* of the soufflet affording a sure indication of the life or death of a fetus in utero, be liable to fall into very serious and egregious errors, as, from the practical importance of the fact, I shall have to prove more fully in the subsequent part of this paper.

I shall now proceed in my endeavours to show, that the presence of a placenta is not necessary for the production of a murmur, such as we ordinarily hear in the advanced stages of gestation; and that we can detect

It, as in certain cases of disease, when there is, or has been, no placenta at all. Here I am perfectly at issue with Drs. Ferguson and Kennedy, who assume that the soufflet should be considered as a test of pregnancy. As subversive of such dangerous theory, I am happy to have it in my power to instance the following case, which Dr. Montgomery, Professor of Midwifery to the King and Queen's College of Physicians in Ireland, did me the favour of taking me to examine on the 18th inst., at Sir P. Dunn's Hospital, into which the patient, Ellen Corrigan, aged 40, was admitted about three months before. She had had but one child, now twelve years old, after whose birth the catamenia continued regular until about four years ago, when she was attacked with fever, after which they began to exhibit some irregularity in their quality and the period of recurrence. Immediately after the fever, she began to suffer from weakness and sickness of the stomach which lasted six months, when, for the first time, she observed in the left iliac fossa a tumour, a hen's egg in size. This tumour repeatedly produced a lancinating pain that would frequently dart across the abdomen to the opposite side, to which, with a convulsive effort, she would apply the hand to arrest as it were the pain, and grasp the tumour that, she fancied, had shot across from its usual situation. The menses, she states, continue pretty regular and natural; the tumour is subject to great variety in size, and at present exhibits many of the characters observable on the abdomen of a woman in the seventh month of her pregnancy, and indeed the female has often been suspected of being pregnant. The *right* lower extremity is frequently more swollen than the left, and the veins are described to have been in a very enlarged condition. Such is the case I had to examine for the "placental soufflet" of authors; and in the right iliac fossa I detected, in the presence of Dr. Montgomery, an intense and lengthened murmur, which he also heard, and which, when the patient lay in the horizontal posture, I found to proceed from a point near the anterior superior spinous process of the ilium, upward and forward, towards the mesial line, as in cases of pregnancy. I then made the patient turn quite on the right side, so as to lessen, as far as can be done, the pressure on the left iliac vessels; yet the sound could be heard here, even in such a posture, without any material change in its character; so in like manner did I examine the right side, where the soufflet was invariably more intense than on the left. When she got into the erect posture, the murmur continued unaltered on the right, but became a little weaker on the left side. It is unnecessary to say that I examined with particular care this case, so

interesting, as far as the stethoscope, at least, is concerned. It was mentioned that the right lower extremity was far more swollen than the left, and that the murmur on the right side was louder than on the left. To a reflecting mind may it not appear, that these two circumstances might bear the relation of cause and effect to one and the same thing—increased pressure on the right iliac vessels, and, by a necessary consequence, an obstruction to the free transmission of blood through them?

To an unprejudiced person I would put the case thus. If the soufflet in question is to be considered an *infallible* proof of pregnancy, it can exist only where there is or has been a *placenta*. But I may be permitted to hope that the above case, of nearly four years' standing, fully justifies the belief, that we can have this murmur when there is no placenta. I therefore respectfully submit, that we should no longer deem it an infallible test of utero-gestation. Again; if the murmur depend on the presence of a placenta, it is only fair to infer, that its intensity, and the extent of surface over which it can be heard, ought to be in proportion to the size of the placenta; but I shall show that this proportion does not exist, and therefore the conclusion to which we ought to come must strike every unbiassed mind. First; in the second of the twin cases, which I lately laid before the profession, there were *two* placentæ, each of the ordinary size; yet I could not, by the most minute examination, detect, previous to birth, any alteration in the character of the soufflet. Again; on the 17th of September last, a female was delivered in the hospital of a healthy fœtus, whose umbilical chord, of the ordinary size and length, bifurcated within three inches of its termination in the placenta, and each branch was inserted into a distinct placenta of the usual size and consistence; yet, even in this remarkable case, there was no unusual variety observable in the nature of the murmur. Thirdly, in the case where, as I mentioned, there was a very small and impoverished placenta, Mr. Robinson and I detected a loud and lengthened murmur.

Having thus far endeavoured, for the sake of truth, to combat the ingenious theory of Dr. Kennedy, Ollivry, and others, I feel that I cannot, with propriety, decline offering some observations respecting my own opinion about the *site* of the murmur; this I shall venture to do, and shall take it as a particular favour, if I am in error, that my mistake should be rectified by some more experienced and more intelligent member of the profession. In the opinion which I am induced to adopt, I have many to agree with me; and I own it is to me both flattering and encouraging to find, that my

view fully coincides with that of a highly respectable fellow of the King and Queen's College of Physicians in Ireland, my very talented and very estimable friend Dr. Clinton.

[We defer to a subsequent Number the remainder of Dr. Nagle's observations.—*Ed. L.*]

#### SPONTANEOUS EVOLUTION.

##### *To the Editor of THE LANCET.*

SIR,—I entreat Mr. Cooper to believe that I disclaim every-thing resembling a doubt of his veracity, or disapprobation of his treatment of the cases recorded in a late number of *THE LANCET*. In my observations on his cases, I purpose nothing more than to suggest the necessity of the utmost caution in following his example, under peculiar circumstances. With the exception of Drs. Kelly and Denman, it has been admitted by all writers on the species of labour incorrectly described as "spontaneous evolution," that the popular notion of the arm's retrocession, and the conversion of the case into a breech presentation, is erroneous. Of the first-named gentleman it is necessary to remark that his belief is merely an opinion, apparently unsupported by the actual observation of such cases. Dr. Denman thought the arm ascended into the uterus; and I believe Mr. Burns of Glasgow held the same opinion. This misapprehension was first corrected in this country by Dr. Douglass of Dublin, who had been preceded in the relation of one case by Herder of Weimar. Professor Boer of Vienna gives an account of one in which the arm receded, but he was not certain that it returned into the uterus: in this instance Dr. Gooch believed that the position was not of the kind supposed, but that it was a breech presentation with the accidental descent of the hand into the vagina—an opinion which is strengthened by the circumstance of Boer not having felt the side of the child previous to the descent of the breech. It is stated by Professors D. Davis, Drs. Gooch, Douglass, and Herder, and confirmed by other practitioners (among whom I offer my humble testimony of two examples), that the arm is protruded from the shoulder; the side of the thorax is presenting and is protruded through the os externum before the breech, which, with the lower extremities, follow, and which are followed by, the head and the remaining arm. Dr. Douglass also mentions that although the descent is laterally until the nates arrive, "there is a twist made about the centre of the curve at the lumbar vertebræ, when

both buttocks, instead of the side of one of them, are thrown against the perineum, and immediately after, the breech issues forth, the upper and back part of it appearing first, as if the back of the child had originally formed the convex, and its belly the concave, sides of the curve."

Mr. Cooper's cases are most remarkable exceptions to what, on all the testimony we are at present possessed of, is certainly the general rule; and with the greatest respect and diffidence I suggest the inquiry whether he might not have witnessed parallels to Boer's case? If from irritation, fever, and all the other first consequences of great excitement, accompanied by rigidity of the parts concerned in the process, the patient be suffering, then Mr. Cooper's would be the indispensable remedies: indeed they are not only indicated in such cases, but ought oftener to precede protracted obstetric operations, especially turning, than they do. But it may be worth while to inquire how often, even with the advantage of this treatment, it may be good, in cases where the supposed evolution is expected, to consign the patient to the result of time, and the efforts of nature. When the child is small, the pelvis capacious, the mother in good health, and has previously borne children, efficient pains may be relied on, and the majority of such cases will terminate favourably without the interference of art, and with only the loss of the child. Not so, however, when the contrary of one, or all, of these conditions be found.

At the time that this variety of difficult parturition attracted the attention of the profession, instrumental midwifery had not received those valuable accessions which it since has, especially at the hands of Dr. D. Davis: at that time the, mis-called, spontaneous evolution was looked for as the most desirable event; and instrumental intervention was regarded as an evil of greater magnitude. With our present improved means of relieving such cases, I presume to think that the instances in which the termination by the supposed evolution will be preferred, are exceedingly few. It should be remembered that the children are already dead, or their loss is inevitable, and that when all hope of changing the position is lost, the next best thing to be done, is to complete the process as speedily as may be consistent with safety to the soft parts of the mother. The certainty of the ultimate ability of Nature to complete the delivery is not a sufficient reason for confiding in her; in very few cases would she be absolutely incompetent to the performance of the task; but it is well known that many may be more safely relieved by art than intrusted to her resources. Such do I conceive are a large proportion of the cases described as terminat-

ing by spontaneous evolution. When they occur at the full period of gestation, and all endeavours to alter the position are fruitless, what are the certain evils and probable risks to be incurred previously to the birth of the child? First, its death; secondly, very considerable, and often injurious, pressure on the contents of the pelvic cavity; thirdly, great diminution and derangement of the vital powers, and the probability of their ulterior disturbance, if not their entire exhaustion. What is a more obvious mode, or a better, of averting these consequences, than delivering the child, which may be done by separating the head, when easily accessible (which it is not always equally); or by perforating the presenting part, and (if necessary in consequence of inordinate bulk, eviscerating) fixing a crotchet on the spinal column, and then extracting it with the same caution which is required in forceps operations?

In offering these opinions I earnestly deprecate any imputation of advocating unnecessary and mutilating manipulations, and hope that should they be commented on by any of your correspondents, they will do me the favour to bear this disclaimer in mind, and thus supersede the necessity for my vindication being sought else than a justification.

I am, Sir,

Your faithful servant,

WILLIAM AUGUSTUS WALFORD.

\* \* Since the above communication I have, through the kindness of Mr. Dore, an experienced surgeon of Marchmont Street, had an opportunity of witnessing a novel variety of labour, usually and incorrectly denominated spontaneous evolution. I record it, not so much that it is in itself highly interesting, but rather that it is an additional disproof of the fallacy, that when shoulder presentations do not admit of turning, they frequently terminate by a spontaneous evolution of the child, and the case becomes converted into one of breech or foot presentation.

When I saw the patient, she had been in labour some hours; the os uteri was fully dilated, the liquor amnii discharged, and the uterus strongly contracting round the body of the child, whose arm protruded from the shoulder, while the right side of the thorax engaged with the superior aperture of the pelvis. As she had borne several children, had a capacious pelvis, was tolerably well in health, and had just entered the eighth month of her pregnancy, it was deemed expedient to trust the labour to the efforts of nature; the event justified the treatment, for the process was completed within a very short time. I did not witness its termination, but I am indebted to the politeness of Mr. Dore for the following de-

scription:—"The arm did not recede; the right side of the thorax came first, with the head doubled on the left side, and closely jammed against it; then followed the breech and inferior extremities." This case affords another proof of the incorrectness of Dr. Denman's doctrine of spontaneous evolution; and also of Dr. Kelly's error in asserting the resiliency of the child's arm at the termination of a pain; for during the short and ineffectual attempt which I made to turn, which was rendered fruitless by the frequent recurrence of the pains, I carefully noticed, that the positive position of the child was not altered on their subsidence.

The occurrence of this case at the present juncture, occasions a curious speculation in my mind, as to the influence of the "crown-er's quest law" on obstetric operations. We have lately heard the most atrocious slaughter described by a non-medical coroner as a mere mishap; and still more recently have seen a verdict, complimenting the perpetration of unnecessary and murderous dismemberment: under these circumstances it is a very natural inquiry, What would be the direction of a non-medical coroner, when the unavoidable loss of foetal life became the subject of inquiry? I shall be glad to learn from the advocates of the existing system, how a non-medical coroner could superintend an investigation where the operation of craniotomy or embryotomy had been the indispensable condition of preserving the more valuable life of the mother?

W. A. W.

#### THE LATE DR. NUTTALL.

*To the Editor of THE LANCET.*

SIR,—Having seen a letter published in THE LANCET, stating the distress of the widow and family of the late Dr. Nuttall, I herewith beg to enclose you one pound; ten shillings of which is from myself, the remainder subscribed by Messrs. Jeffery and Smyth, my pupils. The case, indeed, is a deplorable one, and I am sure cannot fail of exciting the sympathy of the profession; and depend upon it my utmost exertions will be used among my friends and patients for the relief of the unfortunate survivors. Believe me to remain, Sir,

Yours, very sincerely,

T. A. STOCKER.

Sidmouth, Dec. 8, 1830.

\* \* Received 11.



## THE LANCET.

London, Saturday, December 18, 1830.

HIS Royal Highness the Duke of SUSSEX made his first appearance in the chair of the Royal Society on Thursday evening last, and it must be confessed that the royal personage presented a very prominent figure. He was splendidly attired in a full court dress, and, in the absence of brilliant scientific attainments, was decorated with a profusion of brilliant stars. On taking the chair, his Royal Highness thanked the Fellows "for the honour they had conferred upon him, by electing him their president; and assured them, that he should constantly use his best endeavours, not only to advance the interests of science and of the Society (distinct things, certainly), but also of every individual Fellow. His *house* (he stated) was at present undergoing repair, but as soon as it was in order, it was his intention to throw it open, alternately on the forenoons and evenings of Wednesdays, for the reception of the Fellows, and also of men of science. This, he trusted, would suit the convenience of the whole of them; for those who could not do him the honour of breakfasting with him, might be able to attend from half-past eight until eleven at night. If he failed in any particular, he hoped they would not attribute it to a want of zeal in the cause. They would remember that he was young in office. He hoped, however, with the assistance of the Council, to give them general satisfaction."—The fellows appeared highly to relish this promising indication of the Royal Duke's substantial merits. His supporters are evidently not deceived in their man, and we give the Duke every credit for his own shrewd discrimination. The Duke, it appears, well understands the wants and tastes of those who so strenuously advocated his cause at the late election. His Royal

Highness is evidently of our opinion concerning the Society's *abdominal* condition, and, accordingly, means to support whatever there is left of a *head*, by devoting his special attention to the intestines. The Duke, whom we really believe to be a very worthy man, submitted (out of compliment we presume, to those members of the company of "shavers" to whom he was partly indebted for his new dignity), on the morning of the day on which he first attended, to the removal of the sable ornament of his upper lip; in a word, his mustaches had yielded to the unrelenting edge of the razor,—but we understand that, on *this* occasion, Mr. PETTIGREW did not operate.

His Royal Highness, on taking the Chair, did not seem very much at ease. In truth, from his manner one would suppose that in obtaining his present anchorage he had experienced a somewhat perplexing voyage. At all events, it is possible that the contemplated chance of a wreck had disturbed the serenity of his mind, for on admitting a gentleman as a fellow, he congratulated him on his introduction to the "Nautical" \* Society.

THE following is a correspondent's corrected list of the Gentlemen who openly supported Mr. Herschel at the late election.

" C. Babbage.	W. F. Chambers, <i>Fell. of Coll. of Phys.</i>
F. Baily.	S. H. Christie.
P. Barlow.	H. Coddington.
E. Barnard.	H. T. Colebrooke.
F. Beaufort.	J. Corrie.
C. Bell, <i>Surgeon.</i>	J. Cumming.
T. Bell, <i>Surgeon.</i>	E. R. Daniell.
J. Bell.	J. F. Daniell.
J. E. Bichenor.	M. Davy, <i>M.D.</i>
D. Brewster.	G. Dollond.
T. M. Brisbane.	G. Duckett.
W. J. Broderip.	J. Elliotson, <i>Fell. of Coll. of Phys.</i>
B. C. Brodie, <i>Surg.</i>	H. Ellis.
E. F. Bromhead.	W. H. Fitton, <i>Fell. of Coll. of Phys.</i>
E. J. Brooke.	E. Forster.
R. Brown.	J. H. Green, <i>Surg.</i>
M. J. Brunel.	
J. K. Brunel.	
T. Cotton.	

\* Query "notable."—*Prim. Dev.*

G. B. Greenkough.	W. Prout, <i>Fell. of Coll. of Phys.</i>
H. Hallam.	T. Rackel.
G. Harvey.	G. Reunnie.
W. Henry, <i>M.D.</i>	J. Rennie.
H. Hennel, <i>Apothecaries' Hall.</i>	G. P. Scrope.
H. Holland, <i>Fell. of Coll. of Phys.</i>	A. Sedgwick.
L. Horner.	R. Sheepshanks.
T. Horsfield, <i>M.D.</i>	S. Solly.
H. Kater.	R. H. Solly.
H. B. Ker.	S. R. Solly.
P. P. King.	W. Somerville, <i>M.D.</i>
J. G. Shaw Lefevre.	C. Stokes.
J. Lindley.	E. Troughton.
J. A. Lloyd.	C. H. Turner.
J. W. Lubbock.	E. Turner, <i>M.D.</i>
C. Lyel.	J. Vetch.
C. Mackenzie, <i>M.D.</i>	J. R. Vivian.
G. Mantel, <i>Surgeon.</i>	R. W. Vivyan.
H. Mayo, <i>Surgeon.</i>	N. Wallich, <i>M.D.</i>
R. J. Murchison.	H. Warburton.
W. Nichol, <i>M.D.</i>	W. Whewell.
W. H. Pepsy.	R. Willis.
	A. L. Wollaston, <i>M.B.</i>

THERE stands before us a pile of letters, all couched in terms of indignation and abhorrence, on the subject of the operation\* performed the other day at St. Bartholomew's by Mr. HENRY EARLE. Many correspondents, who neither sign their names, nor give us any means of knowing who they are, demand that we should insert their communications. Upon what grounds do they require that *we* should incur a responsibility from which they themselves are the first to shrink? It must be recollected, that, on another occasion, the publication of the TRUTH, cost us nearly ONE THOUSAND POUNDS. But, faithful in the discharge of our duty to the public, we have *again* published the truth,—that is, an unimpeachable report of what we deemed to have been a ———, no! there is no choice of adjectives here; ——— operation. Mr. EARLE certainly deserves no lenity at our hands, and after the dimensions to which he was reduced in the “overtures” and “professions” affair, in November, 1829, he cannot be a person towards whom one

is disposed to entertain even feelings of resentment. He is too small an object to be retained upon the tablet of the memory. The details of the operation are so painfully impressive and characteristic, that a commentary upon their peculiarities could only weaken the effect which a mere perusal of them must and ought to produce, upon the mind of every sensible and humane person. But we may venture to inquire, *en passant*, whether, if Mr. EARLE had performed such an operation in the private residence of either of the governors, he would ever be permitted to operate there again; and if not, upon what principle is Mr. EARLE retained in his office in the hospital? The mal-administration of the affairs of these institutions has become an evil of vast magnitude, and an effectual reform cannot, we fear, be wholly obtained through the pages of a medical journal.

We cannot dismiss this subject without calling the attention of the profession to the inquest which was held upon the body of the unfortunate child. It was thus briefly reported in *The Morning Chronicle* of the 8th inst. :—

“FATAL CONJURING TRICK.—An inquest was held yesterday at St. Bartholomew's Hospital, on the body of THOMAS BRADY, aged seven years. It appeared that the deceased and some other boys at school, were ‘playing the conjuror,’ which they did by putting nails into their ears, and pretending to draw them out at the nose. A nail was at length forced into the deceased's ear, which penetrated through the drum, and lodged in the cavity. The nail was ultimately withdrawn at the hospital; but the boy became insensible, and expired on Monday, from inflammation on the brain.—Verdict, ‘*Accidental Death.*’”

Thus the attendance of HENRY EARLE himself was not required by the wise non-medical judge! When, O when, will the proceedings of this court be regulated by the sound and just principles of common sense? If JOHN LONG, the felon, had performed the operation instead of HENRY EARLE, what would have been the verdict of the jury, and what would have been said

\* Reported at page 380 of our last Number.

by the profession? Answer *that question*, reader.

AFTER the above notice was written, we received the following letter, which we readily insert, because the writer thinks that it contains some palliation of Mr. EARLE's conduct. No other communication in his favour has reached us.

*To the Editor of THE LANCET.*

SIR,—I have just read in the last Number of your valuable Journal a very *partial* account\* of an operation for extracting a nail from a boy's ear, followed by a case of strangulated rupture, with some remarks made by Mr. EARLE. In common justice to that gentleman, who at all times evinces so much candour and openness in his conduct towards the pupils, and so much zeal to promote their interests and the cause of truth, I think it right to state, that after the operation Mr. EARLE expressed himself, as nearly as I can recollect, in these words:—"I regret that I have persevered so long in this case, as I am now persuaded that what I took for a foreign body, and which afforded so much resistance, was a portion of bare bone denuded by the repeated attempts to extract the nail, and the suppuration which followed. The head of the nail, which I did extract in fragments, was situated under this projecting portion of bare bone. On introducing my finger at the opening made by Mr. VINCENT, I distinctly felt that the floor of the meatus was destroyed, and thought that I could trace the head and body of the nail, which felt to me curved; but in this I must have been deceived by the denuded state of the bone, which conveyed the impression of a hard foreign body. Having removed the head of the nail, I was induced to persevere, which I now much regret." This, Sir, was the candid acknowledgment of Mr. EARLE. Compare this with the attempt of Mr. ——— to deceive the pupils and hide his failure, by telling them "there was an hour-glass contraction of the bladder" (vide his case of lithotomy). It is right to remark, that many attempts had been made before Mr. EARLE saw the case, who was only consulted because *symptoms of affection of the brain had commenced*. With respect to the case of rupture, your reporter has omitted to mention that Mr. EARLE expressly stated he took that opportunity of impressing on the minds of those present the danger of delay. He said he was aware he had expressed himself strongly, but after witnessing such consequences he could not but feel strongly, and it was for

the benefit of those present that he urged the danger and impropriety of delay.

I trust you will admit these few lines, in justice to a gentleman who, if he has been severely just in commenting on the conduct of another, has shown no wish to favour himself when in error. Yours,

A LOVER OF CANDOUR.

Dec. 16.

*Ecce iterum, crispinus!*—WILLIAM BAKER, Coroner! The following report of an inquest which was held under the Presidency of this very learned attorney, was published in *The Times* of Wednesday se'nnight.

"Yesterday an inquest was held before Mr. BAKER, at the London Hospital, on the body of MARTIN MERTINS, an infant of 14 months of age, on suspicion of occasioning whose death by wilful burning, ELIZABETH SMITH, his late nurse, is now in custody. The facts stated yesterday in *The Times*, in the report for Worship-street, were proved at length." (On turning to the account here referred to, we found the following statements.) "Yesterday, Elizabeth Smith, about 17 years of age, was charged before Mr. Broughton, at Worship-street Police-office, with the following unparalleled cruelty to an infant, which has occasioned its death:—Ann Mertin, the mother of the infant, stated that she resided in Quaker-street, Spitalfields. She kept the prisoner to nurse her child, who was 14 months old, as she had occasion to go out to work. On Thursday morning last she went out as usual, about 8 o'clock, to her work, leaving the prisoner in care of the infant. About 6 o'clock at night the prisoner came to her and said the child was ill, and requested she would come home; she hastened home, and found the prisoner's mother in care of the infant, and who said that her daughter had met with an accident with the child. Upon taking the infant in her arms, a most horrid spectacle presented itself,—the flesh was entirely burnt off the lower part of the back and belly, and the child in the most excruciating torture. She applied such things as she was recommended to use, but the next morning it got worse, and she took it to the London Hospital, where every attention was paid to it: she was also allowed to remain with it, and it lingered until Sunday, when it expired. The surgeons and nurses of the Hospital had expressed their opinion that the child had been made to sit upon the fire, as the clothes which were produced were not even scorched. It was a fine boy, and the only one witness ever reared out of five.

\* Our report was strictly accurate.—ED. L.

The poor woman was dreadfully affected during the above narration. The prisoner in her defence said, that the child awoke about half-past 4, and she took it out of bed immediately, and held it over the ashes with its clothes up, for an occasional purpose: there was a very large fire, which blistered the flesh, when the child began to scream, and she instantly took it away: finding what had happened, she took the child to her mother's.—Mr. Broughton said, that the fire must also have blistered the prisoner's hand; he had no doubt but the child was put on the fire as a punishment for what it had done in the bed. He should remand the prisoner till Friday, to await the result of the coroner's inquest." After the above facts had been proved, "the Coroner addressed the jury, observing, that from the whole of the evidence, it appeared to him that the nurse, ELIZABETH SMITH, had, either to deter the infant from again committing some fault, or to punish it for having so done, held it to the fire, and unfortunately so long that it had received a fatal injury, but that he could not believe the girl intended to seriously injure or destroy it. That, therefore, if the jury coincided with him, they would not deem themselves justified in returning a verdict of murder or manslaughter, but one of accidental death, with some censure on the prisoner. The Jury accordingly returned a verdict of 'Accidental death, through the culpable neglect of ELIZABETH SMITH, but whose conduct does not amount to an act of criminality.'

At the late county contest, the imputation of deficiency in legal knowledge was repeatedly cast in the teeth of the advocates of a medical coroner. At the same time, it was admitted that the medical candidate had proved himself to be not altogether deficient in legal information; but in the way of comment on the alleged fitness of medical men generally for the office, there was the unceasing jeer of,—“Yes; but a man cannot be qualified unless he have a knowledge of law.” From motives which it is unnecessary to explain, we have refrained from criticising the manner in which Mr. BAKER has hitherto discharged the *legal* duties of his office, though, we must confess, that the occasions have many times been almost too tempting to be resisted. A coroner like this, may, we hope, be looked upon as a medico-legal curiosity; a fit animal for a niche in a museum, or a cage in

a menagerie. Mr. BAKER, to be sure, furnished evidence enough at the election that he was entirely innocent of being possessed of any very considerable acquaintance with the laws of his country; but, unhappily, from the position in which he is now placed, his extreme ignorance of that branch of the law which relates to the duties of coroner, is likely to have a baneful effect upon the interests of the inhabitants residing in the eastern district of the county. It is really lamentable to reflect, that an office of such vast importance, is thus, through the ignorance of its presiding officer, converted into an instrument calculated for no other purpose, than to extract money from the pockets of the freeholders and other inhabitants of MIDDLESEX. If the report which we have taken from *The Times* be correct, and of its accuracy we are assured by a gentleman who happened to be present at the inquest, Mr. BAKER is altogether ignorant of what constitutes the crime of manslaughter in the eye of the law, and we must take upon ourselves the arduous and unprofitable duty of lecturing him into some small degree of legal information,—a task which we, certainly should not have undertaken, if the work of Mr. JERVIS on the duty of coroners were not at hand to support our opinions by the weight of its authority. Satisfied, then, of the accuracy of the report, we hesitate not to inform Mr. BAKER that ELIZABETH SMITH was guilty of manslaughter, at least; and the question,—Was she not guilty of murder?—is one that would certainly be answered in the affirmative, by, we think, many able lawyers of the day.

The distinction between murder and manslaughter is this: that in the former crime there is malice; in the latter, none; but a cruel wench, who could expose an unhappy child's *nates* to the scorching effects of red-hot coals, until blisters had been raised upon the skin,\* in spite of its struggles and its

\* The gentleman before alluded to, who was present at the inquest, has stated to us that the poor little infant's *scrotum* was swollen as big as his fist, and that the parts were most horribly scorched.

cries, can scarcely be said to have acted without malice. At all events we should ourselves have held no such doctrine. If, however, the crime did not amount to murder, it was, beyond all question, a case of manslaughter, and one, too, which required that a very severe punishment should be visited on the perpetrator. If the girl scorched the child in the way of correction, even with *good* intention, it was manslaughter. This, of course, is too astounding a statement to obtain the assent of Mr. BAKER, if it be allowed to rest upon our individual *medical* authority. We shall therefore treat him to an extract from JERVIS—an authority which he will do well to consult upon all inquests of the least importance.

"If killing be done with a *dangerous* weapon likely to endanger life, or cause bodily harm, due regard being had to the strength and *age* of the party, it will be *murder*; but if with an instrument not likely to cause death, though improper for correction, it will amount to *manslaughter* only. Yet where the act is manifestly intended for a *good* purpose, and the instrument used is not such as in all probability must occasion death, due weight should be given to the nature of the provocation, even though the party be hurried to great excess. Where a father, whose son had been frequently guilty of stealing, and, complaints having been made, had often been corrected by him for it, beat his son in the heat of passion with a rope by way of chastisement for another theft with which he was charged but resolutely denied, although it was proved against him, and the son died, upon which the father expressed great horror, and was in the deepest affliction for what he had done, intending only to have punished him with such severity as to have cured him of his wickedness; it was holden to be *manslaughter only*."—*Jervis on the Office and Duty of Coroner*. 1829. p. 157.

Mr. BAKER will do well to store up these words in his memory, even if he possess not those ideas by which alone he can estimate their true value. The *literati* will soon be called upon to decide whether it be chiefly from ignorance of law, or of medicine, that attorney-coroners are most unqualified to preside at inquests.

THE following letter on the subject of the alleged improper dismissal of patients from St. Bartholomew's Hospital has been addressed to us by Mr. Wood, the house surgeon:—

To the Editor of THE LANCET.

SIR,—I beg leave to offer you a correct statement of the circumstances connected with the departure from St. Bartholomew's Hospital of the poor unfriended man, whose injuries you so deeply commiserate in this day's number of your Journal. This patient, whose name was Hugh Fletcher, came into the hospital on the 4th of November, with a chancre on the prepuce and a large sloughing hubb in the groin. The marked and rapid improvements of the symptoms, under the employment of simple means, induced the surgeon to point out the case to his pupils, as one of particular interest. There could be no question about the propriety of keeping such a patient in bed, but this confinement displeased him. I told the man, after having repeatedly found him up, that, if he would not remain in bed, he had better walk off. He departed accordingly, and the surgeon was surprised to find him absent when he made the visit the next day. So then it is true, that "on the Sunday he had been directed by the house-surgeon, Mr. —, to keep in bed;" but it is not true that "on the Monday he was deemed by the visiting surgeon a fit subject for the streets."

Now, Sir, as far as this hospital is concerned, I shall venture to add my dissent to the whole of the paragraph from which the above sentences are extracted. The medical directors, far from "often sending out at a few hours notice poor creatures, who have been for weeks bedridden and subjected to long courses of mercury," on the contrary, I say it with pleasure, often show great indulgence in this respect.

Your extra-professional readers may perhaps not all be aware that two classes of sufferers receive the benefits of this institution; the more seriously afflicted within doors, the less afflicted without. Ignorant patients often entertain the notion, that, when they once become inmates, they ought, before their discharge, to be completely cured of their maladies, supposing them to admit of a cure. But, were such a notion suffered to be carried into effect, the benefits of these charities would be considerably diminished, and the mortality of our metropolis greatly enlarged. That convalescents, who can attend as out-door patients, should give up their beds to persons who are labouring

under greater suffering and danger than themselves, can only be objected to by those who are too selfish to carry their views beyond their own immediate interest.

I shall be obliged to you to permit this letter to be inserted in your Journal; but, before concluding it, let me express the hope that you will be more careful in future of soiling its valuable pages by imputing cruelties to a body of men truly humane and respectable, and that you will not so readily shake off your wonted scepticism to give implicit confidence to the complaint of a gang of vagabonds and ingrates, who are branded with a disease, which to its many loathsome qualities is well known frequently to add one, the most disgusting of all,—that of making its professors conceal and pervert truth.

I remain, Sir,  
Your obedient servant,  
JOHN WOOD.

House Surgeon's Apartments,  
St. Bartholomew's Hospital,  
December 11, 1830.

Mr. Wood doubtless considers that the foregoing letter contains an ample refutation of the statement which we made last week concerning the improper dismissal of the patients. We cannot enjoy the satisfaction of agreeing with him in opinion. Mr. Wood acknowledges having said to the man, that he had better "walk off" if he could not keep in bed. Now the case was one of sloughing bubo, and the patient, probably, derived some benefit from taking an occasional turn in the ward. This might have been in opposition to Mr. Wood's notions of the action of the curative process, but we certainly think that the house-surgeon went too far in telling the man that he had better "walk off" for so slight a deviation from his orders. Besides, Mr. Wood would not have said as much to one of the surgeon's patients in private practice, and this should always be the rule of conduct for hospital functionaries. Let the inmates of our public medical charities be treated with the same degree of kindness as persons of the highest station, who may be visited in their own houses. The want of veracity met with in venereal patients, is a new fact which future pathologists will be grateful to the surgeons

of St. Bartholomew's, for their having been the first to notice. Mr. Wood is somewhat displeased, and calls his patients a "set of vagabonds and ingrates." If they be such a set of vagabonds, why are they deemed proper objects of charity and admitted into the hospital? The house-surgeon, probably, is not aware, that before patients are received into the institution, they obtain a petition from the steward, which is ultimately signed by a governor, representing that the petitioner is a proper object of charity, and the propriety of admitting him into the hospital, is then left to the discretion of the surgeon. When patients have been received under such circumstances, it is going rather too far to designate them as "a set of worthless vagabonds." Again, does not Mr. Wood know that this rule of petitioning is a mere matter of form? That the governors are only trustees? That the funds of the hospital are really the property of the poor, and that the surgeon is, *ipso facto*, the servant of the poor patients? That the trustees are not uncontrollable, and that the discretion of the surgeon is not checked only because the soundness of his judgment is not questioned? The surgeons ought to know, that a poor person labouring under distress and dangerous disease, can at any time procure an order for admission from the hands of the Lord Mayor; an order which, under pressing circumstances, his lordship would withhold at his peril. In a word, the hospital belongs to the diseased poor, and not to the medical officers who pocket such enormous fees for frowning at them two or three times a week.

Upon inquiring of one of the patients who paid us a visit, the reason of his unceremonious discharge, he answered, with peculiar *naïveté*, "Why, Sir, you see, God bless 'e, the surgeons have got a tur'ble number of them 'ere gentlemen pupils, who pays 'em so much a-head to see our wounds dressed, and to see us cut about; and when

we wants no more cutting and be getting a little better, we be turned out to make room for fresh ones, because, Sir, you know, the pupils won't pay if the doctors don't show 'em some work. Only t'other day, right afore us in the ward, I seed a gentleman pupil pay the doctor six or seven and twenty pounds. Bless 'e, Sir, the nurses says as how the doctors gets thousands and thousands in that 'ere way, and sartently the gentlemen pupils won't pay that 'ere money if they get *nothing* for it. Bad work's better nor none a' tall."

Shrewd as was this man, *he* evidently knew *nothing* of Lincoln's Inn Field politics.

In dismissing this subject for the present, we must express a firm hope that those patients who may be received into the hospital as fit objects of charity, will not, in future, be dismissed without a proper timely notice.

In making our observations, we have had no second purpose to serve, certainly no desire to detract from the merits of Mr. Wood, whom we believe to be zealous in the discharge of his duties; but, hospital physicians and surgeons should ever remember, that medical science ceases to be of value if it be not blended with feelings of considerate benevolence.

#### DIABETES IN HORSES.

In a late Number of the *Journal de Chimie*, M. Lassaigne gives an account of a disease in horses, which has, for the last three months, been frequently observed by the veterinary surgeons of Paris; its principal character appears to be, the evacuation of a very large quantity of urine, which sometimes amounts to about six litres per hour. The urine, having been examined by M. Lassaigne, was found to be clear, of straw-yellow colour, and very little smell; it reddened litmus paper, though but feebly, and not before some time, and consisted of

Water.....	98,0
Urea, benzoate of potash, acetate of potash, acetate of lime, chloride of soda, and free acetic acid	1,5
Mucus.....	1,5

It accordingly differs from urine of healthy horses—first, by its great quantity of water; second, the presence of free acetic acid; and third, the entire absence of carbonates. No trace of saccharine matter could be discovered in it.

#### DISCOVERY OF NERVES OF THE CORNEA.

We find it stated in a German journal, that these nerves have been lately discovered by Professor Schlemm of Berlin, according to whom they originate from the superficial branches of the ciliar nerves, and may be traced along the sclerotic, and over the orbiculus ciliaris towards the cornea, between which and the sclerotic they penetrate, and become imperceptible.

#### WESTMINSTER MEDICAL SOCIETY.

Saturday, December 4, 1830.

Dr. STEWART in the Chair.

#### PATHOLOGY OF FEVER.

Dr. SIGMOND rose and commenced by observing, that in compliance with the wishes of the Committee, he had selected the pathology of fever, as the subject to which he should call the attention of the Society, one which, at any rate, could not fail to excite an interesting discussion.

The nature of fever, from the earliest periods of medical science, has been the subject of much investigation; valuable have been the observations which have been handed down to us, and a multitude of the most intelligent men that society contains, were daily and hourly increasing our stock of information; still, it should be candidly confessed, that however perfect our treatment of fever has become by practice and observation, there is much wanting to explain satisfactorily the train of phenomena that arise. The two leading characteristics of fever, are generally acknowledged to be, an unusual state of animal heat, and an alteration in the action of circulation; and to this is added, a great depression of the sensorial powers. The first is indicated by the state of pulse, the second by the sensation of heat. The question naturally arises, What causes produce these changes? With regard to heat, the lungs, by their inhalation of oxygen, generate caloric, which remains latent until it is distributed over the body by the circulation of the blood, but this evolution seems materially to depend upon the brain, the medulla

spinalis, and the nervous ganglia, whose healthy action, as in other parts of the system, materially depends upon the equable circulation of the blood; the state of the pulse is affected by the undue action of the heart and arteries. Whatever accelerates the circulation of the blood to the brain, causes a greater degree of distribution of caloric, and produces excitement; thus stimuli, either mental or bodily, impart energy to the nervous system, and increase the heat,—whilst that which retards the circulation depresses mental power, and chills the frame. Wine, as long as arterial acceleration goes forward, adds to the sensorial power, and imparts heat to the body; but when venous retardation takes place, the mind suffers, and cold is also produced. Intermittent fever, Dr. Sigmond considered, to depend upon an alternate collapse and excitement of the brain, the circulation not imparting to the brain its healthy stimulus. There was diminished influence of the nervous system over the whole body, the result of which is the cold stage,—heat, not given out to the surface of the body, is accumulated in the internal parts, until a re-action is produced by the energy acquired by the nervous system, an excitement which determines the accumulated heat to the surface of the body,—these alternate actions and re-actions give rise to the phenomena of intermittent fever, which are too well known to need description. The periodical recurrence of the paroxysm, is attributable to the same general law of the animal economy, namely, that organs perform at stated periods their functions, whether healthy or morbid, such as the uterus unloading itself at its peculiar period, the stomach performing its digestion at a certain time, and on definite days, the eruptions go through their course in exanthematous fevers. Neither the humoral pathology, nor the doctrine of the lensor of the blood, nor spasm of the extreme vessels, nor the doctrine of excitability accumulated and exhausted, nor inflamed brain, is admitted, though the ingenuity and talent which Hippocrates, Boerhaave, Cullen, Brown, and Clutterbuck, are universally acknowledged, nor have they explained satisfactorily to us that which we daily see. The system which appeared to be the best, was that which viewed the connexion between the brain and the vital fluid as so intimately, so closely associated one with the other, as to produce energy or debility as they act upon the other. Deficient energy of the brain extending its influence over the whole body, is an evident law of the disease; and the stimulus which the sanguiferous system gives to the brain, seems essential to restore that diminished sensorial power.

The observations of M. Bailly have esta-

blished too, as a fact, that the mean duration of intermittent fevers in all climates is precisely the same, namely, fourteen days, and this corresponds with most acute diseases which seem to have a remarkable tendency to run their course in that time; where intermittent fever appears present after that period, it consists but of a nervous periodical affection, which is the result of the morbid susceptibility contracted, but which has not the essential characteristics of the disease.

Continued fevers are inflammatory and nervous. In the inflammatory disease determination of arterial blood to the brain and nervous system cause increased heat, the quick and full pulse. In the nervous or typhoid disease, the retardation of blood takes place, the brain loses its natural stimulus, and there is a deficiency of heat; the heart has not power to throw off the blood which is accumulated within it, a venous congestion is the consequence. The mere unloading the veins is then not sufficient, energy must be imparted to the nervous system, and upon this the restoration to health depends. Whatever then destroys the equilibrium of the circulation, impairs the nervous energy, and as nervous power is necessary for the due action of circulation, these two functions act and react upon each other, producing the symptoms which form fever. Upon this reasoning depends our plan of treatment; in inflammatory fever we diminish arterial action, and prevent its influence on the brain and nerves; in typhoid fever we increase the powers of the brain and nervous system by stimuli, and thus excite the healthy circulation.

Dr. BARRY said, that while Dr. Sigmond had deemed it necessary to enumerate all the fathers of medicine in his views of the rival theories of fever, it appeared extremely strange that the name of Broussais was entirely neglected; Broussais, whose peculiar doctrines were at the same time of such interest and notoriety, that to pass them over, reminded him of the performance of Hamlet, in which the part of the Prince of Denmark was omitted by desire. The same remark, he considered, would nearly apply to Dr. Sigmond's silence on the anatomical features of the disease. As to alteration of heat constituting one of the peculiarities of fever, he (Dr. Barry) thought Dr. Sigmond was wrong in not stating, that this alteration should be *above* the natural standard; alterations *below* this do not constitute fever.

Dr. SIGMOND replied with great good humour to Dr. Barry's principal objections. He recapitulated some of his opinions, and in allusion to the cause of intermittent, spoke of the analogous effects which, in his own experiments, he had known to be produced by the smelling of sulphuretted hy-



drogen, by which all the phenomena of a paroxysm of intermittent could be produced. He did not agree with Broussais' opinions.

Mr. KING believed, that many different diseases were confounded under the term fever; he scarcely knew any affection which might not be included under the ordinary definition applied to this disease. He would not call every affection fever in which there were increased heat, pain, and accelerated pulse, but he would confine it to instances of these phenomena occurring, without any organ or set of organs being determinately affected.

Dr. A. THOMPSON passed a warm eulogium on Dr. Southwood Smith's treatise on fever, he agreed fully with the circle of morbid actions pointed out by that author.

Dr. BARRY apologised for standing up so often, but the observations just made involved matters of the most serious moment. In the first place, though he had a high respect for Dr. Smith's talents, and considered his book a perfect specimen of fine professional writing, yet he could not pin his faith upon the one, or set up the other as the Alcoran of fever practice.

Mr. CHINNOCK declared himself a warm disciple of Broussais, he had never known a fatal case of fever in which, on examination, the abdominal appearances, contended for by that author, were not detected. He might add, that exposure to vegetable malaris, he believed, usually induced an inflammatory affection of the brain or spinal chord; cases of this kind had indeed fallen under his own observation.

Dr. BLICKE said, that with respect to the dependence of intermittent on malaria, he was in possession of rather a curious fact,—he described minutely the topography of a small island in the north sea (the name we could not hear), on which there was not a single tree or any vegetation more than a thin sward; it was twenty miles from land, and yet its inhabitants were frequently attacked with intermittent fever.

The PRESIDENT inquired, whether the peculiar smell noticed by Dr. Smith, could be corroborated by any of the members present. Dr. Sigmond replied, that it existed also in erysipelas. Dr. Barry mentioned an extraordinary circumstance, for the truth of which he pledged himself, that he knew an individual who could recognise the yellow fever by its smell, as exactly as a dog could scent a partridge. (*A laugh.*) It was a fact; he had known him enter a street, stop before a house, and say the yellow fever was in it, guided by his sense of smell alone. (*Renewed laughter.*)

Dr. ADDISON opposed the doctrines of Broussais on the data of his own necrotomic examinations. In the most decided fevers,

he had frequently ascertained the absence of the slightest gastro-enteric inflammation, while, on the contrary, he had examined bodies of persons totally free from fever, in which the abdominal mucous membranes were extensively engaged.

Dr. SIGMOND again replied, and the discussion was, on the motion of Dr. Granville adjourned to the following meeting.

*Saturday, December 11, 1830.*

Mr. CHINNOCK in the Chair.

Mr. JEWEL related an extraordinary instance of unusual weight of the human fœtus at the full time. The case was communicated to him by an extremely intelligent midwife, of whose veracity no doubt could be entertained. It was the mother's fourth child, the several previous labours having been greatly protracted, and all the children still-born; on the present occasion, the midwife being desirous to save the child's life, administered the ergot of rye in large doses, thirty hours after the liquor amnii had been discharged, and the head descended, but had been arrested in its progress; three hours after this the delivery was accomplished, and the child weighed 20lbs.!

The debate on fever was then resumed, and supported with much spirit and ability by Drs. Sigmond, Barry, Somerville, Wood, Stewart, and Mr. Gilbert Burnet. A paper on the pathology of dropsy, by Dr. Wood, was announced for the ensuing evening.

## ROYAL INSTITUTION.

EXAMINATION OF AN EGYPTIAN MUMMY  
BY DR. GRANVILLE.

ON Saturday, the 11th inst., Dr. Granville performed the examination of a mummy presented by Sir John Malcolm to the Asiatic Society. The operation was conducted in the large lecture-room, which was crowded by a large assemblage, amongst whom we observed Lord Grey, and many other eminent individuals. The mummy was placed in its loculum on the centre of the floor, till the arrival of Dr. Granville, when the chair was taken by the vice-president of the Royal Institution.

Dr. GRANVILLE prefaced his examination by some introductory and explanatory remarks, in the course of which he apologised for the unavoidable absence of the Duke of Sussex, who was expected to have presided on the occasion. He noticed at some length the scientific and laborious exertions of the Asiatic Society, to whose liberality the present opportunity was due, of examining another of those extraordinary remains of a

people whose existence was otherwise more traditional than established, remains which had escaped the ravages of decomposition for more than 3000 years. These investigations, he continued, were not a mere matter of idle or useless curiosity, but their results afforded, as it were, an epitome of the civil history of that singular people. They, at the same time, elucidated the religious doctrines, and showed the knowledge which the Egyptians possessed of the fine arts of mechanics, of surgery, and of chemical processes; they also proved the feelings of veneration with which that singular nation regarded their dead, and the skill with which they had devised means of transmitting in their own persons, to after ages, monuments as imperishable as the most solid structures of architectural art. This example Dr. Granville suggested might be acted on even now in this country, and he alluded to the projected necropolis of Messara. Goodman and Watt, drawings of which were exhibited to the assembly.

Dr. Granville then proceeded to the opening of the cases in which the mummy was deposited; they consisted of three loculi, the outer of which was excavated from a solid block of sycamore, the timber remaining in a state of the most perfect preservation, scarcely exhibiting a vestige of decay, or the action of worms, and looking almost as if it had issued from the carpenter's hands within the present year. Its upper surface was as usual painted and varnished, and the part corresponding to the head of the enclosed body was fashioned into a well-executed cast, supposed to resemble the head of the deceased, and ornamented with the dress and neck-lace peculiar to this people. The second case was composed of several longitudinal pieces of the same timber, painted and moulded at the head in the same manner, and fitting into the outer receptacle with great exactness but sufficient freedom. The carpentry of the entire was of the most complete kind, and the proportions admirably preserved. The third case was now arrived at; this was formed of five layers of cotton-cloth, cemented together with lime and an astringent matter, moulded to the form of the enclosed body, along the back of which it was divided in its full length, and laced in an interrupted suture by strings of the same material with the cloth, and which were perfectly elastic and free from decay. It appeared as if the layers of cloth had been applied to the body in the moist state, and the case thus allowed to accommodate itself to the required form, that the body was then submitted to the preservative process, and replaced through the longitudinal aperture, which was then finally secured.

The body was now extricated, shrouded in

a double series of cloth wrappers; the outer one was a general envelope, and beneath this was the second, consisting of several hundred feet of *roller*, by which the body was bandaged in a manner so skilful, as entirely to justify Dr. Granville's assertion, that the Egyptians were adepts in at least one important branch of surgical manipulation. The turnings were, indeed, beautifully suited to the form, and inequality of surface obviated by compresses applied with the most skilful nicety. The cloth was apparently of cotton, of an opimient yellow colour, *with a double blue border*, like an English rug, each thread being composed of two twists, and retaining its elasticity with great perfection. The colouring matter Dr. Granville stated to be tannin; and from some experiments we have instituted on a portion of the fabric, we have reason to believe his statement to be correct.

It was now found that the remains were preserved by the cheap or inferior process; namely, by an immersion in boiling pitch and asphaltum, which had also been injected, most probably by the anus, into the abdomen. The muscles were therefore either hardened or entirely obliterated in every situation.\* On further examination, it was ascertained, that the mummy was that of a male, five feet five inches in height. The skull was in a state of great preservation; externally it exhibited any-thing but an intellectual formation, the anterior regions being but imperfectly developed, while the posterior were large, and the organ of firmness protuberant, and expanded almost to deformity. The general conformation of the head, and several other osteological phenomena, concurred in determining the class of the remains to be the Caucasian and not the Ethiopian variety of the human race. On removing the skull-cap, the dura mater was found entire, its surface traversed with blood-injected vessels, as if it were anatomically prepared, its structure retaining its fibrous transparent character, and yielding easily to the knife. A section of the dura mater at one side having been performed, the falx and tentorium were seen in the same perfect and beautiful condition, *but not a vestige of arachnoid or brain remained*; on which extraordinary circumstance Dr. Granville commented at considerable length, particularly noticing the extreme ingenuity of any process by which the brain and arachnoid could be removed without at all injuring the dura mater or its projections. The diploë of the cranium was quite evident, and the marks of the vessels on its interior surface as distinct

\* A contemporary has talked of adipocere having been found in this specimen; we must, however, totally deny the accuracy of such a statement.

as in a subject just dead. The examination concluded here. During the dissection, Dr. Granville stated, that, in some cases, not only do the muscles remain perfectly flexible, but the internal organs are also in a state of preservation so complete, that the disease which terminated the individual's existence may be ascertained; the process of embalming is, however, different in these cases, and in particular, a considerable quantity of waxy matter is found in different situations.

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#### OBSERVATIONS ON THE ACTION OF THE HEART.

I WAS truly surprised, in reading over THE LANCET for October the 2nd, to find a gentleman affirming as his opinion, that the cause or stimulus which excited the heart to action, functionally existed in the sympatheticus maximus; that, in fact, both the cause and effect are functionally existing in the same nerve. Now I will not hesitate to affirm, that this is contrary to everything in Nature's economy of organized life. The action itself, and the exciting cause of action, do not, I believe, exist together in any one structure. To excite sensation in a nerve, there must be an operating cause, not in the nerve, but *applied* in some way to the nerve. No nerve contains the sensation and the exciting cause of the sensation: the light is *applied* to the eye to excite its sensibility—sound to the ear—food to the nerves of taste, and so forth,—and to produce voluntary motion, there must be a cause, sensorial sensation (i.e. perception), and action (volition), which latter action is *applied* to, or sends its influence through the processes of the base of, the brain (the nerves which are conductors of it), to those muscles subservient to the sensorium, the voluntary muscles. Now just as there must be a stimulating cause for those above-mentioned sensations, and for the contraction of the voluntary muscles, viz. the application of the will to the nerves of those muscles, so there must be the same for the contraction of the heart and all other involuntary muscles,—bile for the alimentary canal (or some accidental exciting cause) for producing contraction of the heart. If it is true that in Mr. Dobson's experiment there was no blood for the heart to contract upon; but does he forget that the heart was still working in a very stimulating foreign fluid, the air—oxygen gas? In a vacuum, I believe, the action of the heart would very soon, but probably not immediately, have ceased. For I believe, that as sentient parts acquire a capability of containing sensation for a certain time after

the cause has been removed, which I would call the habit of sensation, so involuntary parts, I believe, acquire a habit of action which is not got rid of at once; and the immediate cause of this is the agency of the living principle of organic matter—life, whatever the proximate nature of that agent may be; it is a part of what I would term organic instinct. It is for this reason that we have seen an object after it has been removed from the eye, because the action of the retina has not yet ceased; and for the same reason the effect, or action, produced by the *habitual* stimulus of the blood had not, in this experiment, quite ceased. I believe that the sympatheticus maximus, by its ganglia, may bestow sensibility and action to the heart and involuntary viscera, different from that possessed and bestowed by the nerves of common sensation. This, together with uniting parts in sympathy, are the only uses which I conceive the ganglia have; they are not brains, for they have no *thinking* part or volition, like cerebri. Are they not analogous to the base of the brain, more particularly to the pons varolii, acting as a source of irritability to the heart, but not as an exciting cause, because without that cerebral or nervous substance which possesses thought and volition, the latter being the moving stimulus to voluntary muscles?

G. D. DERMOTT.

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#### ABUSES AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—As an old Bartholomew pupil, and having fresh in mind the "golden days" of Mr. Abernethy, and withal having the interest of my fellow-students at heart, I cannot resist writing to you, as the abhorrer of "hole-and-corner practices," concerning one of the many that now exist at St. Bartholomew's. I allude to Mr. Stanley's lectures,—and I feel quite sure that this gentleman, who has always *professed* himself so warmly on the subject of forwarding the interests of the pupils, will not take amiss a word or two of advice I now wish to give him; I allude more especially to the subjects he has this season selected for his lectures; and the unconscionable haste with which he has hurried over some of those which I remember were Mr. Abernethy's most favourite lectures. I may mention, as an example of this, the muscles of the lower extremity, begun and ended by Mr. Stanley in two lectures. Moreover, never surely were subjects brought into a lecture-room more ill-adapted for the purpose than those which have been exhibited in our theatre

this season—subjects so far advanced in a state of putrefaction, that the gentlemen sitting in the nearest rows have been precluded from seeing aught that the learned lecturer was demonstrating. This subject abandoned, we have a child of two years old exhibited, on which he is attempting, I need scarcely add fruitlessly, to exhibit the blood-vessels, and this to a class consisting of nearly 300. Did we pay less, and had we fewer promises, we perhaps might be induced to put up with such unworthy conduct. But paying the liberal sum we do, and with Mr. Stanley's warm professions, I feel sure you will agree with me in the reasonableness of the outcry raised against such conduct. I write this not unknown to many of my fellow pupils, and I, in common with them, shall indeed feel myself indebted should you either by inserting this letter, or by other means not less effectual, remedy so glaring an evil.

I remain, Sir, yours,

A LOVER OF JUSTICE.

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#### DERBY INFIRMARY.

*To the Editor of THE LANCET.*

SIR,—YOUR LANCET of last week contains another of "Reporter's" false accusations against Dr. Baker; happily, however, for the persecuted and unjustly condemned, the governors view with disgust the motives that are well known to have prompted "Reporter" to put forth so false and malicious a charge against one of their officers.

"Their better souls abhor a liar's part;  
Wise are their voices, noble are their hearts."

Would I could say the same of this detestable calumniator.

As I hear that a gentleman is already engaged in answering this "Reporter's," or rather "impostor's" assertions, I shall desist from troubling you further.

I am, Sir, your obedient servant,

HENRY GISBORNE.

Green Lane, Derby, Dec. 13th, 1830.

\* \* We insert this note from Mr. Gisborne, but that gentleman himself must admit, that it does not refute a single statement which has been made by our respectable correspondent's "Reporter."—ED. L.

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#### PRACTICAL RIGHTS OF PHYSICIANS AND APOTHECARIES.

*To the Editor of THE LANCET.*

SIR,—I have just received THE LANCET for the 20th, and therein I find that when speaking of the privileges of physicians,

you seem to differ with Mr. Willcock, who maintains that they possessed the power to prepare medicines according to their own prescriptions prior to the passing of the Apothecaries' Act; and moreover, that these privileges were granted them in the "saving rights" of that act. Now there is one question which I hope you will answer in your next Number. Can a physician prepare his own medicines out of London, that is, any-where in the country? For you say yourself, "In a word, neither a fellow of the London College of Physicians, nor a graduate of the University of Edinburgh, can follow the business of an apothecary avowedly as an apothecary in *this town*." By your merely mentioning "*this town*," therefore, it would appear that they can exercise the art of an apothecary any-where but there.

I remain, Sir,  
Your obedient servant,  
AN EARNEST INQUIRER.\*

\* \* Physicians did enjoy the right of preparing their own prescriptions before the Apothecaries' Act was passed, but that right was not preserved to them in the saving clause of the Act.—ED. L.

A physician cannot practise as an apothecary, either in or out of London, unless he be a licentiate of the Apothecaries' Company.—ED. L.

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#### ST. BARTHOLOMEW'S HOSPITAL.

FUNGUS HEMATODES.—PROPRIETY OF OPERATING.

*Clinical Remarks.—Monday, Dec. 13th.*

MR. LAWRENCE,—The tumour which is here submitted to your observation, was taken from the thigh of a gentleman on Saturday last. The case possesses much interest, indeed I think I may say it is unique, for I have never either seen or heard of one similar in its results; and since the knowledge of the facts may prove useful to you in practice, I think it worth while to

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\* An "earnest Inquirer!"—In our correspondent's extreme anxiety, he forgot to pay the postage of his letter, which amounted to one shilling and three-pence. It gives us pleasure, at all times, to afford to querists whatever information we may happen to possess respecting any subject on which they may be desirous of obtaining information, and in common fairness we ought to be excused from the payment of postage. The tax of postage, has of late become so exceedingly burdensome, that we have been compelled, in our own defence, to resolve that no letters in future shall be taken from the postman, unless they are postage free. The amount of postage in one week for *unpaid* letters, has exceeded thirty shillings.—ED. L.

call your attention to the history of the case.

The gentleman from whose limb this tumour was extracted, had another tumour of rapid formation in the thigh about eleven years ago, when he was near twenty-seven years of age. The seat of the diseased structure was the anterior and inferior part of the thigh, and in the space of a few months it attained a very considerable size. This sudden increase induced him to apply for medical advice, and he consulted a surgeon who told him it was quite necessary that amputation of the limb should be resorted to. In compliance with the advice thus received, the patient, who lived in the country, came to London, and prepared himself for the operation. The surgeon was punctual to the time appointed for operating, but when he had made a thorough examination of the tumour, he found the disease to be of so malignant a character that he considered it best not to proceed with the operation. Accordingly he made his excuses to the patient, and represented to him that he was anxious, before any thing decisive was done in the matter, to have the benefit of further surgical advice, and the best opinions upon the expediency or non-expediency of amputating the limb. In consequence of this resolution some of the first medical men in the metropolis were called in to the consultation, and the patient was seen by Sir E. Home, Mr. Cline, Sir Astley Cooper, and Mr. Abernethy, all of whom, looking upon it as a case of malignant fungus hæmatodes, expressed themselves against the operation, saying there was not the slightest chance of success. After this the gentleman returned to his residence, and upon viewing the various bearings of the matter, it seemed to him that he was sent back into the country to die. Under this feeling he thought whether he might not derive some assistance or consolation from additional advice, and he determined to take the opinions of two other surgeons. He saw a very experienced surgeon, who had not been of the former number, and myself. We visited the patient together, and that was the first occasion upon which I witnessed the state of the patient. At that time there was a tumour, about the size of the palm of my hand, situated just above the knee, and this had a soft feel and a red colour, having attained its magnitude in the space of two months. Besides this tumour, there was one over the eyebrow on the right side, there was another on the back of the pelvis, and a third situated in the lumbar region. There were also to be felt beneath the skin numberless little lumps, as if there had been scattered under it a quantity of heads of nails or split beans, in fact upon stroking your hand over the surface of the body you experienced that pe-

culiar feeling, which has been described by Mr. Abernethy as an indication of what he has called "*tuberculated sarcoma*." The patient was in a very emaciated condition, and experienced pain of a most acute character.

Upon the treatment to be adopted it happened that the other surgeon and myself did not agree. When I considered the malignant character of the complaint, the way in which it seemed to prevail throughout the frame, and when I reflected on the likelihood that the *internal* organs participated in the disorder, which is found to be the case in the majority of instances, I was led to give up all hopes of a favourable termination. The gentleman who was consulted with me was older than myself, and as we differed in our opinions, we sent them in separately, desiring the patient to consider well the subject, and wishing to hear further from him. He did consider the subject, and the result of his deliberation was, that he sent for the surgeon who had recommended amputation, and had the limb removed by him very high up. He recovered; he was soon released from the urgent symptoms, pain and loss of appetite, and was rapidly relieved in consequence, so that in the end he regained his health. In a few years after, however, the tumour over the eyebrow became very troublesome, and on the increase of the evil it was removed, and at the same time a part of the supra-orbital nerve was cut out together with the tumour.

In the month of December, 1828, the patient had one on his forearm which speedily increased, and was attended by attacks of excessive pain, extending above and below the tumour, and to such a degree that it became almost unbearable. Upon removal I found that the disease was connected with the branch of the nerve which ramifies over the back of the hand.

About six weeks since his attention was first called to the existence of the tumour which you now see on the plate. He had not been aware of the growth of this till he experienced repeated violent and lancinating pains. It was obvious that the plan to adopt was to operate, and accordingly I extirpated it last Saturday. In the removing of the tumour it appeared to be continued upwards towards the tuberosity of the ischium. I found, on cutting into the structure, an oval circumscribed substance which had the feel of cartilage, and presented the character of schirrus, resembling that disease as it appears when it exists in the female breast. The part which was continued to the tuberosity of the ischium, was only indurated, and was the portion which had been left after the former operation. Here you see that having no connexion with the muscular fibres, the tumour seems to be

altogether a new growth,—the deposition of something which did not originally enter into the composition of the part. The case is very interesting in a practical point of view, as it may serve to show us that we must not look upon all the morbid growths which occur in many parts of the body, as too malignant to render our interference of any avail; they are not always to be regarded in that light, since it is evident from the facts stated, that life may be prolonged for a considerable number of years. In the individual before mentioned, we see that the affection has already existed eleven years; and from the support already given to this patient, we may be led not to determine that, because the disease is of a malignant nature, the case is therefore hopeless, and nothing can be done for its relief.

In our report of the case of *Hernia* in the last Number, we promised to relate its progress and termination. The man died during the night of Wednesday, and on coming to the hospital about eleven o'clock on Thursday, we were surprised to learn that the post-mortem examination had been already concluded. The reasons for this haste we do not exactly comprehend, but, if we recollect rightly, the prospectuses for the school announce, "Morbid inspections, as opportunities occur, at one o'clock." Poor pupils!

During the short period that elapsed between the date of our last report and the patient's decease, nothing occurred particularly worthy of notice; the usual treatment was adopted.

Tuesday, December 14th.

#### SYPHILITIC IRITIS.

John Callan, *ætat.* 21, was admitted into Luke's Ward on the 22d of November, under the care of Mr. Vincent.

The vessels of the conjunctiva and sclerotics were minutely injected, those of the sclerotics exhibiting the usual pink colour; the cornea was hazy, the iris was of a dark-brown colour, puckered, thickened, and red vessels were seen on its anterior surface. The pupil was dilated rather more than is natural in a sound eye, retaining its central position, and its margin was but slightly irregular. Towards the external canthus, a tubercle of brownish yellow lymph was seen on the pupillary margin of the iris. In this situation the iris was connected to the capsule of the lens by a pretty thick band of lymph, which appeared organized. Vision was very imperfect. There was not much intolerance of light, and during the day his eye was tolerably free from pain. At night he was unable to sleep, in consequence of very severe pain in the eyebrow, and lan-

cinating pain, which extended through the orbit towards the brain. There was a scaly eruption of a pale copper hue over the chest and arms. Bowels constipated; tongue white; pulse full and strong.

He states that he has had a bad eye a week, but has done nothing for it; he had a chancre three months since, which healed under the influence of mercury; the sound iris is of a dark-grey colour.

Ordered to have  $\text{℥xiv}$  of blood taken from his arm; to take an active dose of calomel and jalap, and after the bowels have been well opened, to take a grain of emetic tartar every second hour in an ounce of cinnamon water. Apply the ext. belladonna to the brow every night.

23. He experienced no relief from the bleeding; his bowels were freely purged; the antimony produced no sickness or nausea; the eye appears precisely the same. The belladonna was applied, but the pupil is not more dilated than yesterday. Continue the ant. tart. and belladonna.

24. The inflammation of the conjunctiva is much less; he suffers rather more pain at night in the brow; he has not slept by night since his admission; bowels open; tongue clean; pulse rather full. To continue the emetic tart., and take three grains of calomel and a quarter of a grain of opium every four hours.

25. After our visit yesterday the eye became very painful, and the vascularity of the conjunctiva was very much increased. The house-surgeon, Mr. Wyatt, very judiciously bled him to  $\text{℥xx}$ , and ordered twelve leeches to be applied as close to the eye as possible. The patient says he experienced very great relief from the V.S., and slept well all night. There is not much inflammation of the conjunctiva or sclerotics, and the red vessels cannot now be seen in the iris. He says he feels perfectly easy. Continue cal. and opium.

26. Had no pain in the eye, and slept well all last night; about half the lymph that was observed on the iris is absorbed; cornea is much clearer; the belladonna has been applied every night, but the pupil is not more dilated than it was on his admission; mouth slightly sore. Continue ext. belladonna, and take the calomel and opium every six hours.

28. The eye is much better; very little vascularity remains; the tubercle of lymph has been absorbed; the pupil is more dilated, and the band of lymph which restrained the motions of the iris appears elongated, attenuated, and transparent. The cornea is perfectly transparent, and his vision is nearly restored; mouth not much sorer. Continue the belladonna, and the calomel and opium.

Dec. 1. The eye appears perfectly well,

and vision is improving fast. The pupil is now very much dilated; the adhesion is absorbed; the iris has assumed its natural colour; the eruption on the skin has disappeared; mouth very little sore. Continue the calomel and opium, and belladonna.

### HOTEL-DIEU.

#### FIBRO-CELLULAR TUMOUR OF THE NECK.

C—, ætat. 12, of a good constitution, was admitted at the end of October; he had from his infancy been affected with a tumour of the neck, which had eventually attained the size of a child's head; it occupied the left side of the neck, was of great consistence, though free from pain, and seemed to be attached by a pedicle. The pulsations of the carotid were distinctly felt behind, as also were those of the upper and lower thyroid arteries above and below, the tumour; the integuments were not discoloured; the veins were much enlarged, and one of them in particular, which was enormously distended, ran over the tumour in an oblique direction, from below upwards, and from the outer, towards the inner side, so that it would have been impossible to make any incision into the tumour without dividing this vein. M. Dupuytren hesitated whether he should perform the extirpation of the tumour. He recollected the case of a young female, on whom the extirpation of a similar tumour was performed, and who died during the operation, apparently from the introduction of air into the larger veins, and into the heart, an occurrence which has also been observed by MM. Graefe and Clemot, of Rochefort. However, as the gradual increase of the tumour seemed inevitably to lead to a fatal termination, he at last decided in favour of the removal, the assistants being ordered carefully to compress the larger veins which might be opened. The operation was performed on the 22nd of November in the following manner:—An assistant having raised the tumour as much as possible by pressing on its sides, a longitudinal incision was made through the skin and platysma myoides, and the tumour thus laid bare in its whole length; it was then dissected off, until completely isolated, from the surrounding parts, and adhering only by its pedicle, which, however, contrary to expectation, was found so large, that the idea of dividing it must be entirely abandoned. An incision was accordingly made into the mass of the tumour, in order to evacuate the fluid which M. Dupuytren thought he felt within it. This proved, however, to be a deception, for a small quantity of blood only issued from the wound. Under these cir-

cumstances, the only method of terminating the operation appeared to consist in the application of the ligature; this was accordingly resorted to, but it was not before three ligatures had been placed round the pedicle, that the hæmorrhage, particularly that from the veins, was arrested. About three pints of blood were lost during the operation. The patient had a slight fit of syncope, from which, however, he soon recovered, by the aspersion of cold water. In the course of the day he was taken with sickness and vomited repeatedly. Towards the evening this symptom disappeared, and he seemed to be pretty well till near morning, when he was suddenly seized with convulsions, and died, eighteen hours after the operation.

On examination, the tumour was found to be of fibro cellular texture. It originated from the left part of the thyroid gland, and had strongly pressed on the trachea, which had in consequence become flattened. The carotid, jugular veins, and thyroid arteries, had not been wounded during the operation.—*Lanc. Franç.*

#### MALFORMATION OF THE EAR.

A female, 36 years of age, of a good constitution, and mother of four children, fell during the sixth month of her fifth pregnancy, and struck the abdomen on the edge of a tub; she experienced a violent pain in the abdomen, and the movements of the child became much less than before. After about a fortnight they became as strong as before. In November, 1827, she was delivered of a child, which was regularly formed with the exception of the left ear, the helix of which was pushed anteriorly, and had in its middle a deep incision, which also traversed the antihelix and tragus, and continued over the cheek towards the nose, where it terminated. The meatus externus was obliterated; behind the ear there were four lenticular depressions. In 1829 the child was in good health, and heard quite well with the right, but not with the left ear.—*Zeitschr. d. Geburtskunde.*

#### LITERARY INTELLIGENCE.

Mr. JOHN SMITH, Lecturer on Anatomy and Surgery, is preparing for publication, *Practical Observations on the Nature, Cure, and Prevention of Consumption*, in its developed and incipient forms; wherein Counter-irritation (with the manner how, when, and the region to which such a remedial agent is practicable, safe, and efficacious), Inhalation of various Substances, and Climate, will be carefully examined.



# THE LANCET.

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[1850-51.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

#### MERCURY AND ITS PREPARATIONS.

THE extreme excellence of Dr. Christison's directions for the detection of the most important substance included in this class, viz., the corrosive sublimate, or bichloride of mercury, renders it almost unnecessary for us to offer any observations, in addition to the subjoined extracts, respecting this poison individually. We may remark that one of our contemporaries, in a review of Dr. Christison's treatise, written very soon after that work appeared, complimented the author especially on the originality of the process we are about to notice. In this, however, the reviewer fell into a remarkable error, since the first branch of the process belongs to Orfila, and the second to Male, who has been justly styled the father of English medical jurisprudence. Still Dr. Christison is not the less entitled to our praise, though his merit is, in this instance, of a different kind to that which the reviewer attributed to him,—consisting, in the first place, of discarding the valueless part of Orfila's method, and secondly, of the great manipulatory improvements adopted in the use of the proto-chloride of tin as originally recommended by Dr. Male.

The general properties, whether physical, chemical, or medicinal, of the various mercurial preparations, are so well recognised by every intelligent practitioner, that it is entirely needless for us to dwell upon them here. Dr. Christison's treatise should in-

deed be consulted by every one who wishes to become minutely and intimately conversant with mercury and its compounds, for in no other work will there be found so masterly a description of its various preparations as in the chemical division of the chapter in which he treats of this subject.

We proceed to quote his directions for the detection of the corrosive sublimate. It will be observed that they refer to this individual poison alone, and scarcely apply to any of the other soluble mercurial compounds.

"On the whole, the following plan has appeared to me the most simple and most generally applicable. It is a double process, of which sometimes the first part, sometimes the second, sometimes both, may be required. The first removes the corrosive sublimate undecomposed from the mixture, which may be accomplished when its proportion is not minute: the second, when the proportion of corrosive sublimate is too small to admit of being so removed, separates from the mixture metallic mercury; and the analyst will know which of the two to employ by using the protochloride of tin as a trial-test in the following manner:—A fluid mixture being in the first instance made, if necessary, by dividing all soft solids into small fragments, and boiling the mass in distilled water, a small portion is to be filtered for the trial. If the protochloride of tin causes a pretty deep ash-gray or grayish-black colour, the first process will probably be successful; if the shade acquired is not deep, that process may be neglected, and the second put in practice at once."

The protochloride of tin, it is here necessary to state, is prepared by boiling strong muriatic acid on tin powder, till the metal ceases to be dissolved; the liquid should then be carefully preserved in a closely stoppered bottle. It should be remembered that the analyst should always prepare this test himself, since it is seldom, we might almost say never, sold of the requisite degree of purity in the shops. Its mode of



action with the solution of bi-chloride of mercury is simple; it proceeds from the strong attraction which the *proto*-chloride of tin manifests for additional quantities of chlorine, by virtue of which it first removes one atom of chlorine from the corrosive sublimate, reducing it to the condition of calomel, or the protochloride of mercury; and this it again deprives of its one remaining atom of chlorine, metallic mercury being precipitated in the form of a dark, minutely divided, powder.

*“ First Branch of the Process.*—In order to remove the corrosive sublimate undecomposed, the mixture, without filtration, is to be agitated for a few minutes with about a fourth part of its volume of sulphuric ether, which possesses the property of abstracting the salt from its aqueous solution. On remaining at rest for half a minute or a little more, the ethereal solution rises to the surface, and may then be removed. It is next to be filtered if requisite, evaporated to dryness, and the residue treated with boiling water, upon which a solution is procured that will present the properties formerly mentioned as belonging to corrosive sublimate in its dissolved state.”

A long phial is the best instrument for the performance of this experiment, and in order to prevent the evaporation of the ether, the phial should be corked during the agitation. The removal may then be accomplished by a suction tube (or if this cannot be obtained, by quills connected together as before described), and the evaporation completed on a porcelain capsule, or a china saucer. The residuum should then be redissolved, and a drop or two placed on each of four watch crystals. A minute drop of a pure solution of the hydriodate of potash is to be applied to the first, when a precipitate takes place, usually yellow at first, and then becoming a carmine red; lime water is to be added to the second, when a brick-red precipitate, the hydrated red oxide of mercury, is thrown down. The third should be treated with ammonia, which causes a white precipitate, the triple protochloride of mercury and ammonia. Protochloride of tin is then to be added to the fourth, when a precipitate is deposited, at first white, and then becoming a dark-grey.

Finally, the fluid remaining in the capsule, is to be agitated with the protochloride of tin, the precipitate dried, collected, and heated in a small glass-tube,

when mercurial globules are immediately procured.

The preceding is an epitome of the observations of Dr. Christison in his notice of the properties of pure solutions of the corrosive sublimate, modified by ourselves as far as the manipulation is concerned. We now proceed to the second branch of Dr. Christison's process, the necessity for which we may state, briefly, to arise from the circumstance that corrosive sublimate is decomposed by many soft animal solids and solutions, by albumen, for example, the bi-chloride being reduced to the condition of calomel, which is no longer soluble in ether or water.

*“ Second Branch of the Process.*—If the preceding method should fail, or shall have been judged inapplicable, the mixture is to be treated in the following manner:—In the first place, all particles of seeds, leaves, and other fibrous matter of a vegetable nature, are to be removed as carefully as possible. This being done, the mixture, without undergoing filtration, is to be treated with protochloride of tin, as long as any precipitate or coagulum is formed. This precipitate, even if it contains but a very minute proportion of mercury, will have a slate-grey tint; it is to be collected, washed, and drained on a filter, from which it is then to be removed without being dried, and care should be taken not to tear away with it any fibres of the paper, as these would obstruct the succeeding operations. The mercury exists in it in the metallic state for reasons formerly mentioned. The precipitate is next to be boiled in a moderately strong solution of caustic potass, contained in a glass flask, or still better, in a smooth porcelain vessel glazed with porcelain; and the ebullition is to be continued till all the lumps disappear. The animal and vegetable matter will thus be dissolved; and on the solution being allowed to remain at rest, a heavy greyish-black powder will begin to fall down in a few seconds. This is chiefly metallic mercury, of which, indeed, globules may sometimes be discerned with the naked eye, or with a small magnifier. In order to separate it, leave the solution at rest under a temperature a little short of ebullition for fifteen or twenty minutes. Fill up the vessel gently with hot water without disturbing the precipitate, so that a fatty matter, which rises to the surface in the case of most animal mixtures, may be skimmed off first with a spoon, and afterwards with filtering paper; then withdraw the whole supernatant fluid, which is easily done on account of the great density of the black powder. Transfer the powder into a

small glass tube, and wash it by the process of affusion and subsidence till the washings do not taste alkaline. Any fibrous matter which may have escaped notice at the commencement of the process, and any lumpy matter which may have escaped solution by the potass, should now be picked out. The black powder is the only part which should be preserved. If the quantity of powder is very minute, an interval of twelve hours should be allowed for each subsidence. Lastly, the powder is to be removed, heated, and sublimed, as in the last stage of the process already described for detecting corrosive sublimate in a pure solution. The second branch of this process is very delicate. I have detected by it a quarter of a grain of corrosive sublimate mixed with two ounces of beef, or with five ounces of new milk, or porter, or tea made with a liberal allowance of cream and sugar. I have also detected a tenth part of a grain in four ounces of the last mixture, that is, in 19,200 times its weight."

From repeated experiments, we can vouch for the delicacy and certainty of this beautiful process. Dr. Christison has conferred no trifling obligation on medico-legal analysis, by rescuing the chemical fact on which the proceeding is founded from the oblivion into which it was so rapidly descending.

With respect to the mode of treating the precipitate we differ slightly from Dr. Christison, and we would recommend a watch crystal in preference to a tube for the washing process. In these experiments it is frequently necessary to economise time, and we have found that the process may be completed with a watch crystal in one-tenth of the period the author describes.

It cannot, however, be denied, that though individually perfect, as far as corrosive sublimate is concerned, still the preceding method is exposed to some collateral objections. In the first place considerable inconvenience is liable to occur from the use of an excess of the protochloride of tin, from which, on the addition of an alkali, the protoxide of tin is precipitated, mixing with and obscuring the finely-divided mercurial deposition. Secondly, the ether acts on corrosive sublimate alone; and the protochloride of tin, though it does affect other mercurial salts to a certain extent, yet does not operate with either delicacy or certainty with any but the muriatic preparations; thus, there are some insoluble compounds, such as the subsulphate, dipernitrate, and

the red precipitate, which the protochloride of tin scarcely acts upon at all. It is true that, in this country, the corrosive sublimate is the poison most usually given; but on the continent (where we doubt not Dr. Christison's work will meet the extensive circulation it deserves), the red precipitate and the turpeth mineral have more than once been feloniously administered. In a case of this description, Dr. Christison's process may be applied to a mixture containing an abundance of mercury, and yet give no adequate indication of its presence. The observation applies particularly to the yellow subsulphate or turpeth mineral, which has been used to our own knowledge as a poison in this country, especially for the malicious destruction of cattle. Its virulent properties are but too well known, especially to the respectable practitioners in canine medicine, who use it as a specific in the disease termed "anifters," by their elegant nomenclature. We presume that the author has overlooked this important fact in his criticisms on the processes of Orfila and Devergie, which he quotes with great candour and at sufficient length, and which he has accidentally fallen into the error of assigning to the detection of the chlorides alone, whereas they have apparently a more generic view, and aim at the extended object of embracing all the compounds (with the exception of the sulphurets), which the preparations of this metal present either by themselves, or in combination with organic matter.

For this purpose Orfila and Lesueur recommend that the suspected mixture should be boiled with caustic potash, which at the same time dissolves organic *animal* matter and separates the oxide of mercury from all its saline combinations. To this process Dr. Christison objects, in the first place, for its want of delicacy, and, secondly, because the oxide not unfrequently remains either chemically combined with, or mechanically suspended in, the alkaline solution. Rejecting this, the author passes to a process more recently proposed by Devergie, and which he at the same time considers much superior to the former, but inferior to that which we have detailed. We quote Devergie's method in Dr. Christison's words:

"Treat the mixture supposed to contain mercury with diluted hydrochloric acid till

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all the solid matter is dissolved. Evaporate, in order to expel the greater part of the acid employed. Add water to the remainder, and transmit chlorine to coagulate and remove the animal matter. Filter, boil, and concentrate; then immerse for ten minutes a small plate of pure tin, which, if mercury is present, will immediately be whitened; immerse another plate of tin for ten minutes; and continue this part of the process till the plates cease to be whitened. Dry the tarnished plates, scrape off the tarnished surfaces, put the scrapings in a proper tube, and heat it over a spirit-lamp; the mercury will be driven off from the amalgam and condense in a ring of globules. By this plan Devergie has detected a quarter of a grain of corrosive sublimate in four ounces of blood, nay a sixteenth and even a thirty-second part of a grain in eight ounces. I have repeated it and found it in most circumstances convenient and accurate; but doubts may be entertained whether it is universal in its application."

That Dr. Christison considered these processes to refer to corrosive sublimate alone, and to the insoluble compounds it forms with animal and vegetable matters, appears from his expression in commenting on the former, when he says, "But it failed completely when the proportion was small, though it answered very well when the corrosive sublimate was in considerable quantity." Again, alluding to the second just quoted, he states, "The solid compounds formed by corrosive sublimate with animal principles, are either soluble in mineral acid, or part with all their mercury to it. But this is not the case with the compounds formed with vegetable principles." We are, therefore, we believe, justified in concluding, that he considers the processes as instituted for corrosive sublimate alone, and not, as we are inclined to think, devised with the comprehensive object of including most of the soluble or insoluble compounds of that metal. Nevertheless it is manifest, that Dr. Christison's objections to these processes as regards the corrosive sublimate, completely invalidate their agency as universal detectors of mercurial compounds.

Under these circumstances, we have been induced to seek a process by which this object may be fulfilled, and we can recommend the following with some confidence as to its delicacy and precision, premising that it is by no means offered as an improvement on the process we have extracted from Dr.

Christison's treatise, as far as corrosive sublimate is concerned. Its object is to supply the desideratum,—a method by which any mercurial may be detected. Neither is our proposition strictly original, as it is founded both on Orfila's and Devergie's suggestions, and also includes a part of a process suggested by Mr. Sylvester some time since.

In the first place, we would recommend that Dr. Christison's process should be always performed on small portions of the suspected mixture, as by this means the corrosive sublimate may at once be detected.

Should no indications of mercury be afforded by the ether and the protochloride of tin, we would then direct that the mixture be filtered through coarse paper, that the fluid part be concentrated by evaporation, having been previously acidulated with nitric acid; when sufficiently concentrated, it should be reserved for a further examination.

The solid part may contain the subsulphate of mercury, or turpeth mineral, the subnitrate, the red precipitate, the acetate, or cyanuret, in a state of admixture with organic matter; from all these the mercury may be separated in the condition of an oxide by ebullition with caustic potassa for about an hour; the protoxide, however, as Dr. Christison justly remarks, may be either mechanically suspended or chemically dissolved in the alkaline solution. To obviate this, we add, after the boiling with potash, a large excess of nitric acid, which, in complicated mixtures, usually produces an abundant precipitate of caseous and albuminous matter; the mixture is then digested by a gentle heat in a Florence flask for at least six hours, when all the oxide of mercury has united with the nitric acid, and remains in solution in the state of the mixed protonitrate and pernitrate of mercury.

Filtration should now be performed, the filtered fluid concentrated by evaporation, and mixed with the fluid first prepared. It should then be allowed to cool, and again filtered should any further organic deposition have occurred.

The last step of the process may now be proceeded with; it consists in introducing a thin slip of gold, bound round with a coil of harpsichord wire,—an amalgam of gold and mercury is very soon formed in a manner analogous to that described by Devergie in the preceding quotation. The slip of gold is

further to be treated in precisely the manner recommended by Devergie for the tin.

The advantages of the process above detailed over the others are briefly these:—It is more general than Dr. Christison's, embracing the subnitrates, subsulphates, acetates, and the red precipitate. Secondly, it is free from the objection advanced by Dr. Christison against Orfila's process, inasmuch as the object is not to *collect* the protoxide, but to prepare it for the action of the nitric acid. Thirdly, it ensures the solution of every solid compound formed by the salts of mercury with organic matter, whether from the animal or *vegetable* kingdom. Fourthly, it is of the utmost facility of execution. Finally, it is almost infinitely delicate in its indications. We have detected by its means the thirtieth part of a grain of *calomel* (the most difficult of all the preparations) in a ʒiij mixture composed of ʒx of strong tea and ʒij of human blood.

The chemical treatment of poisoning by mercury, varies according to the preparation employed. If the corrosive sublimate, liquid albumen (the white of eggs) affords a certain antidote by reducing this salt to the condition of calomel. If the nitrate be the poison, a mixture of the muriate of soda and carbonate of ammonia may be advantageously given, and the stomach-pump should be applied.

In conclusion, there is one important point connected with the chemical inquiries in any medico-legal investigation in which mercury is concerned, to which we must briefly advert. Except the case in which corrosive sublimate is at once removed by ether, the chemical analysis directed for organic mixtures always gives the same indications, as would be the case had calomel been *medicinally* taken a short time before death. To this the author has not at all adverted, but it is a circumstance of the utmost moment, and one of which a crafty villain might avail himself in his atrocious purposes in a manner which the public safety does not permit us to describe. We have, however to repeat here, the remark we once before advanced, that we speak but of the chemical evidence, and do not take into account the collateral circumstance by which information can be obtained.

*A short Tract on the Formation of Tumours, and the Peculiarities that are met with in the Structure of those that have become Cancerous, with their mode of Treatment.* By Sir EVERARD HOME, Bart., &c. &c. London. Longman. 1830. 8vo. pp. 96.

WE occasionally meet with books, the motives for the publication of which we are quite unable to conjecture, and such is the case with regard to the "tract" of Sir Everard Home. Nearly all the cases, that is, about one-half of the contents of the work, are taken, as the author admits, from his "Treatise on Cancer," and a paper in the "Medical and Chirurgical Transactions," and as to the remainder, it consists,—mixed up with worthless cases, absurd statements, and false conclusions,—about as much really useful information as might be compressed, with great ease, into four or five octavo pages. The book, therefore, can scarcely benefit the profession or the public, even in a slight degree. Its only tendency, in fact, can be to lower, if possible, the reputation of the author as a physiologist and a surgeon.

After some very common-place, but confused, observations on the formation of tumours, and two already published cases, the author proceeds to give an account of the large semi-osseous tumour, which he removed from the head of a young woman in 1816, the cast of which many of our readers have doubtless seen in the Hunterian Museum. The following is an abstract of the case, which is not, however, very well described. The patient was 25 years of age; the swelling had first appeared in her third year, after a kick from a horse; it had continued gradually to increase up to the time of her admission into the hospital, when it was nearly twice as large as the patient's head. It was bony at the base, but "the most prominent part was of a softer substance; it had its origin underneath the external table of the right parietal bone, and the tumour, in its progress forward, approached so near the outer edge of the orbit, that there was only space to admit the blade of a saw between them." All the other surgeons who had seen it considered it "beyond the reach of a surgical operation." Sir E. Home, however, after mature deliberation, determined upon its removal.

Accordingly, on October 9th, a large crucial incision having been made, "all the soft parts of the tumour, which consisted of fat mixed with a steatomatous substance, were removed;" and on the following day the bony base was removed. The amount of hæmorrhage, the proportion and the structure of the osseous growth, &c., are not mentioned. The wound soon healed, the tumour did not return, and the patient is now in good health, and a nurse at St. George's Hospital.

After the account of this case, we find the following sentence, the absurdity and falsehood exhibited in which are too glaring to require any comment from us:—

"Cases of this kind completely expose the fallacies of the doctrine of craniology, than which nothing can be more absurd; since the external surface of the internal table of the skull, and that of the external table, can never be under like circumstances, nor have similar changes in them produced from the same causes or corresponding circumstances; and yet the sole foundation of this doctrine is a supposition, that the effect of the development of the brain upon the internal table is produced in an equal degree at the same time in the external table, which, from the nature and texture of the diploe, can never happen."—p. 16.

We have then some confused, and scarcely intelligible, observations on the formation of cancerous tumours, of which the following may serve as a specimen:—

"If a part made up of glandular structures is bruised, the vessels composing the glands are ruptured, and throw out their contents: these consist partly of the fluid secreted, and of those ingredients of the blood that are undergoing the necessary changes to form the peculiar secretion. In this case a tumour is formed, differing exceedingly from that of aneurism in its contents: in one part there are lymph globules only, forming solid masses; in others there are similar masses of blood globules, with tubes of carbonic acid gas passing through them, which become vessels filled with red blood. This which I have described is the structure of what has been hitherto denominated a scirrhus, and has been always considered as the previous stage to a true or stony cancer."—pp. 23, 24.

"In healthy parts, when a breach is made and the parts are not united by the first intention, suppuration is produced over the surface of the sore, and pus is formed. This pus is converted into new flesh, and has been till now considered as no part of the circulating blood, but a new substance form-

ed: it is, however, nothing more than the blood globules and the carbonic acid gas, with the serum of the blood and the coagulable lymph contained in it, which, when exposed to the atmosphere, coagulates, becomes vascular, and then takes the name of granulations. Where vessels carrying red blood are not injured, only those carrying lymph globules and serum, new flesh cannot be produced, the materials for its formation not being present. When this happens upon membranes, the lymph coagulates upon the surface that throws it out, and the carbonic acid gas contained in it becomes vascular; and then it possesses all the properties of the membranes of the living body, the superfluous serum having escaped into the cavity which the membrane lines."—pp. 25, 26.

What is meant here by "tubes of carbonic acid gas," or carbonic acid becoming vascular, we confess our inability to understand; but the assertion that granulations are formed from the pus secreted by, or on, them, is in contradiction of the statements and experiments of all the best physiologists, and is, in truth, opposed to common sense and daily observation.

We have already observed, that the greater part of the cases have been published before, and we may add, that the new ones are utterly destitute of value or interest; some of them, indeed, convey little or no information beyond the fact of the patients' having been affected with cancer, such for instance as the following, which is placed at the head of those that came under the author's "immediate observation," and is prefaced by the remark, that he has "chosen only such as deserve to be recorded, from having some circumstance peculiar to them not met with in the others."

"A lady, when forty-eight years of age, had a lump in the left breast, considerably advanced towards ulceration. The glands in the axilla and above the clavicle were swelled and indurated; the arm was swelled, with pain in the shoulder and back. When twenty-eight years old she had a small tumour, the size of the end of the finger, which remained stationary for six years, at thirty-five years of age grew larger, and occasionally gave pain. It afterwards rapidly increased, and arrived at its present state of a confirmed cancer, which was considered beyond the reach of an operation; and it terminated in the death of the patient."—pp. 38, 39.

Although "the mode of treatment" is expressly advertised in the title-page, very

little is to be learnt in this respect from the cases, and all that we can collect from the general observations at the conclusion of the tract is, that the author has found the powder of hemlock leaves, when properly prepared, a very efficacious remedy both internally and externally, in cancer (though its employment is not once mentioned in any of the numerous cases), and that he has been "taught by experience that the sarsaparilla, in the form of decoction, has not the same powers of a restorative medicine as in the form of a powder, to which heat had not been applied."

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## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Dec. 6, 1830.

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#### CASE OF VOMITING.—MEDICINAL QUALITIES OF HYDROCYANIC ACID.

I DID not finish, in the last lecture, all the cases that had been presented during the preceding week: five remained unmentioned. One of these was a case of slight fever in the female ward, treated in the usual way, and with the usual success. She was admitted on the 15th of November, and presented on the 28th. There was also among the women presented, a case of vomiting, which appeared to arise merely from morbid irritability. It may be very well contrasted with a case of a different description, presented on the same day, in the same ward, and in which a different treatment was successful—a very interesting case of vomiting from inflammation.

The first patient, Eliza New, æt. 21, was admitted on the 11th of November. She said that she had been ill five months, and it appeared that she had vomited every thing she had taken during fourteen days; she had been in a state of amenorrhœa for two months; she complained of pain across the epigastrium, and across the whole of the abdomen. Her tongue showed no feverishness; there was no thirst, no heat in the stomach, no heat in the throat; neither was there tenderness on pressure on any part of the abdomen, nor was the pulse accelerated. Under these circumstances, I could not suppose that the case was one of inflammation; for although there was pain across the abdo-

men, yet that pain was not increased on pressure, and therefore it appeared to be of a spasmodic character. On this account I conceived that I could stop the vomiting and cure her by soothing medicines—medicines calculated to lessen the morbid irritability, which was independent of inflammation. Among these, that certainly which operates much more upon the stomach than upon any other part—that which answers best in a great number of cases, is the hydrocyanic acid. She took this in doses of two or three minims, which is equal to four or five drops, three times a day, no other medicine was given, nor was she put on low diet: her vomiting was stopped, and she went out on the 25th, perfectly well.

You will find it of the greatest importance to make this distinction. When you have an affection of the stomach, you should ascertain, in the first place, whether there be inflammation or not; for if there be inflammation, the hydrocyanic acid would not cure it; the case must be treated like inflammation of any other part of the body. But if you can find no inflammation whatever, nor any cause for the vomiting in any other parts of the body (it will often arise from an irritation in the intestines, the kidney, the womb, and ten thousand distant causes), then the hydrocyanic acid will relieve the vomiting far better, I am satisfied, than any other medicine. I have not found it relieve the pain of rheumatism or cancer, or pain situated in any of the distant parts of the body, or pain in the intestines. It is of no use in colic, though it is said by some to be of occasional service in neuralgia. As an anodyne I have not found it of the least use in general, except in cases of pain of the stomach. It has the properties of an anodyne on the stomach particularly, and has a tendency to lessen the morbid irritability which produces vomiting. It is no exaggeration for me to state that I have frequently seen vomiting which has lasted for months, cease on the exhibition of the first dose of this medicine. Frequently, however, in cases of spasmodic pain of the stomach, you will find that the first dose, or the second, or even one week's exhibition, will not answer the desired end: you will be much more struck with its use in lessening vomiting than in lessening pain in the stomach. But you will find it of no service unless you make a distinction between the existence of inflammation, and the influence of distant causes, on the one hand, and mere morbid irritability of the stomach itself, upon the other. Hydrocyanic acid is a medicine that is exceedingly powerful, and you cannot give it in the same dose when the stomach is empty as when it is full. When the stomach is full, the difference of a drop may cause a great difference in the effects. Supposing you

Accordingly, on October 9th, a large crucial incision having been made, "all the soft parts of the tumour, which consisted of fat mixed with a steatomatous substance, were removed;" and on the following day the bony base was removed. The amount of hemorrhage, the proportion and the structure of the osseous growth, &c., are not mentioned. The wound soon healed, the tumour did not return, and the patient is now in good health, and a nurse at St. George's Hospital.

After the account of this case, we find the following sentence, the absurdity and falsehood exhibited in which are too glaring to require any comment from us:—

"Cases of this kind completely expose the fallacies of the doctrine of craniology, than which nothing can be more absurd; since the external surface of the internal table of the skull, and that of the external table, can never be under like circumstances, nor have similar changes in them produced from the same causes or corresponding circumstances; and yet the sole foundation of this doctrine is a supposition, that the effect of the development of the brain upon the internal table is produced in an equal degree at the same time in the external table. If you give a nature and texture of the extreme nausea, ~~when~~,"—p. 16. haps gastrodynia—~~pain~~, and, and scarce- is common for many narcol-  
lating as well as sedative; that a formula- with this medicine; medicines act<sup>the</sup> different powers upon different people, and therefore you should give it in small doses at first, if you wish it to act favourably. Tobacco will arrest the action of the heart, and cause complete prostration of strength; yet it excites sneezing, and one person is affected by a quantity which produces no effect on another. In general people bear from two to four minims, but you not unfrequently meet with individuals with whom five minims do not disagree, and now and then you may safely increase the dose to six or eight, or even more. You will find the hydrocyanic acid of great use for another purpose; for making medicine sit upon the stomach, which would otherwise disagree with it. You may lessen the natural irritability of the stomach so much, that iodine, colchicum, and medicines of the same active description, will frequently sit upon it in cases where they would not unless ten minutes before administering them you gave a dose of hydrocyanic acid. These medicines may remain upon the stomach if you unite prussic acid with them, but the acid answers better for this purpose if given ten minutes before, so as to come into full operation before the acrid medicines are taken.

ed: it is, however, nothing more than the blood globules and the carbonic acid gas, with the serum of the blood and the coagulable lymph contained in it, which, when exposed to the atmosphere, coagulates, becomes vascular, and then takes the name of granulations. Where vessels carrying red blood are not injured, only those carrying lymph globules and serum, new flesh cannot be produced, the materials for its formation not being present. When this happens upon membranes, the lymph coagulates upon the surface that throws it out, and the carbonic acid gas contained in it becomes vascular; and then it possesses all the properties of the membranes of the living body, the superfluous serum having escaped into the cavity which the membrane lines."—pp. 25, 26.

What is meant here by "tubes of carbonic acid gas," or carbonic acid becoming vascular, we confess our inability to understand; but the assertion that granulations are formed from the pus secreted by, or on, them, is in contradiction of the statements and experiments of all the best physiologists, and is, in truth, opposed to common sense and daily observation.

We have already observed, that the greater part of the cases have been published before, and we may add, that the new ones are utterly destitute of value or interest; some of them, indeed, convey little or no information beyond the fact of the patients' having been affected with cancer, body instance as the following, which is scalding pain<sup>and</sup> of those that came ~~and~~ site takes wine or any other kind of stimulant. These were the symptoms, and nothing could more decidedly show an inflammation of the stomach. Here was, in the first place, pain in the region of the stomach; this pain was constant, and was increased on pressure, and on taking stimuli of any sort. There was also great nausea, great sense of heat in the stomach amounting to scalding, and increased by wine or any other kind of stimulant. Then there was excessive secretion going on there, for her mouth was constantly filled with fluid; she frequently discharged a large quantity of thin liquid, and now and then even blood came away,—a common thing from any affection of a mucous membrane; not that there was any extent of it—it was only a few dark clots. Besides these local symptoms of inflammation, there were general symptoms. There was great heat, and the face was flushed, she was very thirsty, and her pulse was 90. There was also a disturbed state of the stomach, anorexia, and nausea, as soon as she took her food, and vomiting of these dark clots which

little is to be learnt in this respect from the cases, and all that we can collect from the general observations at the conclusion of the tract is, that the author has found the powder of hemlock leaves, when properly prepared, a very efficacious remedy both internally and externally, in cancer (though its employment is not once mentioned in any of the numerous cases), and that he has been "taught by experience that the sarsaparilla, in the form of decoction, has not the same powers of a restorative medicine as in the form of a powder, to which heat had not been applied."

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CASE OF VOMITING.—MEDICINAL QUALITIES OF HYDROCYANIC ACID.

I did not finish, in the last lecture, all the cases that had been presented during the preceding week: five remained unmentioned. One of these was a case of slight fever in the female ward, treated in the usual way, and with the usual success. She was admitted on the 15th of November. If there be inflammation, there may be much inflammation of course around it, and though you will not lessen the organic disease by the remedies for inflammation, you will lessen the amount of suffering. There are so many cases of disease which are thought to be organic, that are nothing more than chronic inflammation; that in every instance, unless there be evidence to the contrary, we are to act upon the hope that there is no organic disease, and we may thus cure a considerable number. This woman was in a state of great emaciation, and therefore, I confess, I feared the worst; I expected that there was probably something more than chronic gastritis. I set to work, however, upon the presumption that there was mere inflammation. She took not a grain of medicine during the whole time she was in the hospital. Twelve leeches were applied to that part of the epigastrium where the greatest pain was felt—the left side, and these were repeated every day; as soon as they came off, a poultice was applied, in order that as much blood as possible might

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You will find it of the greatest importance to make this distinction. When you have an affection of the stomach, you should ascertain, in the first place, whether there be inflammation or not; for if there be inflammation, the hydrocyanic acid would not cure it; the case must be treated like inflammation of any other part of the body. But if you can find no inflammation whatever, nor any cause for the vomiting in any other parts of the body (it will often arise from an irritation in the intestines, the kidney, the womb, and ten thousand distant causes), then the hydrocyanic acid will relieve the vomiting far better, I am satisfied, than any other medicine. I have not found this till the ten-pain of rheumatism or catarrh were diminished, and ed in any of the digestive discontinued. They were pain in the daily from the 7th of October to the colic. 14th of that month, and from that time they were applied every other day till the 26th of October, when they were no further required. The clysters were diminished in the same proportion—that is to say, for two or three weeks they were employed every day, and after that period every other day, and then once or twice a week, till the bowels had got into a perfectly regular state. Towards the end of October she was so much freed from inflammatory symptoms, but yet so debilitated and so hungry, that I allowed her meat. She took one mutton-chop from the 26th of October every other day; and from that time she was able to sit up, and gradually recovered, and went away expressing the greatest gratitude, saying that her life had been saved. I do not know whether that was the case, but her disease was cured under the means employed.

I believe that till of late the nature of these cases was not sufficiently attended to. When persons vomited, and complained of a pain in the stomach, a great number of practitioners were accustomed to give aromatics and stimulants of various kinds. In France this was undoubtedly the general case



are giving three drops, three times a day after meals, it certainly will not be right to give more than one or two drops when the stomach is empty. To avoid any confusion which may arise, it is best always to give it after meals, otherwise you must vary the doses at different times of the day. You cannot, in general, give it on an empty stomach more than once in the day, because when food has been once taken, the second meal comes usually before the stomach is as empty as it was before. On this account I make it a rule to give it after breakfast, in the afternoon, and the last thing at night. As it is so powerful, you cannot tell beforehand the dose that will be borne, and you should begin with such a small quantity as you know can hardly disagree with the stomach. I begin with one minim, though you *may* begin with two; many persons do so, but it is *safer* to begin with one. I give one minim three times a day, diluted with water, or aromatic water; and in the course of a day, if no unpleasant effect be produced, I increase the dose to two minims; on the third or fourth day I give three minims, and so on until it produces the effect I desire, or some inconvenience arises. Although it will relieve the vomiting arising from mere morbid irritability, it will, from its irritating properties, likewise cause it. If you give an over dose, it may produce extreme nausea, extreme vomiting, and perhaps gastrodynia—pain in the stomach. It is common for many narcotics to be stimulating as well as sedative; that is the case with this medicine; medicines act with different powers upon different people, and therefore you should give it in small doses at first, if you wish it to act favourably. Tobacco will arrest the action of the heart, and cause complete prostration of strength; yet it excites sneezing, and one person is affected by a quantity which produces no effect on another. In general people bear from two to four minims, but you not unfrequently meet with individuals with whom five minims do not disagree, and now and then you may safely increase the dose to six or eight, or even more. You will find the hydrocyanic acid of great use for another purpose; for making medicine sit upon the stomach, which would otherwise disagree with it. You may lessen the natural irritability of the stomach so much, that iodine, colchicum, and medicines of the same active description, will frequently sit upon it in cases where they would not unless ten minutes before administering them you gave a dose of hydrocyanic acid. These medicines may remain upon the stomach if you *unite* prussic acid with them, but the acid answers better for this purpose if given ten minutes before, so as to come into full operation before the acrid medicines are taken.

The present case was only one of hundreds which I have seen of dyspeptic vomiting ceasing from the administration of prussic acid, and not only dyspeptic vomiting, but gastrodynia,—the pain that occurs in the stomach from spasm. In organic affections of the stomach, you will frequently find it answer better than any other medicine; if there be cancer of the stomach, scirrhus pylorus, or organic disease, you will often find the hydrocyanic acid allay the vomiting and pain much more than anything else. Now this woman was not purged; no aperients were given, none of the treatment for inflammation was adopted, and she was not even put on moderate or particular diet.

#### CHRONIC GASTRITIS.

For the purpose of contrast I will speak of a case that was some time in the hospital; one of chronic gastritis. Mary Harrison was admitted on the 7th of October, æt. 50: she had been ill two months. The symptoms were constant, with great pain under the region of the heart, which was exceedingly increased on pressure. It appeared to be situated in the splenic half of the stomach. There was constant nausea, and a great discharge of fluid from the throat, and she had spit up dark clots two or three times apparently of blood; similar clots also had frequently passed from the rectum. In the book it is said that she feels full, and is nauseated as soon as she eats: there is constant heat of the epigastrium, constant heat up the throat, and thirst: a bad taste in the mouth, no appetite, great heat of the whole body, especially at night; cheeks flushed, scalding pain in the stomach as soon as she takes wine or any other kind of stimulant. These were the symptoms, and nothing could more decidedly show an inflammation of the stomach. Here was, in the first place, pain in the region of the stomach; this pain was constant, and was increased on pressure, and on taking stimuli of any sort. There was also great nausea, great sense of heat in the stomach amounting to scalding, and increased by wine or any other kind of stimulant. Then there was excessive secretion going on there, for her mouth was constantly filled with fluid; she frequently discharged a large quantity of thin liquid, and now and then even blood came away,—a common thing from any affection of a mucous membrane; not that there was any extent of it—it was only a few dark clots. Besides these local symptoms of inflammation, there were general symptoms. There was great heat, and the face was flushed, she was very thirsty, and her pulse was 90. There was also a disturbed state of the stomach, anorexia, and nausea, as soon as she took her food, and vomiting of these dark clots which

came to her throat. You know that one of the sets of symptoms in inflammation is that arising from disturbed function of the affected organ. She was also emaciated, and her bowels were so costive that frequently she had not a stool for a whole week. Costiveness is not an uncommon symptom in any inflammation, and it very frequently occurs where the stomach is inflamed. Now this is a sort of case which you will see almost every day. You will have people come to you, saying that they have indigestion, and upon inquiry you will find that there is tenderness on pressure upon the stomach, and pain increased as soon as they take wine or brandy, or anything of that description, notwithstanding which they go on eating and drinking, and taking stimulants.

I found it impossible to say whether this woman was labouring simply under chronic inflammation of the stomach, or whether there was united with it organic disease. It was impossible for me to say whether there was not scirrhus in some parts of the stomach—some fungous growth beginning, and inflammation around it—or whether there might not also be an ulcer in the stomach. Unless you can feel induration, unless there be repeated hæmorrhage, and a peculiar sallow hue of the complexion,—unless you can feel enlargement, it is quite impossible in these cases to say with certainty, that there is anything more than common inflammation.

The treatment, however, is to be simply that for chronic inflammation. If there be organic disease, you will not cure it, and, if not shown distinctly to exist, you must proceed upon the hope that there is nothing more than chronic inflammation. If there be organic disease, there may be much inflammation of course around it, and though you will not lessen the organic disease by the remedies for inflammation, you will lessen the amount of suffering. There are so many cases of disease which are thought to be organic, that are nothing more than chronic inflammation; that in every instance, unless there be evidence to the contrary, we are to act upon the hope that there is no organic disease, and we may thus cure a considerable number. This woman was in a state of great emaciation, and therefore, I confess, I feared the worst; I expected that there was probably something more than chronic gastritis. I set to work, however, upon the presumption that there was mere inflammation. She took not a grain of medicine during the whole time she was in the hospital. Twelve leeches were applied to that part of the epigastrium where the greatest pain was felt—the left side, and these were repeated every day; as soon as they came off, a poultice was applied, in order that as much blood as possible might

be obtained. Besides this, a poultice was regularly applied twice a day, so that she had the benefit of a constant local warm-bath over the stomach. On account, however, of her extreme constipation, it was necessary to attend to her bowels; such a state could not be healthy, and would certainly exert an influence upon the condition of the stomach, and therefore she had a clyster daily. Had I given her medicine by the mouth, it would have irritated the stomach, have increased the inflammation, and might have failed in opening her bowels, in consequence of its being thrown up again, and not allowed by that organ to pass the pylorus. She had a clyster every day, twelve leeches were applied, and she was allowed nothing but diluents; milk she could not take; of barley-water she grew tired, and she was restricted at last to weak beef-tea, and of that she took but little. By these means, on the one hand, without any deviation whatever—without an addition being made to them, or there being any cessation of them upon the other (though she was only admitted on the 7th of October, and then so debilitated that she could scarcely turn in bed, and lay principally on her back), she was discharged perfectly well on the 25th of November, having stayed in the house some time in a state of convalescence—about seven weeks altogether. The leeches were applied till they seemed to be exhausting her—till the tenderness and the heat were diminished, and then they were discontinued. They were applied daily from the 7th of October to the 19th of that month, and from that time they were applied every other day till the 26th of October, when they were no further required. The clysters were diminished in the same proportion—that is to say, for two or three weeks they were employed every day, and after that period every other day, and then once or twice a week, till the bowels had got into a perfectly regular state. Towards the end of October she was so much freed from inflammatory symptoms, but yet so debilitated and so hungry, that I allowed her meat. She took one mutton-chop from the 26th of October every other day; and from that time she was able to sit up, and gradually recovered, and went away expressing the greatest gratitude, saying that her life had been saved. I do not know whether that was the case, but her disease was cured under the means employed.

I believe that till of late the nature of these cases was not sufficiently attended to. When persons vomited, and complained of a pain in the stomach, a great number of practitioners were accustomed to give aromatics and stimulants of various kinds. In France this was undoubtedly the general case

until the time of Broussais, a celebrated physician now practising there. The treatment consisted in what they called anti-spasmodics. Sometimes not only cases of inflammation of the stomach, but of the head and various parts of the abdomen, and sometimes of the chest, were thought diseases of debility, and to require stimulants and nourishment and anti-spasmodics. Stimulants and narcotics of all kinds were accordingly given. But although Broussais must have rendered incalculable benefit to his countrymen, I do not think that we are indebted to him for a change of practice in *this* country; for the change had previously been introduced. I know that when I was a student it was the custom to attend to these things, though perhaps not to such an extent as at the present day. The state of the abdomen was examined in all abdominal affections, to see whether there were inflammation or not; and when I learned the practical part of my profession, it was the custom to treat all inflammatory affections of the abdomen by antiphlogistic measures. Perhaps I was particularly fortunate, and enjoyed an advantage over a great number of my contemporaries, in studying under the practice of Dr. James Curry, at Guy's Hospital. He had been a practitioner in India; he had practised in the navy, and had seen a great deal of the necessity of looking out for inflammation, and treating it by antiphlogistic means, general and local. It was his custom in almost every case to turn down the bed-clothes, or put his hand under them, and press the abdomen (especially in cases of fever) in a large number of diseases. I soon saw that he was right. Wherever also the patient complained of pain he took away blood locally. He had particular notions respecting the liver, and he therefore applied cupping-glasses continually to the right hypochondrium and epigastrium, where the pain was generally seated. There can be no doubt that many of his opinions respecting the seat of inflammation were absurd; he ascribed all to the liver, and seldom thought of inflammation of the stomach and intestines. He ascribed almost all the affections of the abdomen to the liver. His fault consisted in localizing too much, and in speaking, not of the abdomen at large, but of the liver; and there can be no doubt that he gave mercury more extensively than was necessary. I believe that at that time it was not so much the general custom to attend to the inflammatory state of the abdomen in fever and other diseases, as was the custom with him; but those who saw his practice, my fellow-students and myself, got into the way of attending to it; and I have no doubt that numbers who attended his lectures (which of course were far greater than attended his practice) are throughout this country practising suc-

cessfully through the excellent instruction they derived from him. We saw his errors, but we learned much that was good; and to me, therefore, when I see what the French do, and how their opinions are changed in the practice they adopt, there is nothing new in that practice. It was perfectly familiar to me, and had been so for many years; in fact, I never read any-thing of Broussais until very lately; and when he is right (and he is unquestionably as extravagant in his own way as Dr. Curry was in his), I cannot say that what he advances is new to me, I mean as far as regards the importance of searching out for abdominal inflammation, and treating it as inflammation; at the same time, the circumstance that it is not new to me is owing to the instruction which I received from Dr. Curry. The French have an idea that we are not conversant at all with the frequency of abdominal inflammation; they do not imagine that so many diseases are treated in this country by taking away blood locally and generally, as there really are. I know that a great many books are written in England as well as in France, presenting erroneous notions of practice; I know that many persons have taken the lead in practice in England who have been but bad practitioners, for extent of practice does not show a man's medical knowledge or skill, but merely his assiduity and knowledge of mankind; but notwithstanding this, I am satisfied that in this country there has been for many years a large number of practitioners, especially those who studied at Guy's Hospital, who have been pursuing their vocations in this rational, sound, and, I must add, very successful way. The French read many books published in this country, which contain erroneous ideas, and hence they are led to fancy that our practice is *universally* erroneous; that we have no idea of inflammation occurring so frequently as they know to be the case; but notwithstanding that, I am quite satisfied that in no country is the frequent occurrence of inflammation more recognised than in England, nor are diseases any-where treated on a more antiphlogistic plan. Although there may still be many practitioners who do not practise in this sound rational way, particularly those who say they are of the old school (and, after a time, we are all of the old school, for we are displaced by those who come after us and know more), I must think that we do consider diseases in this country to be inflammatory as often as practitioners in other countries, and that we do adopt antiphlogistic treatment to as proper an extent.

To return to the case of the woman. Had the inflammation been seated any-where but in the stomach, I should have assisted the leeches by the application of medicines; but

as that was the part to which all the medicines must have been applied, I trusted altogether to the leeches, lest I should irritate the organ. For what I know to the contrary, calomel might have passed through the stomach without irritating it; but still it might not. I trusted that the inflammation of the stomach, chronic as it was, would give way to the leeches, the clysters, and low diet; and I did not think it right to run the risk of disturbing the operation of these by any medicine. It is possible that by calomel I might have got her mouth tender, and the inflammation would have been subdued much sooner; but still, whether it would have locally irritated the stomach by its presence, is a point on which I cannot speak with certainty. The case was one of great interest, from the severity with which it showed itself when the patient first came to the hospital—on account of the gradual decline of the symptoms,—the perseverance in one line of treatment,—and the perfect recovery of the woman before she left us.

It is a common thing for patients to say that they feel "a great sinking,"—that they "must have food;" and then their friends call upon them, and for the purpose of looking amiable, whisper in their ears, "Never mind what the doctor says; you will be better if you take a glass of wine: come, one glass can't hurt you:" and continually have I been sent for, after having taken the utmost trouble in the case, and brought it nearly to a conclusion, merely from the circumstance of a person having taken a glass or two of wine, and thus brought back all the irritation of the stomach: even if they neglect the strict rules of diet too soon, if they merely eat meat like other people, they will often be brought back to the state in which they were at first. These cases are so common, and it is such a common practice for persons to take full diet, and aromatic medicines, in these cases, that I am very anxious that the present case should make an impression upon you.

#### PERICARDITIS AND DISEASE OF THE HEART.

There was likewise a case, of which I should have spoken last week, possessing considerable interest, and which, I regret to say, proved fatal. It is the first case among those admitted during the present season, in which a *post-mortem* examination has been permitted. There have been between seventy and eighty patients admitted under my care since the 1st of October, and four deaths have occurred,—in two cases from hemorrhage that had taken place before the patients came to the hospital, and in one from apoplexy; but none of these were examined in the hospital, though one of them was inspected by a gentleman at the patient's

house. The case to which I am now about to allude, was one of inflammation of the pericardium and disease of the heart. It occurred in Stephen William Simpson, admitted Nov. 16th, æt. 17: he had been ill a fortnight of acute pericarditis. This boy was in the hospital a year before, in a similar state of violent pericarditis, and then he was cured, or at least was cured of the inflammation itself; and he got so much better that he would not stay in the house, but resolved to return to work at his trade of a tailor. The symptoms which he had at that time were—violent pain in the region of the heart, darting to the clavicle and shoulder, and back to the scapula; extreme tenderness on pressure over the heart; violent palpitation; and all the symptoms of pyrexia. The treatment then consisted in abundant local bleeding and the exhibition of mercury, and he very soon went out; he went out before I wished him, for his heart was then beating too much, and it beat with a bellows sound. This inflammation of the pericardium had come on originally after an attack of rheumatism, and it occurs by far the most frequently when a patient is labouring, or has laboured, under rheumatism, and also far the most frequently in young persons.

It appeared from the patient's account, that in the present instance he had been ill a fortnight, which was a very considerable time for pericarditis to go on. He was labouring under dyspnoea, and violent and extensive palpitation of the heart, so that you might see that organ beat as he lay at almost any distance. It beat 160 in a minute, and the impulse and sound were perceived very extensively over the chest. He had violent pain in the region of the heart, and a very strong bellows sound, which occurred with the pulse at the wrist, when the heart struck the side. He stated that he was a tailor, and that while engaged at his business a fortnight ago, he was suddenly seized with a violent pain and palpitation of the heart; that he went and got bled, by which he was much relieved for a day or two; he then got wet through, and the palpitation soon returned, with the pain, which now reached the clavicle, and darted back to the scapula. The next morning he had shivering, and a cough came on, and he was bled and blistered. The pulse was often irregular, very small, and at times hardly distinguishable,—a common occurrence in pericarditis. There was great and extensive dullness of sound on percussion over the cardiac region. There is a dullness on percussion if there be effusion into the pericardium, for a certain space is then filled with liquid instead of air, in the region of the chest; but the dull sound did not arise from that circumstance in the present instance.

There was also great cough, without expectoration, which lasted sometimes for five minutes, and the respiration was difficult, except when he was sitting up, or lying on his back; there was increased dyspnoea at night. In addition to these symptoms of pericarditis, there were anasarca and ascites; his abdomen was distended, and his legs and thighs were of great size. The common symptoms of pericarditis are, pain in the region of the heart, darting to the clavicle and back to the scapula, and tenderness in the pericardium, if you press the cartilages of the ribs down upon it. These symptoms, together with rapidity of the pulse, palpitations, difficulty of breathing, and a dry cough, made up the account which he gave. The peculiar seat of the pain and tenderness, the palpitation and pyrexia show, almost in every case, the nature of the disease. But there was a great deal more in this case: there was, first, the dull sound, to a great extent, in the region of the heart. Now, he said, he had been perfectly well till within a fortnight, and therefore, if he spoke the truth, it was improbable that the dull sound should arise from the heart being greatly enlarged; but there must have been something sudden, probably some effusion of fluid, especially when the anasarca was taken into consideration. There was another circumstance, namely, that the heart beat to a great extent, as though it were enlarged, and very forcibly, as though it were hypertrophied. It likewise beat loudly; but there was a difficulty here, because a bellows sound occurred, and that was the only sound heard from the ventricles; and the auricles also beat loudly and clearly. I confess, if I had not been told any-thing of the case, but had simply trusted to my own observation, I should have at once declared this to be a case, not of pericarditis only, but also one of diseased heart, of hypertrophy and dilatation of the left ventricle, with a difficulty of egress from it; for never were the symptoms of these affections more strongly marked; but the patient assured me that he had been perfectly well till within a fortnight, when he was suddenly seized with pain and palpitation, and as it was impossible for me to deny this, I only ventured to put down pericarditis. He was bled in the arm, and well cupped, and mercurialised, and was a great deal better, excepting that the heart still gave the same sound, signs of hypertrophy, and dilatation, and obstruction, as before, when, on sitting up, taking some food one day, he suddenly expired: he was not taking digitalis, or the sudden event might have been ascribed to that medicine.

On opening the body (I am sorry to say that I cannot show you the heart), the heart presented great appearance of disease. The left ventricle was amazingly dilated, per-

haps to four times its natural size; and its thickness was retained, so that there was a great addition of substance; there was great hypertrophy. There was adhesion nearly all over the pericardium, so that the cavity was nearly destroyed by the lymph which had been thrown out, part of which appeared to be recent, and part ancient,—produced in the attacks which he suffered last year. The inflammation had been so intense that there was not only this adhesion or rather cohesion of the pericardium, but there were also adhesions externally; the pleura in the immediate neighbourhood had suffered, and bands were seen between the lungs and pericardium, and lungs and costal pleura. The marks of previous pericarditis were, therefore, decided enough, and the pericarditis appeared to have been cured; but the difficulty was, how the heart could have been enlarged to this great extent, especially retaining its natural thickness, if he had been perfectly well a fortnight before. If a part is stretched and dilated rapidly, it cannot suffer this but by extenuation, and cannot *rapidly* experience such a deposition as will maintain its thickness during dilatation. I do not pretend to solve the difficulty, but know that I have opened persons where the heart was not dilated to half the extent it was in this instance, who yet had suffered dreadfully for many months; in addition to which, it must be borne in mind that he was a tailor, and therefore had no occasion for active pursuits; and appeared to have a very strong mind, capable of suffering much without complaining. Having great doubts from the various features of his case, when he assured me that he had had no difficulty in breathing and no palpitation, I asked whether he had observed *any-thing whatever* unusual about the heart, to which he did reply “Yes,” that he had had the bellows-sound ever since he was in the hospital last year. He was acquainted with the term, because, when in the hospital before, the bellows-sound occurred, and though of course he could not put his ear to his chest, yet he heard the sound when he was in bed, and he said that it had never left him. Such being the case, I have no doubt that the heart had been dilated nearly the whole time he had been out of the hospital, because there was no cause for the bellows sound but the dilatation. You are aware that the bellows sound appears to arise from a certain degree of impediment to the progress of the blood in the heart or the large vessels. In this case there was no diminution of the mouth of the aorta; but the bellows sound was heard the loudest in the left half of the cardiac region, and at the moment of the heart’s stroke and of the pulse of the wrist; it arose, therefore, in the transit of the blood from the left ventricle; but the

opening not being diseased, not being at all narrowed, the impediment arose from the great dilatation of the ventricle behind the opening. Each opening bears a certain natural proportion to the cavity, and allows the escape of the blood without any noise; but if the proportion of the opening be lessened, then the particular noise of the bellows sound is heard. Now this may take place by the opening being absolutely diminished itself, the cavity remaining the same; or, again, the opening being perfectly natural, but the cavity being increased, so that the natural-sized opening will be too small for the free escape of the blood from the morbidly large cavity. That was the case in the present instance; the opening was not diminished, but the cavity was increased. Frequently you will find that both are increased; that the cavity and the opening are dilated together, so that there is then no bellows sound; but if the opening continues of its natural dimensions, and the cavity be greatly increased, then you will hear the bellows sound. In this case the bellows sound was very loud, and there was nothing to produce it but the dilatation of the ventricle, compared with which, the opening was felt by the fingers to be of extreme smallness. Now as this bellows sound existed ever since last year, and had grown so violent that he heard it always himself before this last attack, I cannot but conclude that the dilatation had existed all the time; there was no other cause for the bellows sound; the bellows sound did exist all that time; it was impossible to believe that this dilatation could have taken place in a fortnight. The right auricle is often dilated just before death, from the great impediment to the circulation in the lungs; but in that case the part becomes thinner than usual. In this case, although the heart was greatly dilated, it was not thinner than usual, and therefore the dilatation must have been a slow process; fresh substance must have been deposited in the walls of the ventricle, to make up for the dilatation. If the dilatation had been merely the result of over-distension, then the part would have been thinner; but instead of that it remained of its natural thickness, and therefore the dilatation must have been attended by the deposition of additional substance, to keep up the original thickness. This was a case of hypertrophy, because with the dilatation there was the natural thickness; for if there had been no additional substance, no hypertrophy, the part would have been thinner than usual. You must remember this circumstance, that although the heart may not be thicker than usual, there may be hypertrophy; its cavity may be greatly dilated, and its thickness be unimpaired.

I doubt the truth of this boy's account

very much. You know the error which I might have been led into in a case spoken of last week, the case of colic from lead. There was violent pain down the spine, and in the extremities, and yet the patient stoutly denied that he had been in the way of lead, till at last it came out that he had been painting his ship. Now with respect to that boy, there was this one fact allowed by him, that he had had the bellows sound for a year, and therefore, under the particular circumstances of the heart discovered *post mortem*, the heart must have been dilated all the time; but with respect to his being in sound health, suffering no palpitation, and no difficulty of breathing, I doubt the truth of his statement very much. If I had cross-questioned him very minutely, I should no doubt have found that he had suffered, but that he had borne his sufferings quietly, and been above talking of his complaints, because he was young and had good spirits; indeed, I had last year been struck with the firmness and nobleness of his mind. With respect to the cause of sudden death, I imagine it arose from a sudden loss of the power of the heart. You are aware that if any part of the body become much distended, much dilated, it loses its power. When the bladder has been excessively distended by urine it will not empty itself; retention of urine is the consequence, and you must press upon the bladder to cause its evacuation. In this patient the left ventricle of the heart was found completely filled with coagulated blood, perfectly black; and it was therefore certain that the left ventricle did not act at the moment of death. In general you find the left ventricle quite empty, or containing little blood; the accumulation is upon the right side of the heart. A difficulty of course occurs in the transmission of the blood through the lungs, and therefore in the right side you have accumulation. As long as this—the *ultimum moriens*—can transmit its blood through the lungs, the left ventricle receives blood, and sends it through the aorta, whence it finds its way into the system at large. There was not only as much blood on the right side of the heart as usual, but the left ventricle was full of it, and I therefore conclude that the left ventricle had suddenly ceased to act—had suddenly lost its power, and could not chase away its blood.

With respect to the cases admitted last week, I shall not have time to speak of them; but I will enumerate them, and you will find them of an interesting description. Among the women were four patients; one with scirrhus of the womb—a very intense case of scirrhus; one of a diseased ovary, where there was a solid tumour and dropsy to a great extent; one of acute rheumatism, and a case of fever. Among the men seven pa-

tients were admitted: one case of palsy of the wrists from lead, one of palsy of the lower extremities from working in a wet ditch, a case of bronchitis and dropsy, one of diabetes, one of St. Vitus's-dance, one of a cutaneous disease, ichthyosis, and one of palsy of the tongue, one eyelid, one eye, and one half of the face, with a degree of aberration of the mind.

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ON THE  
EMPLOYMENT OF ACETATE OF LEAD IN  
ULCERS OF THE CORNEA,  
AND OF NITRATE OF SILVER  
IN OPACITIES.

By JOHN WINDSOR, *Esq. F.L.S., Surgeon*  
to the Manchester Eye Institution, &c.

PERCEIVING IN THE LANCET of this week (Nov. 27th) an extract from a paper of Dr. Jacob (the paper itself I have not yet seen) in the fifth volume of the Dublin Hospital Reports, respecting the effects of acetate of lead lotion when applied to ulcers of the cornea, I am induced to offer a few observations on this subject, which had attracted my notice for some time, without my having been aware that similar remarks had been made, or were making elsewhere. As the subject is one of considerable importance in the treatment of an organ so conspicuous and so useful as the eye, the following short, and perhaps rather imperfect, cases may not be without practical interest. I had intended enlarging them before submitting them to publication, but at the present time they may be useful in confirming the accurate observations of Dr. Jacob.

Whilst it is well known that ulcers of the cornea, if of rather large magnitude over the pupil, often destroy vision by the size and imperviousness to light of the cicatrix, I believe that a smaller one, which, when healed, might still leave tolerable vision, as its circumference will, if treated by lead-lotion, from the deposit of the lead to the very margin of the ulcer, have frequently a similar effect in entirely obstructing vision, so dense and opaque is the stain left in these cases. In common inflammation of this organ, any decomposition or deposit of the lead is easily removed by the tears, and the motion of the palpebræ from the smooth surface of the organ; but the scabrous unequal surface of an ulcer seems to afford a state more favourable to the attachment of the deposited lead, and thus an indelible stain is formed, too frequently destructive to

vision. The effect produced on ulcers of the cornea by lead, is, in appearance, somewhat similar to that produced by the escharotic effects of lime accidentally applied to the eye, in presenting a dense impervious opacity with a clear defined edge. The effects of arg. nitr., so much used in opacities of the cornea, are, according to my observation, chiefly on the white part of the eye, giving to this part, especially that opposed to the inferior palpebra, from the application resting more here, a disagreeable dark-olive colour. From these observations, it will readily be perceived that it is improper to employ strong acetate of lead lotion in all cases of ulceration of the cornea, especially when the ulcer is situated over the pupil. In such cases I have for some time prescribed only the most simple applications, as tepid or cold water, poppy fomentations, &c. Or, in order to neutralize any alkaline solution on the eye, and thus prevent any precipitate upon the ulcer, if the acetate of lead is employed, it should have an excess of acetic acid, and this will be required whether the acetate or subacetate of lead is employed. Yet, in acute inflammation, it would be obviously improper that the excess of acid\* should be so great as to stimulate the eye. In opacities of the cornea, if the nitrate of silver is employed in the form of drops once or twice a day, it should not be continued more than two or three months, but an occasional inspection of the eye will sufficiently point out the proper time, and then it may be changed for oxymuriate of mercury, the vinum opii, or some similar application.

In one patient at the Institution, the tingeing effects of the nitrate were observed after it had been used four months and a half. In another patient of the Institution, Jane Stott, it had been applied eight months and a half, but perhaps irregularly, and yet the tingeing effects were only commencing. In a third patient, Elizabeth Roberts, the guttæ arg. nitr. (gr. ij. ad aquæ distill. f. ʒi.) have been used about six months, and the dark-olive discoloration of the albuginea is apparent at the inferior part. By the addition of a very small quantity of nitric acid to the guttæ arg. nitr., any discolouring effects from the transudation of the deposit through the texture of the tunics, would probably be prevented, and thus the application might be employed without injury for an indefinite time. If any discolouration from other applications were to occur, it might also probably be counteracted by an addition of the appropriate acid.

The following was the first case in which

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\* By prescribing the acetate of lead lotion every week (as gr. ss., or gr. ad aqua f. one ounce), the addition of a very little acid will suffice.

I observed the effects of the lead-lotion. I made the subjoined note at the time:—

CASE 1.—May, 1830. The daughter, æt. 3, of Gladwin, 11, Cross Street, Salford, was brought to me by her father, on account of a rather large ulcer of the cornea over the pupil, attended with considerable inflammation and intolerance of light. After using the common saturnine lotion for a few days, a dense white spot appeared on the part as if it had been burnt by lime, probably from a deposit of lead precipitated by the mucus or tears on the part. The child was brought to me afterwards several times, and nearly the same appearance continued as the ulcer was healing.

Dec. 1. I called, in passing, to visit this child, and found the opacity covering the inferior inner part of the pupil, but she could see a little by the exterior and superior margin.

CASE 2.—Patrick Grimes, a middle-aged man, was admitted a patient of the Manchester Eye Institution, Sept. 8, 1830, with a large ulcer of the cornea over the left pupil, attended with considerable pain and inflammation. The affection commenced a fortnight previously. He was prescribed a saturnine lotion, purging powders, calomel and opium pills, and a blister behind the left ear, to be kept open by blistering ointment.

14. Pain and inflammation relieved. Continue medicine.

17. A white defined opacity, the effect apparently of precipitated lead, observed occupying the site of the ulcer. Fetus papav. and rep. pulv. purgat.

Nov. 19. The ulcer is nearly healed, but the opacity continues in nearly, if not exactly, the same state.

CASE 3.—John Newton was admitted a patient of the Manchester Eye Institution, May 15, 1830, affected with an ulcer of the cornea. A saturnine lotion and some other remedies were prescribed. He continued to attend occasionally, the ulcer healed, but its situation had previously assumed a defined whiteness, partly owing, apparently, to lead precipitate. These and some other cases have been witnessed by the pupils, and also by my colleagues, at the institution.

Manchester, Dec. 2, 1830.

#### CASE OF EXTENSIVE INJURY, IN WHICH AMPUTATION WAS PERFORMED WITHOUT SUCCESS.

By W. R. WHATTON, Esq., Surgeon,  
Manchester.

AN account of the enclosed case of extensive injury followed by amputation, though

unfortunately not successful, will, I trust, prove interesting to the readers of THE LANCET, especially to those who yet retain a recollection of the melancholy case of a distinguished character, which occurred in this neighbourhood a few weeks since.

On Saturday last, at Staley Bridge, eight miles from Manchester, a poor fellow of the name of Walker, in sliding down a rope from the top of a lofty chimney, the building of which had been that day completed, fell with great violence upon a heap of bricks at the bottom. He received a most extensively comminuted compound fracture of the left leg, from the ankle to the knee-joint, a compound dislocation of the right ankle, and a double simple fracture of the upper arm on the same side, under the insertion of the deltoid muscle above, and about an inch above the elbow below. The loss of blood was not very great. The man was under the care of Mr. Cheetham, surgeon, of Staley, and before my arrival had been carried home and laid on a bed. He was in a complete state of collapse and nearly insensible, his face covered with cold perspiration; cold extremities, and the pulse at the wrist quite imperceptible. Warmth and cordials were unremittingly applied with a view of establishing a reaction of the circulation; which, however, did not take place until twenty-four hours after the accident. Until seven o'clock on the following evening, he had not so far recovered from the shock of the accident as to offer even chance of bearing amputation.

The fractured arm was reduced; and, upon examining the ankle of the same side, it was found that in consequence of having fallen perpendicularly upon his feet the astragalus had been split, and about two-thirds of that bone had been carried outwards by the wedge-like pressure of the lower end of the tibia, and lodged immediately under the outer ankle, its articulating surface being distinctly recognisable through the tense integuments.

It was agreed, upon a consultation with Messrs. Cheetham, Hutton, and Pearson, to attempt to save this limb; and in order to remove the fractured portion of the astragalus, the opening was enlarged, when it slipped out of its new position, and I was enabled to detach it by a few touches of the scalpel, from some remaining points of connexion with the ligament. The wound was dressed with a piece of lint dipped in blood, and covered with strips of adhesive plaster and a roller, and the foot placed upon a pillow and supported in a position at right angles with the limb.

The fractured leg on the left side was removed above the knee in little more than one minute; the poor man bore the operation remarkably well, and the hæmorrhage



was very trifling. He soon rallied from its effects upon the constitution, got some comfortable sleep, and continued through the night gradually improving. At eight o'clock in the morning, however, in making some effort, probably to ease his position, he lost his self-possession, difficulty of breathing and great faintness came on, and in half an hour he expired. An inspection of the body, unfortunately, could not be procured. I had entertained a sanguine hope that this poor fellow would have done well; he had evidently recovered from the constitutional shock both of the accident and the subsequent operation; and from the great length of time expended in restoring animation, as well as from the suddenness of his death at the last, it is not improbable that he was carried off by internal hæmorrhage, from rupture of some of the contents of the thorax or abdomen.

Manchester, Dec. 8th, 1830.

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TREATMENT OF DISEASE RESULTING FROM  
EXCESSIVE LOSS OF BLOOD.

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*To the Editor of THE LANCET.*

SIR,—Having seen in your valuable publication, of which I am a constant reader, two interesting cases by Dr. Elliotson, in his clinical lectures, on the dangerous, and often fatal, consequences of a large loss of blood from the uterus (in one of these it was not from that organ), I am induced, though not accustomed to expose myself in print, to send you a few observations on that subject; especially as I do not find any attempt of the doctor to account for the very excited state of the vascular system which often takes place in such cases.

In nearly fifty years' practice, and that not a very confined one, I may be supposed to have witnessed many cases of very distressing consequences from uterine hæmorrhage, both before and after delivery; and it many times astonished me to find patients, within twenty-four hours, or much less, after the loss of blood, when the exhaustion was so great that the pulse was scarcely perceptible, and symptoms of the most imminent danger appeared, with a full-bounding pulse, distressing pain of the head, dry skin, heat on the surface, and all the symptoms of a highly-excited vascular system; for all which I was for a long time totally at a loss to account,—the term *reaction* not seeming at all adequate to explain the appearances. But reflecting on the subject, as I often did, it at last struck me that these could not be indications of empty vessels, and I was therefore led to conjecture how they could be otherwise. Observing the efforts of nature on other occasions to be very strongly

directed to the support of life, when, from any circumstance, it was endangered, and perceiving that though fluid nourishment was frequently taken, there was little or no loss by the bowels, the kidneys, or, as far as was perceptible, by the skin, I was led to suppose that the absorbents in these cases were thrown into strong action for the purpose of filling the blood-vessels, and that in consequence of this the healthy proportions of the circulating fluid were necessarily altered, and as a very natural effect that the heart and blood-vessels were morbidly stimulated, and the pain of the head and other febrile symptoms produced. Blood when abstracted favoured this view of the subject, the *crassamentum* was small in proportion to the serum, but exhibited marks of strong vascular excitement, being firm and much cupped. How far this mode of accounting for appearances may meet the approbation of your numerous intelligent readers I cannot say, but all my subsequent practice has confirmed it in my own mind; and, adopting such measures as appeared most likely to counteract the injurious effects of such a state of the system, I have had much satisfaction in it, and do not remember that I ever lost a patient who had survived the reaction a few days; though I do not mean to say that I have had no difficulties to struggle with, or no demands on my patience.

Believing that no system of management, however well adapted, could quickly alter the condition of the circulating fluid, I have contented myself with a mild soothing plan of treatment, combating any more pressing symptoms as they arose, leaving, to time, and a gradual process, the recovery of my patient, in which I do not know that I have ever been disappointed. I keep my patient constantly in a recumbent posture for weeks, if the symptoms demand it, for the purpose of not disturbing the circulation; give farinaceous food, with milk, principally, and avoid all stimulants; keep the temples and head cool with cloths dipped in vinegar and water, or an evaporating lotion; move the intestines by the gentlest purgatives; endeavour to keep the skin moist by antimonial rather than saline diaphoretics, carefully avoiding the least nausea; and act on the kidneys when necessary with soda water. When the symptoms of great excitement are allayed, and not before, I allow small quantities of animal nourishment, and as soon as the system can bear it give some preparation of iron, which, however, appears to me to act best in small doses long continued. By these means I believe that the irritation of the system is best allayed and convalescence soonest produced; the blood-vessels become gradually filled with better blood, and the healthy functions of the whole system are restored.

All this may appear feeble practice to the bolder practitioners of the present day, but having experienced its salutary effects in divers extreme cases, I am induced to communicate it, and willingly submit to any animadversions from your more learned correspondents, and any shortening or exclusion altogether of your own, if what I have written appear too lengthy or of little value, having no private ends to serve, nor any wish but to throw a mite (*a very little one*) into the treasury of facts tending to public benefit.

SENEX.

West Middlesex, Dec. 10, 1830.

## THE LANCET.

*London, Saturday, Dec. 25, 1830.*

IN No. 380, page 369, of this Journal, we furnished our readers with a condensed account of the laws relating to the Company of Apothecaries, up to the session of Parliament for 1815, when the Apothecaries Act, which came into operation on the 1st of August in that year, received the sanction of the Legislature.

In pursuance of the plan which we have adopted for presenting the profession with an "analysis of medical law," we shall now enter on an investigation of the clauses of the Act of 1815; or, rather, we will, on this occasion, lay before the reader the essence of as many clauses of the Act as our space will afford. Having executed this part of our task, we shall place in immediate contrast several of the provisions which are to be found in this Act, and in the Charter of JAMES I., and then sum up by pointing out the numberless anomalies and absurdities with which the clumsy volume of medical statutes abound.

In the first clause of the Act of 1815, it is stipulated "That the said recited charter of the fifteenth year of the reign of his Majesty King JAMES I., and all and every the powers, provisions, penalties, forfeitures, regulations, clauses, matters and things therein contained, shall be, and the same is

and are hereby declared to be, in full force and virtue, and shall be as good and valid and effectual, to all intents and purposes whatsoever, as if this Act had not been made." There is, however, as usual, the customary exception to the ALL; for it says "save and except such part or parts thereof as are hereby altered, varied, or repealed." The alterations were numerous enough, in all conscience, and the new powers conferred by the Act were really prodigious. The repealed portions of the charter relate to the inspection of apothecaries' shops in and within seven miles of the City of London,—the destruction of drugs found unfit for use,—and the "power and authority to examine and try all and singular persons professing, using, or exercising, or who hereafter shall profess, use, or exercise, the art or mystery of apothecaries within the aforesaid city of London, the liberties or suburbs thereof, touching and concerning their and every of their knowledge, skill, and science, in the aforesaid art or mystery of apothecaries, and to remove and prohibit all those from the exercise, use, or practice, of the said art or mystery whom hereafter they shall find either unskilful, ignorant, or insufficient, or obstinate, or refusing to be examined by virtue of these presents in the art or mystery aforesaid."

Instead of these preposterous and outrageous powers, so insulting to the whole of the apothecaries of London, it was enacted, "That the master, wardens, &c., shall and may, from time to time, in the *day-time*, as often as shall seem expedient to them, go and enter into any shop or shops of any person or persons whatever using or exercising the art or mystery of an apothecary in *any part* of ENGLAND or WALES, and shall or may search, survey, prove, and determine, if the medicines, simple or compound, wares, drugs, or any thing or things whatsoever therein contained, and belonging to the art or mystery of apothecaries afore-

said, be wholesome, meet, and fit for the cure, health, and ease of his Majesty's subjects; and all and every such medicines, wares, drugs, &c. which they shall find false, deceitful, unlawfully stale, unwholesome, corrupt, pernicious, or hurtful, they shall and may burn or otherwise destroy."

These are the powers now held under the Apothecaries' Act, by a company of wholesale and retail dealers in drugs! Can there be a greater outrage on all the principles of fair dealing, than the possession of such unjust privileges? What would be said if the linen-drapers of Regent Street were empowered to examine the goods of the linen-drapers of Bond Street, and to consign to destruction all those portions which they chose to say were unfit for use, or had been improperly manufactured, or which were unsuited to the tastes of the day? What, we ask, would be said of any impudent knaves, who could claim such a right? Yet the House of Commons, that most intellectual assembly, conceded this privilege to the hags of Rhubarb Hall, without hesitation or murmur! Nor is the "burning" all; for the examiners are required "to report to the master, warden, and assistants of the said society, the name or names of such person or persons as shall be found to have the unwholesome or improper wares in their possession, and the master and warden may impose and levy the following fines and penalties upon each and every person whose name shall be so reported to them;—for the first offence, the sum of *five pounds*; for the second offence the sum of *ten pounds*; and for the third and for every other offence, the sum of *twenty pounds*!"

In this provision, the power of the Apothecaries' Company was at once extended over the whole of England and Wales; and Apothecaries, who had been practising for forty years, and who had never been disgraced by holding any connexion with the people of Rhubarb Hall, were thus, without appeal, placed under the surveillance of

a Company of *retail traders*. It is worthy of remark, that this practice of visiting and examining in the day-time, is not deemed *essential* to the success of the practice of medicine and the welfare of his Majesty's subjects, for it is merely *permissive*. The master and wardens "*may*" go into any part of ENGLAND or WALES. They "*may*" examine any apothecary's shop; they "*may*" burn, or otherwise destroy. Why this "*may*?" The examination of apothecaries' shops with a view to ascertain the fitness of drugs for medicinal uses, *is*, or *is not*, necessary; if it *be* necessary, then the master and wardens should be *commanded* to institute such examinations, and to omit doing so at their peril. And if it *be not* necessary, why is this power constantly held in *terrorem* over the heads of a most respectable and honourable class of gentlemen? Whatever may have been the effects of this right, in relation to the profession generally, it must be clear to all, that the tendency of the stipulation is wonderfully calculated to increase the trade of the Worshipful Company. For practitioners, finding themselves thus at the mercy of these traffickers, would, of course, rather procure their drugs *from the Hall*, whatever may be the charge, than, by buying them elsewhere, incur the risk of seeing them destroyed before their own doors,—of being fined, and of having their reputation for ever ruined. The Worshipful Company would not, could not, think it necessary to examine drugs that had been sent from their own warehouses, or chemicals supplied by their own laboratories. These *must* be genuine, and scrutiny would be lost labour. We should like to know if any other corporation be invested with a similar arbitrary power. Some pert and empty sticklers for ancient privileges will contend, that it was a wise and salutary authority to protect the public from the effects of noxious medical compounds. Such arguments are insulting to the whole of the apothecaries of the kingdom. Medical practitioners are too deeply

interested in the successful issue of their professional labours, to be regardless of the quality of their drugs. Their reputation, their professional existence, their bread, depend upon the integrity of the medicines they prescribe. Can the English apothecary ever hold the rank of an independent professional gentleman, whilst such a statute as this remains in force? The charter of the Grocers' Company does not empower that body to destroy the teas, sugars, and spices, of the grocers of ENGLAND and WALES. Yet it was granted contemporaneously with that of the apothecaries, when the Company of Grocers and Apothecaries was made two distinct companies by the 15th JAMES I. The fact, however, that the apothecaries of that period were the mere servants of the physicians, explains what otherwise would have been an inexplicable mystery. The charter of the College of Physicians confers upon that body the same control over the apothecaries of London, as the Act of 1815 has conferred upon the Company of Drug Dealers over the apothecaries of ENGLAND and WALES. If there were no servants, there would be no masters; and if the primitive apothecaries had not been the mere tools, or lacqueys, of the physicians, they never would have been subjected to correction from the hollow gold-headed canes of the present day.

The fourth clause declares that no person appointed by the master or wardens to be one of the Court of Examiners, or to be one of the individuals appointed to inspect the shops of the apothecaries, shall be deemed to be properly qualified, unless he shall have been a member of the Society of Apothecaries of not less than ten years' standing.

The fifth clause relates particularly to the duty or profession of an apothecary, and it must be read with peculiar satisfaction by those members of the profession who consider that they are competent and independent medical practitioners. Here is the

farrago of medico-legal trash and insult:—  
 “ And whereas it is the duty of every person exercising the mystery of an apothecary, to prepare with exactness and to dispense such medicines as may be directed for the sick by any physician lawfully licensed to practise physic by the president and commonalty of the faculty of physic in London, or by either of the two universities of Oxford or Cambridge; therefore, for the farther protection, security, and benefit, of his Majesty's subjects, be it enacted, That if any person using or exercising the art and mystery of an apothecary shall at any time knowingly, wilfully, and contumaciously refuse to make, mix, compound, prepare, give, apply, or administer, or any way to sell, set on sale, put forth, or put to sale, to any person or persons whatever, any medicines, compound medicines, or medicinale compositions, or shall deliberately, or negligently, falsely, unfaithfully, fraudulently, or unduly make, mix, compound, prepare, give, apply, or administer, or any way sell, set on sale, put forth, or put to sale, to any person or persons whatever, any medicines, compound medicines, or medicinale compositions, as directed by any prescription, order, or receipt, signed with the initials, in his own hand-writing, of any physician so lawfully licensed to practise physic, such person or persons so offending shall, upon complaint made within twenty-one days by such physician, and upon conviction of such offender before any of his majesty's justices of the peace, unless such offender can show some satisfactory reason, excuse, or justification in this behalf, forfeit for the first offence the sum of five pounds; for the second offence the sum of ten pounds; and for the third offence he shall forfeit his certificate, and be rendered incapable in future of using or exercising the art and mystery of an apothecary, and be liable to the penalty inflicted by this Act upon all who practise as such without a certificate, in the same manner as if such party so convicted had

never been furnished with a certificate enabling him to practise as an apothecary ; and such offender so deprived of his certificate shall be rendered and deemed incapable in future of receiving and holding any fresh certificate, unless the said party so applying for a renewal of his certificate shall faithfully promise and undertake, and give good and sufficient security, that he will not in future be guilty of the like offence."

Every line of this Act shows, by some pointed indication, that the whole was a juggle got up by the three medical companies for their own wished-for advantage. The Company of Apothecaries gaped for the fees for the licenses ; the College of Physicians literally longed to show their mastery over the apothecaries, and to protect their per-centage friends, the chemists and druggists ; and the College of Surgeons fancied that there was to be seen in the successful issue of the Apothecaries' Act, the certain prospect of a triumphant campaign for themselves in the field of legislation.

On perusing this Act of 1815, one is forced to the belief that it was not read, or not understood, by twenty members of the House of Commons ; and it is impossible that a draft of the bill could have been submitted to those gentlemen who have been styled general practitioners, or they would never have been quiet under such meditated wrongs, such accumulated insults.

In the clause just quoted the surgeon-apothecary is left no discretion ; if he "*contumaciously*" *refuse* to make, mix, compound, apply, or administer, or *negligently*, *falsely*, *unfaithfully*, or *unduly* make any medicines as directed by any prescription, order, or receipt, signed with the initials, in his own hand-writing, of any physician so lawfully licensed to practise physic, he shall forfeit the sum of *five pounds*. Here it is distinctly seen that the fellows and licentiates of the London College of Physicians, and the graduates of the two Universities of OXFORD and CAMBRIDGE, are the only

physicians who are deemed legally authorised to practise, and the surgeon-apothecary is bound by law to obey their commands, under the threat of a penalty. But, mark ; the chemist and druggist is not so hampered ; he is left free. He *may* contumaciously refuse to dispense the prescription of a legally-authorised physician. The Colleges of Physicians and Surgeons, in framing the clause, were prodigal of this liberty. But the chemist was prohibited from medical practice. Not so the surgeon-apothecary, who, therefore, in the way of drawback upon his independence and privileges, was to be made the slave of the physician. But tyrants and monopolisers are ever, in the end, foes to themselves. Their efforts are always most beneficial to the public when least suspected by them, and the encroachments of the medical corporations upon the rights and privileges of the profession, will lead to as splendid and beneficial a reform as was ever accomplished in any institution in any civilized country. If we had nothing more, the clauses of the Act which we have just quoted, would be sufficient to induce every member of the profession, possessed of common sense, and the least spirit of independence, to promote by every means in his power the success of a *new COLLEGE OF MEDICINE*.

A gentleman who was present at the inquest held on the body of the infant MARTIN MERTENS, has favoured us with a full and accurate report of the whole proceedings. On several accounts it will be read with feelings of painful interest by the members of the medical profession. The girl SMITH ought to have been called as a witness, and at the same time ought to have been told that she was not bound to answer any questions that could criminate herself. It is useless, however, to endeavour to teach attorney-coroners a knowledge of the *law* relating to inquests.

## LONDON HOSPITAL.

YESTERDAY (i.e. Tuesday, Dec. 7th) an inquest was held before Mr. Baker, at the London Hospital, on the body of Martin Mertens, an infant of fourteen months of age, on suspicion of occasioning whose death by wilful burning, Elizabeth Smith, his late nurse, is now in custody.

The jury having been sworn, the Coroner addressed them at some length, observing that they were met to inquire into the circumstances which had caused the death of an infant, whose body would be submitted to their view. The case appeared to him full of difficulties; there was no possibility of obtaining any direct testimony on the subject; the only person present when the deceased sustained the injury being a girl named Elizabeth Smith, who was herself in custody, charged with having wilfully inflicted it. Were he (the Coroner) to order her before the jury, it would be his duty, in the very first instance, to caution her not to answer a single question tending to criminate herself. In fact, he did not see how the evidence of a person in custody, on suspicion of having committed a criminal act, could in any way be received as proof, how that act had occurred. The only testimony, therefore, which could be laid before them, would be circumstantial evidence, to which they would pay every attention, and duly and dispassionately consider its bearing. Most of them (the jury) had, doubtless, seen an article on the subject they were now assembled to investigate, in the newspapers of that morning, but whatever they might have read or heard of the matter they must now dismiss from their minds, and form their verdict solely from the evidence then to be submitted to them.

The Coroner then requested the jury's attendance with him to view the body of the deceased infant which lay in the depository, and presented a painfully affecting sight. The *posteriors*, from nearly *hip to hip*, were deprived of the skin, were of a livid colour, and exhibited convincing indications of having been acted on by a very powerful heat. The *scrotum* also was blistered and swollen, projecting from behind like an air-blown bladder.

The jury having returned from viewing the body,

*Anne Mertens* was sworn: she deposed that she resided at No. 26, Quaker Street, Spitalfields, and was the mother of the deceased. Her husband and herself being in general out at their respective work from morning till night, about six weeks since she, without making any inquiry into her character, hired the prisoner Elizabeth Smith, a girl of 17, to take care of the child during the day. On last Thursday morning wit-

ness went out to her work as usual, leaving the infant, in perfect health, in the care of the prisoner. About half-past six in the evening, Elizabeth Smith came to her place of work, and told her she must come home directly, as the infant was taken worse. Alarmed at this intelligence, she hurried home after the girl, and found her and her mother in witness's apartment. On her entering, the prisoner's mother said to her,—“Mrs. Mertens, I am sorry to tell you, your child has met with an accident, and got burned.” As she said this, she lifted the infant's clothes, and showed its *posteriors*, which witness was shocked to see were dreadfully burnt, entirely denuded of the skin, and having the appearance of raw beef. On witness inquiring of the prisoner how it happened, she said, that about half-past four that afternoon, she was holding the infant, with its clothes tucked up, and one of its legs over each of her arms, to the fire, to warm its bottom, when the child slightly screamed, and removing it from the fire she found it burnt. Prisoner added, that she then bathed its *posteriors* with a towel, steeped in cold water; and after some time carried the infant to her own mother's, by whom she was subsequently sent to fetch the witness.

*By a Juror*.—Did it appear to you that she told the truth?

*Witness*.—From the state of the infant, and of its clothes, it was, and is, my firm belief, that the prisoner, Elizabeth Smith, wilfully held the infant close to, or placed its *posteriors* on, the fire, and I immediately accused her of it.

*Juror*.—Was the infant burnt in any other part than its *posteriors*?

*Witness*.—In none whatever.

*By the Coroner*.—Had the deceased infant any of its clothes on at the time it sustained the injury?

*Witness*.—Elizabeth Smith told me that the child had all its clothes on.

*Coroner*.—Were any of its clothes burnt?

*Witness*.—Not a single article was either burnt or scorched; the prisoner mentioned to me as the cause of their being uninjured, that she held them tucked up whilst warming the child.

*Coroner*.—Have you the clothes with you?

*Witness*.—I have.

The clothes were now exhibited to the jury; there was not on any of them the slightest mark of the action of fire.

*By a Juror*.—How has the prisoner conducted herself since she has been in your employ?

*Witness*.—Very well. She has always been sober, good-tempered, and apparently fond of the deceased. I never had an angry word with her.

*Juror.*—What reason then have you for supposing that the prisoner wilfully burnt the deceased?

*Witness.*—Because the fire-place is too high, and the deceased child was too little to have fallen upon it; he could only walk in holding by the chairs. The infant's not being burnt in any other part than the posteriors,—the extensive and severe nature of the burn in that one part,—and none of its clothes being injured.

*A Juror.*—Had the infant on that day soiled itself?

*Witness.*—No, and it was, in general, very cleanly.

*Juror.*—Did the infant, when you saw it, scream much?

*Witness.*—It did not scream at all when I saw it.

*Juror.*—Did it appear frightened at the prisoner.

*Witness.*—It took no notice of the prisoner, of myself, or of any-thing else, but held its head down, and seemed to be in a stupor.

*By a Juror.*—Did you immediately send for a surgeon?

*Witness.*—In company with the prisoner's mother, I directly took the infant to a surgeon's, who, without looking at it, desired me to take it to another surgeon's. That gentleman examined it, and then said he would make me up something for *eighteenpence*, but having only *sixpence* in the world, and that just borrowed, I was compelled to go without it, and to content myself with an application of linseed-oil to the part injured until the next morning, when I brought the deceased to this hospital.

*John Philip Scerther* stated that he was maternal grandfather to the deceased. About a fortnight since he was at his eldest daughter's house, when the deceased infant happened to make water on the floor. The prisoner, Elizabeth Smith, instantly caught him up, exclaiming, "You impudent rascal, the next time you serve me so, I will do you a mischief." The prisoner's face was turned from witness, and he cannot say whether the expression was used in jest or earnest.

*Jane Smith*, sworn.—I am the mother of the prisoner Elizabeth Smith, my daughter is a very steady girl, and remarkably fond of children. About half-past five last Thursday afternoon, my daughter came with the deceased infant to my residence, No. 4, Queen Square, Moorfields. There seemed to be nothing the matter with the infant, it was quite comfortable and very cheerful. I gave the deceased some sop which it ate heartily. The infant did not appear to be in any pain, it never cried, or if it did so once or twice, it was so slightly as not to attract any attention. After some time I

observed that my daughter seemed low-spirited, and on my asking what made her so dull, she said that she had met with a misfortune; she was holding the infant's posteriors to the fire to induce it to make water, when the child pinched her arm and cried. She instantly took it from the fire and on looking at its bottom found it burnt. After applying to the burn a cloth dipped in cold water she brought the infant to me. On my examining the infant I called in my landlady, and by her advice covered the part injured with a cloth saturated with linseed oil. I then took the infant back to its mother's, to fetch whom I at the same time dispatched my daughter.

*Mr. James Wallace*, sworn.—I am a student at the London Hospital; about half-past one last Friday I was, with Mr. Dyer, called to attend an infant that day brought to the hospital. I found that it had received a burn which extended all over its nates, the scrotum also was blistered and greatly swollen. Proper remedies were exhibited, but the infant died on Sunday from irritation of the brain produced by the burn. From the appearance of the burn I cannot say whether the child's posteriors were in actual contact, or only close to, a fire, but from the extent and severity of the burn, they must at least have been placed close to a strong fire. I cannot say how long the duration of time requisite to cause such an injury, would vary with the intensity of the heat, and its contiguity to the object burned.

*By a Juror.*—Would the infant after sustaining such an injury have felt much pain?

*Witness.*—It must have been in intense agony from that instant.

*Juror.*—Should you think the infant would have screamed much?

*Witness.* I should think it must have cried and screamed dreadfully; it could not have been one moment free from excessive pain.

This being the last witness, the Coroner having read the evidence over to the jury, observed, that from the whole of the evidence, it appeared to him that the nurse Elizabeth Smith had, either to deter the infant from again committing some fault, or to punish it for having committed one, held it to the fire, and, unfortunately, so long, that it had received a fatal injury, but that he could not believe the girl intended seriously to injure or destroy it. That, therefore, if the jury coincided with him, they would not deem themselves justified in returning a verdict of murder or of manslaughter, but one of accidental death, with some censure on the prisoner!!!

At the repeated suggestions of the summoning officer to a juror, that gentleman now requested the Coroner to order the room to be cleared of all strangers and reporters!

This was accordingly done, and after the jury had remained in deliberation about twenty minutes, the reporters were informed that their verdict was "Accidental death, through the culpable neglect of Elizabeth Smith, but whose conduct does not amount to an act of criminality."

## DERBY INFIRMARY.

DR. BAKER'S CASE.

To the Editor of THE LANCET.

SIR,—It is with regret that I feel myself again called upon to reply to anonymous imputations cast upon the professional character of a gentleman connected with the Derby Infirmary, in an article which appeared in your last number, wherein a most erroneous statement is given, both of the case alluded to, and of the treatment adopted. I am far from presuming, in the following communication, to constitute myself a judge of the propriety or impropriety of Dr. Baker's practice or opinions. I merely lay before the profession the case, which is by no means uninteresting, and make a few observations on the report of your anonymous correspondent; not because I consider that so contemptible an attack merits from its nature any other notice than that bestowed upon it by the gentleman whom it so feebly assails, but purely to expose the base falsehoods promulgated by the author of those papers by which our profession has been disgraced, purporting to contain statements of proceedings occurring in this place.

I had thought that my last reply to the case of Ellen Cope (to which I see allusion is again made in the paper which elicits these remarks), would have sufficiently shown how little reliance is to be placed upon the statements with which "Philanthropist," "Reporter," &c., *mutato nomine*, has so often sullied your valuable pages; however, as they still find a place in THE LANCET, I must, in order more fully to open the eyes of the profession, request the early insertion of the following:—

CASE.—Oct. 20. Hannah Mansfield, ætat. 34, a married woman, was attacked with fever on this day week. (Her husband is now in the Infirmary, labouring under fever, and she is reported to have lost a child during the last few days from the same disease.) Last night, previous to her admission, she is stated to have miscarried and lost a considerable quantity of blood per vaginam, both prior and subsequent to her coming into the house. Her countenance is anxious, and she makes a moaning noise. Tongue dry,

and covered with a yellow fur, dark-red at the tip; has slight after-pains; very little lochial discharge. There is considerable tenderness on pressure being applied over the region of the stomach. Pulse 96; bowels open. *Hab. mist. effervescentis, 3ij; tertius horis applicentur hirudines xij epigastrio.* To have only gruel, a little tea, and dry toast.

21. Pain at the stomach somewhat relieved; countenance is still expressive of anxiety; tongue continues furred and red at the edges. *Hab. pulv. rhæi, 3ss, statim; hirudines xx epigastrio.*

22. Better this morning; tongue cleaner and more moist. *Pergat.*

23. Pain in the abdomen is become very severe, and is much increased on the slightest pressure, that of the bed-clothes being almost insupportable. The woman lies with her knees drawn up towards the belly, and is unable to turn herself, or perform any motion demanding an exertion of the abdominal muscles. Respiration hurried, with a short harassing cough; tongue dry at the point, moist elsewhere; pulse 104, small and wiry; bowels purged. *App. hirudines xx et postea emplastra cantharidis duo abdomini.* Dr. Baker observing, that if good is to be expected from blisters in this disease, they must be used much larger than is generally done.—Evening, half-past eight. Only nine leeches took hold; pain and restlessness continue; pulse 100, rather jerking. *Fr. V. S. ad 3xvj.*

24. nine a.m. Is breathing with more freedom; skin less dry, and tongue not so red; pulse softer. Blood abstracted has a strong buffy coat; blisters have risen well. Has stranguery. To have barley-water.—Nine p.m. Continues better.

25. Tongue moist in every part; pulse 96 and soft; bowels confined, with some uneasiness and distension. *R. Pulv. rhæi, 3j; soda subcarb. 3j; ft. pulv. st. sumend. R. Mist. antim. oper. 3j, 4tis horis.*

26. Complaints of pain in the bowels and sense of tightness across her chest. Bowels open; no distension of the abdomen. *R. Soda carbonatis, 3j; ag. mentha, 3iiss. R. Opii, m 50; ag. pura, 3iiss, m. cap. statim partem statim et tertius horis repetendam.*

27. Better; has had slight uterine discharge during the last day or two, consisting of dark grumous blood, containing lumps of coagula.

28. Pain in the abdomen recurred this morning, the bowels not having been opened. Mr. Dix, the house surgeon, ordered pulv. rhæi, 3j, which has not yet operated (ten a.m.); no tension of the abdomen, but it is highly sensible to pressure. The face and forehead covered with clammy perspiration. Tongue clean and moist; pulse 102, very



feeble; has been fomented, which must be continued. *Omitt. mist.* N.B. The antimonial mixture was suspended the day before yesterday. *R. Submur. hydrarg., gr. xij; extr. opti, gr. v; conf. rosæ, q. s. ut ft. pil. iv. cap. j; Stiis horis.*—Hora, 5½ p.m. The tenderness continues unabated; tongue dry; pulse 100. *Pergat. in usu pilularum; applicentur hirudines xij vel xx ut vires ferant.*

29. eight A.M. Fourteen leeches were applied; had one motion in the night, and got a little sleep. The pills, of which she has taken seven, caused free perspiration; mouth not yet affected; is free from pain, and the tongue is much more moist.—Six, P.M. Is much better to-night; skin cool, and is quite free from pain. No more medicine to night. *Omitt. pilula.*

30 and 31. Continues better; passed a quiet day on the 30th, and has had some refreshing sleep.

Nov. 1. Has slight diarrhoea. *R. Mistura camphoræ, ʒiv. R. Opii, ℥ 40; aq. puræ, ʒiv., m. sumat ʒi. Stiis horis.*

2. Improving. *Pergat. in usu misturæ.* To have light puddings, sago, and arrow-root.

4. Omit the mixture. *R. Sodæ carb. ʒij; infusi calumbæ, ʒv; aq. fontis, ʒiij, m. hab. ʒiss ter die.*

5. Complains of sore throat. *Utetur linimento ammoniac pro re natâ.*

6th to 29th. To have white wine, ʒij in the day, taken in arrow-root, as instructed. From this time she gradually regained her strength, and on the 29th was discharged cured.

I will not waste time in proving this to be a case of peritonitis, combined with typhoid fever: the gradual extension of the pain over the whole abdominal cavity—the great tenderness and impatience of pressure—the position of the woman—her inability to turn or exert the abdominal muscles—the hurried respiration—the small wiry pulse—the anxious countenance, coated tongue, and buffy state of the blood, all speak too plainly to be misunderstood, except by those whom ignorance or enmity have stultified to a lamentable extent. Neither is it necessary to insist for a moment upon the necessity of adopting that energetic and decided treatment which was in this case so judiciously and perseveringly, and, I may add, successfully persisted in; but that information on this topic would be serviceable to some members of our profession in this place, is unfortunately too conspicuous, from the precious document before me, on which I shall now make a few remarks.

I do not condescend to notice the elegance of literary composition with which the case of "Goose Egg" is adorned; nor yet the

puny ineffectual struggles at humour which it contains; these all dwindle into comparative insignificance before the want of feeling and principle so conspicuous in every line. The case given above precludes the necessity of my counting the sentences, in order to proclaim the number of falsehoods palmed upon your pages by this mendacious reporter; but his "practical questions" demand a few words. Query, Did not the huge blister, by its strangury, promote the abortion? Would not mercurial action have the same tendency? No, because the "abortion" had taken place previously to their adoption.—Query 3rd, What was bleeding likely to do? What it did do,—save the woman's life. Would not opium and the soothing system have been more likely to relieve the pains and to have prevented the abortion?—Shade of Hippocrates! As there can be little doubt that the reporter of this case is a medical man, I would earnestly solicit him, for the benefit of those unfortunate individuals who may hereafter come under his care, to refer to some work from which he may learn, that peritoneal inflammation is not to be treated by opium. (Vide Burns, Mason Good, Armstrong, Mackintosh, &c.)—Query 4th, Was not this a case of uterine irritation and hæmorrhage, without inflammation, occurring in a pregnant woman, debilitated by typhus fever,—the commencement of flooding having been taken for a miscarriage, and the miscarriage not, in fact, taking place till the patient had flooded for more than a week, and had been subject to medical treatment well calculated to produce a miscarriage? The fact of the woman's never having had "flooding," except immediately on her admission, precludes the possibility of such a mistake; and from what I have stated I would ask any tyro, Was this a case of uterine irritation without inflammation? No, Sir, it was irritation of another kind; it was the case of a set of men irritated by conscious inferiority of talent and professional attainments, to endeavour by all the means which envy and hatred can suggest—by calumnies which they knew he would never degrade himself by noticing, and by indignities too contemptible for resentment, to lower the professional character of Dr. Baker to something like an equality with their own. It is to be regretted that their malicious falsehoods should have so extensive a field for circulation as that afforded by the pages of THE LANCET; but it is to be hoped, that after the *exposé* which I have given of a few specimens of their proceedings, your columns will be shut against any more anonymous charges against Dr. Baker, at least without some stronger marks of authenticity than the cowardly attacks which have been made upon that gentleman, contain.

To one statement of your anonymous correspondent I must assent most fully,—that Dr. Baker deserves credit for his unremitting attention to the Infirmary patients: and I would also take this opportunity of expressing the obligations which my fellow pupils and myself owe to him for his attention to our interests in facilitating so materially, by his punctuality of attendance, our opportunities of seeing his practice, and likewise in devoting a portion of his valuable time to the exposition of the cases under his care in this institution.

I remain, Sir, your obedient servant,

T. R. JONES.

Derby, Dec. 17, 1830.

## DUBLIN COLLEGE OF SURGEONS.

MEDICAL EDUCATION AND GOVERNMENT  
IN IRELAND.

*To the Editor of THE LANCET.*

SIR,—I have been abused in a late number of your Journal by some “great unknown” advocate of unassuming virtue and neglected talent. I am not going to *defend* myself against the scurrility of the disinterested and gentlemanly author of that communication, satisfied that the mud which he flings will settle back into the stinking channel whence he drew it. I wish, however, as I attach the highest value to the good opinion of the members of my profession, to have an opportunity of stating that I have taken no part whatsoever in a paper war which appears to rage between me and a professional gentleman of this city. One communication, which, I am told, contains observations injurious to the character of this gentleman I have never seen, either in manuscript or print, and I have only looked into those which contain attacks on myself, to ascertain whether I should notice them or not. When I stand up in my place in the College of Surgeons, to expose what I consider mischievous and impudent folly, or to unmask what I know to be most barefaced imposture, I exercise a right and perform a duty from which, I hope, I shall never be found to flinch. I court and solicit similar treatment towards myself, if any member meets an opportunity of exercising his rights, or performing his duty in a similar manner, and I pledge myself that he shall be answered on the spot before a competent tribunal, to whose decision and opinion I shall implicitly bow.

With reference to a subject of much greater importance, the character of the Irish College of Surgeons, I will now break through a silence which I have long unwillingly imposed on myself, by asserting

that the injurious charges heaped upon that body by disappointed rivalry, pert ignorance, and rancorous envy, are as false as they are unworthy. This I propose to prove in the pages of your journal, by facts and reasonings, unassisted by those arts of ridiculous metaphor, personal allusions, and coarse ridicule, which answer no other purpose than to pervert or conceal the truth. I only ask, to use the “language of another place,” a clear stage, and no favour. The discussion shall embrace an unrestricted inquiry into the principles which influence the legislation and councils of the institution, and a rigid scrutiny of the conduct of the members in the practical application of those principles. I do not expect that the institution shall be found completely faultless, but if I can show that the system adopted has led to as valuable results, and has been as little perverted as any other, I shall claim due credit from the candour of those who are interested in the discussion. It should, however, be positively settled, that in no case shall the *name* of any party be introduced into the discussion, and the signatures to the communications shall be initials. The profession must be sick of the impudent egotism and vanity of those who make a trade of using discussions of this nature, for the purpose of keeping their names before the public: it is but the trumpet which proclaims the arrival of the charlatan in the market, and should be received with the hootings which it merits.

Now, Sir, you are, I believe, a radical reformer, and an advocate for universal suffrage and annual parliaments in Lincoln's Inn Fields. We, in Stephen's Green, Dublin, enjoy those blessings of universal suffrage and annual parliaments, and vote by ballot too; therefore, if the statements respecting the inefficiency, dishonesty, and depravity, of the Irish College be correct, it is a conclusive argument against the system, at least, in this country. The fact is, that the constitution of the Irish College is as purely democratic as the most ardent admirer of free institutions could desire. The charter was granted to each and every member of the College existing at the time of the incorporation, giving them power to elect by ballot their officers of every description once in the year—to hold stated meetings—to make by-laws—to raise funds and apply them to the support of the institution—to regulate the education of the students or pupils—to grant licenses to practise surgery,—and from time to time to admit other members. As an additional security against undue influence, the misapplication of the funds, and of injustice in the examination of candidates for licenses, it is enjoined by the charter, that any twelve members, by signing a requisition to the

president, may convene a meeting of the College for the purpose of discussing any particular question, or redressing any grievance; that the funds of the College shall be applied only to the support of the institution, and that any candidate for the license of the College, who is rejected by a court of examiners of six members, is entitled to appeal to a junior court consisting of twelve.

Such is our Magna Charta; our statutes, or by-laws, are constructed in a similar spirit. The affairs of the College are managed by various committees, elected by ballot once in the year, and any candidate who solicits for votes is disabled from holding office. All properly-educated physicians or surgeons are eligible to professorships. The elections to professorships take place at meetings of the College at large, and the qualifications are submitted to the scrutiny of the members, who delegate on the spot the power of selection to the president and court of censors, as to a jury, who must immediately come to a decision. Certificates for attendance on lectures are received from all teachers, public or private, who conform to the regulations laid down for the guidance of the professors in the College. The examination of candidates for letters testimonial, is open to all members and licentiates of the College. The duties performed by the members, many of which are most laborious, are executed without fee or reward; no member, except the curator of the museum, receiving one shilling for his services.

In these voluntary enactments may be recognised the spirit which animates the Irish College; and I confidently submit them to the judgment of the candid and unprejudiced, to determine whether such measures usually emanate from the mean, dishonest, sordid motives attributed to the College by horn-blowing patriots and mock reformers.

Before I conclude, I have to submit a case for a casuist. Each member, when admitted, swears that "he will to the utmost of his power, endeavour to maintain the reputation, honour, and dignity, of the College." Now I wish to know, whether, when a member finds that his egregious suggestions for the reformation of abuse—his pathetic exhortations to the members to discontinue their nefarious courses, met with chilling indifference, or even the most provoking contempt, is he not authorised to maintain "the reputation, honour, and dignity of the College," by informing the public that the members are a parcel of unprincipled scoundrels? I shall feel obliged for any hints in the way of elucidation.

In my next, I propose to discuss some of the long-disputed points respecting our system of education. I am, Sir, yours, &c.

A. J.

#### TREATMENT OF CHOLERA MORBUS.

To the Editor of THE LANCET.

SIR,—It is really a pity that there are so few medical men in this, or any other country, who have as yet been able to discover a remedy, or even proper treatment, for the cure of that dreadful disease, "*cholera morbus*," which, when it assumes its most alarming character, has, from the earliest period to the present date, baffled all the skill of those who have tried to counteract its powerful effects. The voluminous descriptions of the cause and effect of this disease, and the various rules for the cure of it which are laid down in the works of the different authors who have written on the subject, are as confused and inconsistent, and as wrangling and perplexing, from the manner in which they are recorded, as the turbulent waves of the ocean; but the mystery in which the effects of the cause of this disease still remains is easily explained, by the ridiculous treatment that some, and indeed most medical men, adopt in endeavouring to check its progress; no matter whether the intestines of wretched sufferers are overloaded with corrupted and deleterious matter, or entirely emptied from excessive vomiting and purging, leaving the intestinal canal throughout its whole length in a highly inflammatory state, still there are medical men who imagine that by administering purgatives and diminishing the sanguinary vessels by the usual means, they remove the grand cause, alleviate the agonies, and cure their patients; but such is not the fact; it is from the incomprehensible powers of Providence that such people are restored to their former strength, and not from the erroneous doctrines and whimsical treatment of medical men, who very rarely think of giving in the early period of the disease, such medicines as would counteract the powerful effects of (I may say) the corrosive matter, which keeps up and causes the constant irritation in the bowels, and, at the same time, combining them with other medicines that have a tendency to lessen pain and tenderness in a diseased part, which arises, in ninety-nine cases out of a hundred of this disease, from the violent action of the corrosive matter or corroding fluid, for it is all a farce for men to suppose that the intestines are always loaded with feces in cholera. The manner in which it is treated at the present day is a bad and wild theory, built upon a very weak and rotten base; this disease arises, in ten cases out of a dozen, from an acrimonious increase in the secretion of bile, which either undergoes a change in its quantity and quality, or it is assisted in its powerful

action upon the whole system by the fermentation of bad animal or vegetable food; or, on the other hand, which is a well known fact, it is occasioned at certain times of the year by the effects of ripe or unripe fruit; however, it is also a fact that it attacks people in warm climates with very great severity, and as this is regarded as another species of the disease, although it resembles the other in its effects upon the system, notwithstanding the treatment should be entirely different. It is absurd to hear men talking about the necessity of giving cathartics in this disease. Some give grain doses of Epsom salts, and a few drops of tincture of opium every three or four hours; and with this useless composition some men stand gaping by the bed-side of their unfortunate patients, pouring this and similar mixtures down the throats of their sinking victims, until the black screen of death is drawn betwixt them, and closes for ever the gloomy tragedy; others give purgatives and afterwards astringents, while others treat the disease as if it were entirely an inflammatory one with all the remedies used on such occasions. And again, there are others who give strong astringents in all stages of cholera, which is as bad a practice as that of those who, when they are called to persons affected with this disease, absolutely *heap irritation upon irritation*, and augment the whole train of symptoms by increasing the irritation of the inner coat of the intestinal canal with their drastic purgatives, because a few drachms of castor oil must, when the bowels are in a debilitated state, act very powerfully; and from experience and observation I can positively assert that there is no way better calculated to cure this disease, than that of giving active and proper remedies in the commencement of its attack; but when this disease attacks and spreads through large populated cities, medical men should try to discover the principal cause, and if they cannot discover that cause, let them prepare themselves to meet its action with such medicines as might change, mitigate, or counteract its violent effects; for in spite of all the tongues of Europe, this superfluity of bile which burns the whole range of intestines, from the stomach to the very verge of the anus, can be decomposed or mitigated; and if this were done by slight degrees, the disease must eventually be cured.

I am, Sir,  
Your very obedient  
And humble servant,

S—A.

London, Dec. 3, 1830.

THE ROYAL SOCIETY AND THE  
DUKE OF SUSSEX.

To the Editor of THE LANCET.

SIR,—The scientific world, and the independent members of the Royal Society, cannot but feel grateful to your exertions, for exposing the causes of discontent of that body, and the intrigues by which the late election of a president was characterised.

There was a time when the chair of the Royal Society was an object of the highest ambition to those who, gifted with the noblest faculties, devoted themselves to the otherwise profitless pursuits of science; what then must have been the surprise of the *scientific* Fellows, when they heard, for the first time, by means of the newspapers, that his Royal Highness the Duke of Sussex had consented to *take* the chair! I have used the word *scientific* Fellows, because the time has now arrived when the line of separation should be drawn between those who have some pretensions to acquirements, and the *herd* who owe this distinction solely to that system of jobbing which has filled the Society with mere drones, and among these let it be remembered, that there are too many of our profession.

By what means did the newspapers obtain the information of Mr. Davies Gilbert's resignation? Certain it is, at least, that Mr. D. Gilbert wrote to the Council to deny any such intention, but admitted that he had had *some* communication with his Royal Highness's Secretary! Shortly after this Mr. D. Gilbert did resign, alleging as a reason, that the appointment of the Duke of Sussex would be agreeable to his Majesty! May I then ask of Pettigrew (who, I believe, is Secretary to his Royal Highness), whether he did not communicate his Majesty's private expressions to the President, and by what authority, for I am assured that the Duke of Sussex has solemnly denied having given such authority to any individual?

Permit me to remark, that the superior attainments and liberality of the Duke of Sussex would have united many in his favour, had not the manoeuvres of a secretary shocked the feelings of every independent man. Upon the fact being known that the correspondence I have adverted to had led to the resignation of Mr. D. Gilbert (a good-hearted, though simple creature, having few recommendations beyond that of his fostering care of Davy), a few spirited Fellows demanded and obtained the whole secret motives of the resignation of our, and the anticipated election of another, President. What course remained open then for the requisitionists, except an explicit declaration, and to this paper I refer you for

the names of individuals, as eminent in science as Europe can boast of, who declared that Mr. Herschel was, in their opinion, the highly-gifted individual who *wanted* the chair. These resolutions were communicated to the Duke of Sussex, I believe, by Mr. Warburton, one of the Council. Newspaper paragraphs, the extreme activity of Messrs. Pettigrew and Granville, and the utmost influence of Royalty, proved, however, that there was a determination to seat his Royal Highness. On the day of election, accordingly, archbishops and clergy, the fawning parasites of Royalty, who had been accustomed to calumniate the Duke of Sussex when it pleased their former master, suddenly discovered the extreme merits of the Royal Duke, while the influx of army and navy voters too plainly proved the nature of the influence which had been exerted; nay, even some of the requisitionists declared that they *dared* not to vote for Mr. Herschel, and a ballot proclaimed the Duke of Sussex to be elected by a majority of six! A pitiful quibble, worthy of such intrigues, has declared the Duke to have been *unanimously* elected. Yes, because the President must be elected from the Committee, and in this process his Royal Highness's friends succeeded in excluding Mr. Herschel from that body.

Are such proceedings as I have detailed worthy of this once honoured Society, or are they calculated to allay the desire of *reform*, which a party hope to defeat by means of his Royal Highness? Or is it to be borne that Pettigrew, an individual whose merits remain yet to be discovered, who gained his admission into that very body by a majority of only two votes; who had the honour of a superlative blackballing at the Athenæum Club, and who had gained notoriety in other situations to which I shall not allude—is this the person who shall dictate, even with the assistance of Dr. Granville and his pamphlet, the fittest person to become the President of the Royal Society? Wollaston, whose gigantic mind and unflinching independence will long be remembered, on being requested to become a candidate, declined, most peremptorily, because he would not enter into a canvass for an office *solely of merit*, for he had heard that others had canvassed. His Royal Highness has, I perceive, declared that he used no influence, a fact which can only be accounted for by his being the object of an intrigue to serve other individuals, but whose conduct will now be narrowly watched.

In conclusion let me thank you for the encouragement you have held out to the independent Fellows who have done their profession honour, by showing that there are some, at least, who dare to think for themselves. I once admired the indepen-

dence of the Duke of Sussex, and trust that he will exercise the same feeling now towards those who opposed him, notwithstanding what has been printed to the contrary, and can only assume, that in this communication I should be grieved to find him involved in any intrigue; but,

“Amicus Apollo! sed magis amica Veritas!”

ZERO.

#### SPONTANEOUS EVOLUTION.

##### To the Editor of THE LANCET.

SIR,—It is not my wish to animadvert on the practice of others, yet I cannot avoid offering a few remarks on presentation of the arm, elicited by the perusal of two interesting cases recorded in your valuable Journal, by Mr. Cooper, of Brentford. In these cases a peculiar and novel management proved successful; but how far we are justified in departing from a long tried and efficient method of practice, for the adoption of speculative measures, involving the life of mother and child, is a serious consideration for obstetric practitioners.

Having recently retired from a practice which afforded opportunities of collision with many such cases, and in one patient (a lady residing six miles from me, attended by a gentleman on the spot, as well as myself), succeeded in effecting her delivery with danger, or extraordinary difficulty, in three succeeding labours where the arm presented, and also in many others, I may, perhaps, be permitted to observe, that I never deemed it prudent to delay the delivery of the patient further than was necessary to induce a proper state of the uterus for the introduction of the hand to effect it, by turning the child; and where this state was absent, I have invariably found it produced by the abstraction of blood and a liberal use of opium. I have, however, been often surprised at the resources of the human constitution, and led therefrom to contemplate the beneficence, as well as the skill, of the great Architect in his “noblest work.” Yet I may be somewhat sceptical on the subject of spontaneous evolution; certainly so as to the extent advocated by some, never having seen it happen, or any disposition thereto, where the arm had actually passed the os uteri, but always found the difficulty of turning induced by delay, allowing the uterine efforts to effect the escape of the liquor amnii. I have heard of a respectable practitioner wasting four hours in attempts to irritate the presenting arm, in the hope of inducing evolution (I will not call it spontaneous), as might be expected, without success.

I remember the case of a well-formed woman, with capacious pelvis and great muscular power, where, in presentation of the arm, the child was expelled without artificial turning or spontaneous evolution. I was from home at the moment the child was born, but the midwife assured me in great agitation, that when she found the hand of the child, it terrified her so much, that she could afford her but little help (little indeed), but that the pains were exceedingly violent, and the child came into the world arm foremost. The ecchymosis of the face and back of the child (the arm was also much tumefied) gave origin to a report that this woman had given birth to a child black and white.

These remarks are intended in some measure to condemn the practice of Mr. C., for the facility and promptitude with which I have found delivery affected by the common practice of turning, may render them admissible. I hope shortly to claim the indulgence of a place in your Journal for a recent case of epilepsy, and some others in the way of reminiscences, should they be deemed of sufficient importance.

I remain, Sir, yours very respectfully,

JOHN WARD, *Surgeon*.

Hounslow.

#### RECOVERY FROM THE EFFECTS OF LIGHTNING.

THE "Kritisches Repertorium" contains the following case, related by Dr. Kremer, of Muhlheim:—

On the 3rd of July, 1830, a female, 40 years of age, was struck by lightning; she fell down, and was, in a state of insensibility, conveyed to the neighbouring almshouse, where she gradually recovered her senses, and complained of violent pain in her legs, back, and sternum; she had no recollection of what had happened to her, and was at times delirious. On examination it was found that the lightning had struck her on the head, behind the right ear, where a large circumference of the hair was burnt. It had then descended along the right side of the neck in the direction of a ribbon with a tombac cross, which she wore at the time of the accident, over the anterior surface of the thorax between the breasts, along the median line of the abdomen down to the symphysis, to the inner side of the left thigh, at the middle of which it turned outwards, and then went at the external side of the leg, behind the outer ankle, down to the sole, which was excoriated; at the thigh there was also a large excoriation; on the other parts the course of the stroke was visible in the form of a black line of about half an inch in diameter. She

complained of very great lassitude, and intolerable pain in the back and right thigh and arms, although they evinced no sign of the stroke having passed over them. She took sulphuric ether; the burns were fomented with Goulard's water, and the back, right leg, and arms, were washed with spirit of camphor. The night after the accident she was tranquil, and on the following day the pain had much diminished, and was of an intermittent kind, except in the burns, which began to suppurate profusely; at the same time there was much general irritation. The burns were dressed with lime-water and olive-oil, and internally saline aperients were given. The attacks of pain gradually became less frequent; the fever subsided, and under the use of tonics, she had, on the 16th of July, perfectly recovered.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### DISLOCATION OF THE RADIUS AND ULNA.

MR. LAWRENCE, at his lecture on Friday last, related the following case:—

A man, apparently about thirty years of age, of a spare habit of body, came here on Thursday, in consequence of his elbow having sustained an injury, which prevented him from bending his arm. On examination, the olecranon was found projecting at the back part of the joint, about an inch above its natural situation; the radius was placed behind the external condyle of the os humeri, and the humerus itself was thrown forwards on the anterior part of the forearm, where it formed a large projection. Motion of the joint was not productive of pain, nor was there the least swelling of the surrounding soft parts. The limb was in the extended position, the hand and arm were supine, pronation could be effected with great facility, but the flexion of the joint was entirely lost. The patient stated, that the dislocation had existed twenty-six days, and was occasioned by his having been thrown from a horse, but he was not aware that he had put out his hand to save himself,—that there had been a good deal of swelling about the joint till within the last week,—that he had been under the care of a surgeon, but that no attempts at reduction had been made. Reduction was immediately attempted, and it was effected in the following manner:—Extension was applied just above the wrist, and the counter extension at the junction of the lower with the middle third of the humerus; after employing it a few minutes, it was suddenly discontinued; and having previously taken hold of the forearm, Mr. Lawrence put his knee in the bend of the elbow, and pressing the

radius and ulna, so as to separate them from the humerus, at the same time bending the forearm, he succeeded in bringing the ends of the bone into their natural situation. Though the reduction was accomplished, the forearm could not be bent to more than a right angle with the arm, and on examining the joint to ascertain the cause, it was found that the ends of the bones were in their relative position; but on examining the radius and ulna forwards with one hand, whilst the humerus was fixed with the other, a crepitus could distinctly be felt, and on the application of a little force in this position of the arm, perfect flexion could be performed. On continuing the examination, Mr. Lawrence found that the coronoid process of the ulna had been broken off, which would account for the extended state of the limb when he came here. The arm was secured at a right angle by means of splints and a sling, and the man left the hospital.

#### CONCUSSION OF THE RETINA, AND DETACHMENT OF THE IRIS.

John O'Brien, *ætat.* 40, of a robust constitution, was admitted into Henry's Ward on Wednesday, the 1st of December, under the care of Mr. Lawrence.

The conjunctiva of the right eye is minutely injected, and the sclerotica slightly so; the eyeball is protruded, and there is a slight effusion of blood into the anterior chamber. The iris is detached to the extent of three lines from the corpus ciliare at its upper and outer part, and presents a very good artificial pupil of an elliptical form. There is incomplete amaurosis; he can see the divisions of a window, and also the hand when held near to him, but cannot distinguish a letter in a book, though it has large print; he does not suffer any pain in the eye, nor is there any intolerance of light.

He states that he is a blacksmith, and that on Monday last he was endeavouring with a large sledge-hammer to break an iron rod; this he effected, but a portion of it, about an inch long, rebounded, and struck him a very severe blow on the eye. He suffered great pain in the organ after the accident, but it was very much relieved yesterday by keeping in bed all the day, and taking an active dose of the sulphate of magnesia, which purged him briskly, and applying fomentations to the eye. Mr. Lawrence ordered him to take five grains of calomel, with fifteen of jalap, immediately, to keep a piece of linen saturated with saturnine lotion on the eye, and to be bled freely from the arm.

2. The dresser bled him to *fifty ounces*, which, he says, afforded him great relief,

and he slept well all the night after it; his bowels were open several times during the afternoon and evening of yesterday, and, to use his own expression, he now feels himself twice the man he was yesterday. The protrusion of the eyeball exists to the same extent as on his admission, but the vascularity is much diminished; he has no pain in the eye; tongue moist and clean; pulse 80, and soft; vision is considerably improved. Continue the *lotio saturni*.

3. The vascularity has nearly disappeared, his sight is improving, and the protrusion of the eye is a little diminished. The natural pupil is dilated, and of an oval shape, from the falling down of the detached portion of the iris; pulse frequent; tongue clean; bowels open. The blood that was observed in the anterior chamber is absorbed. The iris appears to have been thrown forwards, and to be in contact with the posterior surface of the cornea. Mr. Lawrence very much approved of the extent to which the bleeding had been carried, and observed that he had never seen the slightest injury result from a first bleeding in an inflammatory disease, however large it may have been. Continue *lotio saturni*.

4. Better in every respect.

6. There is rather more vascularity of the conjunctiva to-day, and he complains of pain in the eye occasionally. Slight lachrymation, and intolerance of light; bowels open; tongue clean; pulse natural. Continue the *lotio saturni*, and c. c. ad  $\frac{3}{4}$  temp. dextro.

10. He says his eye feels perfectly well; his vision, though not so good as before the occurrence of the accident, is very much improved. The protrusion of the globe of the eye has entirely disappeared, and the iris has resumed its natural situation. Ordered to remain in the hospital, but he will be discharged in a few days.

#### HOSPICE DE BICETRE.

##### CASE OF ELEPHANTIASIS.

— LECLERC, *æt.* 63, received, in 1822, a blow on the internal side of the left leg; this was followed by the formation of a large ulcer, and swelling of the leg and foot, which eventually attained such a size as to prevent the patient from following his employment. He went to the Hôpital St. Louis, where he was treated for about fifteen months, but without any good effect; he was accordingly declared incurable and sent to the Bicêtre, where he remained from 1824 to May 1830. During this period the size of the limb continued, with slight alteration, to be about twice that of the right leg; the ulcer re-

peatedly healed up in one place and broke out again in another; the pain was, on the whole, rather less than what it had been at the beginning, though it never ceased entirely; the general health of the patient was not affected; his digestion was natural, &c.; he complained only at times of palpitation. On the 21st of May, he left the Bicêtre, and after having taken a large quantity of spirits, and exposed himself to cold, was, on the 24th, taken with great dyspnoea, difficulty of swallowing, and intense fever. On the 25th, he was seen by M. Fabre, "interne" at the Bicêtre, who found him in the following state:—The face was bloated, skin dry and hot, pulse full, and respiration laborious; he complained of great difficulty of swallowing, and on inspection the throat was found to be violently inflamed, and the tonsils so much swelled as to leave only a very small communication between the mouth and the larynx. The thoracic viscera, after a careful examination, did not seem to be affected; the leg was of the same size as it had been before; the integuments were very hard, perfectly insensible, and of a dark-brown colour, similar to what is produced by the application of the nitrate of silver; there was a large ulcer on the outer side of the leg, with hard and unequal edges and of fungous appearance; the surrounding skin was covered with thick and hard scales, which were easily detached from the subjacent parts; the whole leg was covered with similar scales, but of less size than those in the immediate neighbourhood of the ulcer, and almost resembled an elephant's foot; the swelling began at the knee, and the leg and thigh were in consequence nearly of the same dimensions; the leg could be slightly bent, but the articulation of the foot was nearly immovable; there was not much pain, even on strong pressure. M. Fabre ordered him to be immediately taken to the Bicêtre, but he had hardly been there a few hours when he died in a fit of suffocation.

On a post-mortem examination, the brain was found healthy; the soft palate and pharynx exhibited signs of intense inflammation; the left tonsil was ulcerated and enlarged to the size of a hen's egg; the right was also larger than usual, but not in the same proportion as the left; the epiglottis and ligaments of the glottis were also inflamed, and the mucous membrane thickened and cedematous, so that the passage of air into the trachea had been almost entirely interrupted; the larynx, trachea, bronchia, and lungs, were healthy; the heart was hypertrophied, and the semilunar valves were ossified. The digestive, as well as the urinary, organs, were healthy; the liver and spleen were gorged with venous blood, but without any morbid alteration; the leg was

carefully dissected; the skin, after having been macerated in hot water for about eight days, offered the following peculiarities:—

The scales, which evidently consisted of hardened epidermis, were adherent to the cuticle, which appeared to be healthy; the rete mucosum was thickened, and of a dark-brownish colour; the corpus papillare was more distinct than usual, some of the papillae being prominent by about half a line, hardened, and of white colour; the corium was nearly eight lines thick, of dark-brown colour, and very firm, so that it could hardly be divided with the knife. As to any nerves and vessels they could not be distinguished, and the whole cutis seemed to consist of a dense homogeneous mass. The subcutaneous tissue was thickened, of cartilaginous hardness, and in some parts even ossified; it adhered so closely to the adjacent fascia, that it could hardly be dissected from it. The muscles were changed into a very firm steatomatous mass, in which no fibrous tissue could be distinguished; the intermuscular cellular tissue was of the same texture as the subcutaneous tela cellulosa, with partial ossifications. At the middle of the leg, the parietes of the internal saphena were, for the length of three inches, found to be so much thickened, that a very small probe only could be passed through the vessel; the coats of the external saphena were also thickened, but to a less degree. The posterior tibial vein was, for the greater part, obliterated; the upper portion of the crural, as well as the anterior tibial and peroneal, veins were healthy. The crural anterior tibial and peroneal arteries were ossified, and contained only a very small quantity of blood; the posterior tibial artery was completely ossified. Similar ossifications were found in the arteries of the right leg. The lymphatic vessels could not be traced; the inguinal glands were very much swelled, and unusually hard; the ischiatic nerve was perfectly healthy as far as the middle of the thigh, where it began to enlarge to a considerable degree; the external popliteal nerve contained at its origin a gelatinous hydatiform mass of the size of an almond; the branches of the external and internal popliteal nerves were also much enlarged and very firm, but their structure had not apparently undergone any morbid alteration. The interosseous ligament was changed into a thick rough osseous lamina, which very firmly adhered to the fibula. The fibulo-tibial articulation had entirely disappeared, and no trace of it could be found even after three months' maceration. The tibia and fibula were very much enlarged, and their surfaces covered with great asperities, which protruded into the muscles. The parietes of the tibia were of about eight lines in thickness, and almost of ivory hardness; so



that, indeed, they could scarcely be sawn through. The medullary cavity was of natural dimensions. The tibio-tarsal articulation and the foot were healthy.—*Revue Medicale*.

### TO CORRESPONDENTS.

Upon all the topics contained in the letter of *Medicus*, save one, the opinions of the writer form an exception to those of many thousands. On that one subject he certainly is not alone. The evil was a provoking one we admit, but upon a matter of feeling on *one* question, it is not very philosophical to allow the judgment to be directed in all others. When a correspondence has assumed the character of personal hostility, few persons can be aware of the difficulty of checking the ardour of the disputants. It is an affair of blows,—each is anxious to have the last hit, and the man who interferes to obstruct the gratification of this feeling is sure to be accused of injustice. On the other hand if he protract the strife, he is reproved as the abettor of a senseless and worthless display of vanity. Standing between so many opposing interests, the duties of an Editor are more difficult than can well be conceived.

*D.* The dissatisfaction of the medical officers of the army in India is very great. They consider that they have been defrauded by the East India Company. We shall publish some extracts on the subject from the Calcutta papers.

*A Constant Reader.* The expense is five or six pounds. Indentures and certificates of good conduct are not required.

*Non-Medicus.* A fee is now sometimes taken in the out-patients' room of St. Bartholomew's, but the surgeons neither do, nor ever did, receive five pounds for each operation performed in the hospital.

*Medicus.* We know not when Mr. Tyrrell means to publish another volume of reprint from THE LANCET.

*A Constant Reader.* At Weiss's in the Strand.

*A Pupil of St. Thomas's* does not deny, much less refute, the statements contained in the letter of the "Pupil of Guy's." It is useless to vituperate.

The letter of *T. O. N. P.* would be utterly unintelligible without an explanation of the circumstances under which it was written. We know nothing of the transaction to which our correspondent refers.

We have been requested by a friend of Mr. Vincent, to state that it was not *Mr. Vincent* who took the fee from the woman in the out-patients' room of St. Bartholomew's Hospital.

We shall avail ourselves of extracts from

*Philo's* interesting communication, but the statements will lose half their force unless they are accompanied by the address of the writer. The author's name need not be published.

*Indicator.* We knew nothing of the Apothecaries' Act until after our arrival in London in the summer of 1815. We never saw a number of the New Medical and Physical Journal in the western counties; we will, however, endeavour to procure the fifth volume, published in 1813, and peruse the paper referred to.

Thanks to *A Freeholder*. His letter could not be of use, if it were not authenticated. We are daily promised the votes of gentlemen who were of opinion, at the last election, that an attorney was the most competent person to fill the office of coroner. We wish all the freeholders would attend inquests where attorneys preside. This would ensure to us *the whole* of their votes.

*Dr. Nuttall.* *Mr. Tucker* states that he hopes soon to be provided with a long list of subscribers, which he will forward for publication. It affords us great pleasure to hear that much sympathy is evinced on behalf of the distressed widow and fatherless children.

*Philo-Lancet.* Dr. Nuttall was not a subscriber to either of those institutions.

*V. F.* wishes to know if the metallic substances extracted from the ear of the boy Brady, were not pieces of the instruments employed in the operation. Mr. Earle's instrument maker could probably best answer this question.

We heard nothing of the trial of a "*Dr. B. B. at the Old Bailey*" on Wednesday, until the receipt of —'s note. We will make inquiry.

*E. S.* Such certificates are received.

The letter of *A Well Wisher*, and a hundred others, cannot be inserted unless authenticated. We are inclined to believe that the mad-house keepers will receive a *quietus* from the hands of the present Lord Chancellor.

*Q. in a Corner.* We shall be glad if he will authenticate his communication.

*B. C—r*, should authenticate his communication, and send the printed paper.

We are thankful for any suggestions from *Homo Fortis*; but as we have lately gone so completely over the same ground, the publication of his letters at the present time might not forward the cause.

*C. H.* They are certain signs of his excellent temper. It has been said, that the medicine he is about to take is the best remedy. He will understand us. The *C—r t—a* is useless.

The documents forwarded to us by the *Rev. Charles Oxenham*, shall receive every attention.

# THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 1.

[1830-31.

*Cases illustrative of the Efficacy of various Medicines administered by Inhalation in Pulmonary Consumption, &c.* By Sir C. SCUDAMORE, M.D., F.R.S., &c. Longman and Co. London. 1830. 8vo. pp. 113.

THE method of inhalation, or the direct application of medicines to the bronchial membrane in pulmonary diseases, although at various periods highly extolled, has never, we believe, been generally employed, and has, until lately, been limited to substances of comparatively feeble remedial powers. This neglect of the more active remedies has probably arisen only from the unsatisfactory results derived from less powerful means, and from the fear of exciting too great irritation on so extended and irritable a surface; for, reasoning *a priori*, one would be inclined to believe that the method in question must be preferable to any other, not only as directly attacking the seat of disease, but as avoiding all unnecessary disturbance of the digestive organs.

The air of the sea-shore has long been considered as beneficial to phthisical patients; and Laennec found that even an artificial marine atmosphere, produced by the exhalation from sea-weed, was not without some good effects on those who were submitted to its influence. Partly perhaps in conformity with the views of this celebrated physician, though doubtless also from other causes, two substances, chlorine and iodine, both of which exist in marine plants, have lately been employed in the gaseous form in several pulmonary diseases; the former, especially, by a French physician, M. Gannel, the latter by Dr. Murray of Belfast, whose work we had lately occasion to notice, and still more recently by Dr. Scudamore, who has, in the present treatise, first particularly described

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its effects, and illustrated these by the recital of cases. His experiments, however, have not been confined to this substance, for he has employed several others, especially conium and hydrocyanic acid, both alone, and combined with the iodine, so as to moderate its irritating action. From the inhalation of these remedies, together with a judicious general treatment, the most satisfactory results have been derived; and if the author has not been deceived in the nature of the cases described (which it is almost impossible to suppose), the most fatal of all diseases will perhaps cease to be incurable, will no longer be regarded as an *opprobrium medicinae*. Yet so many remedies have been proposed in this as well as in other diseases, apparently with claims as strong, and with success as well proved, as those from the method which we are now considering, that notwithstanding the guarded and cautious assertions of the author, and his relation of unsuccessful cases, and that he has confined himself chiefly to the statement of facts, apparently simple and indisputable, we are far from sharing his sanguine expectations, and can only regard the remedy as well worthy indeed of trial, but by no means of confirmed efficacy.

The work before us contains sixteen cases eight of which are of phthisis, the remainder of bronchial affections. In three of the former ulceration had already taken place, and although in all, considerable relief, and in one an apparent temporary cure, was produced by the treatment adopted, yet, as was to be expected, the disease was ultimately fatal. In the others, where it was less advanced, the patients have been restored to health, and all traces of pulmonary disease have been removed. We shall give a condensed account of some of these cases, as the best means of illustrating the method of treatment in question.

G G

In the first case, a young man, *ætat.* 22, there were all the symptoms of confirmed phthisis, harassing cough, copious purulent expectoration, &c.; and the stethoscopic signs indicated several excavations, and consolidation of a considerable portion of both lungs. Inhalation was therefore employed rather as a palliative, than with the hope of producing a cure. He was ordered "a weak solution of iodine, with the addition of some saturated tincture of conium, mixed with water of 120 degrees of heat, to be inhaled for fifteen or twenty minutes three times a day; to take one-sixth of a grain of the acetate of morphia in a simple saline draught at bed-time, and to repeat the dose in an hour or two if necessary; to regulate the bowels by simple means, and to wash the chest and upper part of the back with a mixture consisting of two parts of water, one of eau de Cologne, and one of vinegar." The inhalation at first caused slight giddiness, and "some sense of soreness, with dryness on the tongue and throat;" but these effects soon ceased, expectoration became much easier, the cough diminished, and, at the end of a fortnight, he was so much improved, that his friends anticipated his complete recovery; having, however, exposed himself to a cold wind, the cough became as troublesome as before, and he was attacked with pain at the lower part of the chest. The former was much relieved by the substitution of hydrocyanic acid for the iodine, and the latter by the application of leeches and a blister. The disease, however, now made rapid progress, and he died at the end of two months. The stethoscopic indications were entirely confirmed by the post-mortem examination; and it is remarkable that both the excavations were "lined with firm layers of coagulable lymph;" a curative process had therefore been set up in them, and had it not been for the extensive disorganization of the rest of the lungs, it is not improbable that a complete cure would have been effected in the manner which was first described by Laennec.

In the second case the symptoms were nearly the same as in the first, except that the pulmonary disease was even further advanced, and complicated with much intestinal disturbance. The treatment was precisely the same, with the addition of small doses of hydr. c. creta; its good effects, in

respect to the cough and expectoration, were almost equally remarkable, and death ensued after many weeks alternate amendment and relapse, apparently more from the abdominal than the thoracic affection. Here also a lining of fibrine was found in the pulmonary excavations, though much thinner, and less remarkable, than in the first case.

Case 3 is that of a lady, *æt.* 34, debilitated by three miscarriages within two years. She had suffered from a troublesome cough for four years, with the exception of an intermission during the summer; had, a month before consulting the author, coughed up a few ounces of blood, and had since been affected with pain in the chest, palpitation, hectic, profuse night-sweats, &c. The pulse was 120; the animal heat 99; the expectoration puriform, and amounting to about four ounces in the twenty-four hours; the digestive functions were not much disturbed. The stethoscope indicated the existence of tubercles, and a small cavity at the apex of the right lung; the left appeared to be healthy. The acetate of morphia was given at night, a saline laxative with bals. tolu., and hydrocyanic acid in the morning; iodine alone was employed for inhalation, and the chest was washed twice a day with the acetous lotion. Under this treatment considerable improvement ensued, particularly in reference to the facility of expectorating, but the cough was scarcely relieved until conium had been added to the mixture for inhalation. The patient now continued to improve for a fortnight, but having then caught cold, she suffered severely for twenty-four hours from "disorder of the bowels, and from spasms, which appeared to proceed from uterine irritation." In order to relieve the cough, which now again became troublesome, hydrocyanic acid was substituted for the iodine during a few days, but the latter was soon resumed, and in a larger dose. At the end of a month, "her appearance was greatly improved, and all the symptoms were relieved; the pulse was reduced to 80, the animal heat to 95; the respiration appeared unembarrassed, &c. A decoction of cinchona, with hydrocyanic acid, was now given; the morphia was discontinued, and the inhalation used only twice a day. The hydrocyanic acid was omitted after a fortnight, but the other remedies were continued for another month,

at the end of which she appeared to be perfectly recovered, and has continued to enjoy good health up to the time of the publication of the work, a period of about five months.

Case 3.—A gentleman, *ætat.* 25, had been subject to habitual cough, especially during the winter, for five years. In consequence of its severity during the winter of 1849, he had been put upon a low diet, but this appeared only to reduce his strength, without relieving the complaint. When first seen by Dr. Scudamore in March, 1830, he was weak and emaciated; the tongue was furred; the appetite excessive, bowels costive, pulse 96, respirations 28 in the minute, and the cough hard and without expectoration. The stethoscope indicated the existence of tubercles over a considerable portion of the right lung; the left appeared to be healthy. He was ordered a draught of sulph. magnes., with bals. tolu. in the morning, and a saline draught at night, with a minim of hydrocyanic acid in each, and a more nourishing diet, with a small quantity of wine. The acetic lotion was employed as in the other cases, and the inhalation of iodine alone having been found to excite too much irritation, it was almost immediately combined with conium. By these remedies a very evident improvement was induced in the course of a week, not only with regard to the cough, but in the digestive functions. The inhalation did not appear to cause any increased secretion of the bronchial mucus; but the patient stated, that "on three occasions, immediately after inhaling, he had coughed up very small yellow substances, and that his chest was sensibly relieved by getting rid of them." The quantity of iodine was now increased, and as there still were languor and debility, the internal medicines were changed for an alkaline infusion of sarsaparilla, with hot milk. Under this treatment, to which the use of the shower-bath was subsequently added, the patient continued to improve, and at the end of two months all remedial means were discontinued, as he appeared to be in good health, and stated himself to be better than he had been for several years. At this time "the stethoscope indicated a more free and clear state of the respiration, and there was scarcely any difference between the sound of the right and left side." Although the

author supposes that, in this case as well as in the other successful ones, the tubercles were absorbed under the influence of the iodine (and admitting their previous existence, it is difficult to come to any other conclusion), yet he considers that such patients are liable to a return of the disease, and ought carefully to avoid every source of pulmonary irritation.

Passing over the remaining cases of phthisis, which do not very essentially differ either in symptoms, treatment, or result, from the two last which we have quoted, we proceed to notice the other cases of pulmonary disease. In two cases of asthma with chronic bronchitis, copious expectoration, difficulty of breathing, fatiguing cough, and great debility, although a complete cure was not produced, yet by the inhalation of iodine and conium, together with some tonic medicines, very great relief was afforded, and the patients were brought into a better state of health than they had had for many years. In a case of chronic bronchitis, and in one of laryngitis, a complete cure was induced by the use of the inhalation, without any internal remedy. In one of habitual and irritable cough, conium alone was employed, with the most satisfactory results.

In case 14, that of a female, *ætat.* 54, who had been subject to winter cough for 20 years, the complaint had been peculiarly severe for three weeks; there were also considerable dyspnoea, oppression at the right side of the chest, and copious viscid expectoration; the pulse was 96; the digestive functions scarcely affected. The mixture for inhalation was composed of conium, ipecacuanha, and hydrocyanic acid; no internal medicine was given, except a few doses of magues. sulph., but a blister was formed on the right side of the chest, by the application of a solution of cantharides in strong acetic acid, which the author prefers to the empl. canthar., as being less painful to the patient, and more speedy and certain in its operation. Great improvement was produced by this treatment. After a week the iodine and conium inhalation was employed, and in less than a month she was entirely recovered. In another case of chronic bronchitis, attended with much irritation, a cure was effected by the inhalation of conium, ipecacuanha, and hydrocyanic acid, without any other remedy whatever, and in

one of spasmodic asthma, that of ether, conium, and ipecacuanha, was sufficient for the (temporary) removal of the complaint. The author has not stated the doses in which the inhaled medicines were employed, except the hydrocyanic acid, which was from three to six minims, because they must necessarily be altered according to the circumstances of each particular case, "and from an apprehension that patients themselves might be tempted to undertake the treatment of their own cases." All that the author has mentioned in reference to the manner of employing the remedies which he recommends is, that the vessels were of glass,—that the iodine was rendered soluble in distilled water by admixture with alcohol and hydriodate of potass,—that the other medicines were employed in the form of tincture,—and that the temperature of the mixture was from 115° to 120° Fahrenheit; and when hydrocyanic acid was employed, from 100° to 110°. He mentions having employed chlorine in several cases of phthisis, but that "its beneficial action was very decidedly inferior to that of iodine, and that on every occasion the patient, when resuming the inhalation of the latter, in strong language expressed his conviction of its being by far the most serviceable remedy."

In justice to Dr. Scudamore we should state, that a professional friend has informed us, that the doctor will instantly furnish any medical practitioner with his different formulæ for inhalation.

## MEDICAL PERIODICALS.

*August to December, 1830.*

THE great press of original matter which has claimed precedence in our pages, and the attention we have devoted to the new works which have lately appeared, have prevented us for some time from presenting to our readers any extracts from our metropolitan and provincial contemporaries. A dozen or two of professional magazines have in consequence accumulated on our table, but the neglect we may appear to have lately shown them will be considered of a very venial nature when we say, that it has required a pile of considerable dimensions to

yield us a decent article. Having now, however, obtained a sufficient number of papers of an interesting and really instructive character, we shall notice most of them in this week's LANCET.

Of the country periodicals before us, the *Glasgow Medical Journal* must, from the nature and quality of its contents, take the lead. The two last numbers (11 and 12) contain many original papers, several of them of considerable interest. We begin with

A CASE OF SCALD, IN WHICH, AFTER AMPUTATION OF THE ARM, THE SUBCLAVIAN ARTERY WAS TIED TO ARREST SECONDARY HÆMORRHAGE.

The operation was performed by Dr. M. Buchanan, and the history of the case is given, as related by him, in a clinical lecture at the Royal Infirmary. W. S., æt. 55, employed in some alum works near Glasgow, fell, on April 17th, against the side of a vat, and remained for several minutes with his arm plunged up to the elbow in the boiling lye. On the 19th he was admitted into the infirmary, the whole fore-arm and hand being then apparently dead, and the skin hard, dry, and unyielding; the pulse at the wrist was, however, just perceptible. As it was thought possible that the sloughing might be only superficial, amputation was not performed, but turpentine dressings and emollient poultices were employed locally, and calomel and opium internally. On the 21st he had pain in the head, some disturbance of the sensorium, contracted pupils, slight yellowness of the eyes and skin, and partial paralysis of the left arm; forty leeches were therefore applied to the head, and afterwards a cold lotion; the bowels were freely opened, and the former remedies then continued. On the 22d, the cerebral symptoms were somewhat relieved; in the arm a line of separation was perceptible, and the muscles on its inner side had made their way through the adjoining softened integuments, and projected their fleshy bellies more than half an inch beyond the surface. An incision was now made, through the indurated skin, the whole length of the forearm at its posterior part. On the 24th, the dead integuments were almost entirely separated from the subjacent parts, from which there was a copious sanious discharge. The general condition of the patient was

rather improved. On this day Dr. Weir, who had the care of the patient, performed amputation above the elbow, by the double-flap operation; four arteries, and the brachial vein which bled profusely, were tied. On the 27th, the dressings were removed, and—

“The flaps were found wide open, the surfaces brown and sloughy, and the discharge of a very offensive nature. The œdema had spread to the arm and right side of the chest; three of the ligatures on the face of the stump were easily removed, and the constitutional symptoms were not of the most favourable kind; his skin was still of the same very unnatural colour; his tongue was rather dry, and his stools were green and very fetid; the pulse also was small and compressible. Stimulants were from this date poured into him, and the stump was dressed with resinous and turpentine applications. He began to sink on the day after the operation, and from that time he was put upon nourishing diet, and had an ounce of wine every hour.”

On the 30th, Dr. Buchanan having commenced his year's attendance at the infirmary, the patient was transferred to his care. He was then in a rather more favourable condition than on the previous day, and had slept the whole night; but some hæmorrhage, apparently venous, had taken place from the stump, and the oozing continued throughout the day. Another ligature had come away, and it could not be ascertained whether the remaining one was on the brachial artery or vein. Early on the following morning the last ligature came away, and the hæmorrhage recurred to an alarming extent, and when Dr. Buchanan saw the patient at eight o'clock, “the bed and surrounding dressings were deluged with blood, the stump of the same foul appearance, the countenance pale, the features sunk, and the extremities quite cold; in short, he was moribund.” Under these circumstances any operation was out of the question; warm wine and brandy were, however, administered in such quantities as his stomach would bear, and further hæmorrhage prevented by firmly compressing the subclavian artery, and the application of a hard pad and bandage to the brachial. At one o'clock the patient had rallied most wonderfully; and at six in the evening, as the pulse had got up, as it was impossible from the sloughy state of the stump to tie any vessels there,

and as the oozing which had recurred could be checked by pressure on the subclavian, it was determined to secure that artery at once above the clavicle. The operation was performed with great ease by Dr. Buchanan, who states that the difficulties attending it, especially in reference to the passing of the aneurismal needles, have been sadly magnified; it did not occupy more than ten minutes; there was not so much as two teaspoonsful of blood lost, and the pain was seemingly very trifling.

From this time the hæmorrhage was completely arrested, and on the 2nd, and the morning of the 3rd, the patient seemed to be improving; but on the evening of the latter day he began to sink; the respiration was somewhat oppressed, the pulse increased in frequency, the tongue, which had been clean, became brown and dry in the centre, and the wound made by the operation, from which the dressings were now removed, was found to be wholly ununited, and of a white sloughy appearance; from this period he continued to sink, and died on the evening of the 5th. We have not thought it necessary to particularize the treatment, which appears to have been very judicious, and consisted chiefly in the administration of wine, sulphate of quinine, and opium. On dissection, the ligature on the subclavian was found to have been perfectly well applied, and the artery was closed by a hard clot above it.

“The muscles surrounding the shoulder-joint, were soft, green, and matted together, and a large collection of fetid pus extended from the stump below the axilla, to the under surface of the pectoralis major and minor; the whole substance of which last, was in the same gangrenous state as the muscles of the shoulder joint.

“With regard to the cause of death in this case,” observes Dr. Buchanan, “I think it must appear evident, that it was not the last operation, but the spreading of the traumatic gangrene, whose progress was hastened by the loss of blood, both at the amputation and at the secondary hæmorrhage, which occurred on the morning of the 1st. But it may be asked, What was the cause of the secondary hæmorrhage on the 7th day after the amputation? I think this admits of a very satisfactory answer; not only from an inspection of the blood-vessel, but also from the colour of the blood discharged, its quantity, and its suppression, by the application of the thumb to the sub-

clavian, as it passes over the first rib. All these circumstances show that the hæmorrhage came from the main trunk. The ligature round the blood-vessel still remains; and on inspecting its cardiac side, the hard clot of blood which nature has formed, can be traced into one of the nearest branches.

"But if so certain of an unfavourable issue to your case, after the last hæmorrhage, why, it has been said, have recourse to so formidable and dangerous an operation as tying the subclavian artery, during the progress of which the patient might, in all likelihood, die in your hands, by your incautiously cutting some considerable arterial branch, which, in the hands of so many operators, has been observed to occur? All true; but what alternative was left us? death inevitable from hæmorrhage or gangrene, or death problematical from the operation. Death did not take place till the 5th day after the operation, and not one single bad symptom arising from this appeared during all this time. On the contrary, having now no fear of hæmorrhage, cordials and stimulants were poured into the patient with no niggardly hands, and with a rallying of strength and pulse, the astonishment of all who saw him. Indeed, had it not been that the sloughing process, previous to the last operation, had made such progress, and the abscess on the chest, the consequence of it, had sunk him so low, I feel quite convinced that his recovery would have been secured. In all cases, however, of a similar nature, the question must constantly occur, What is the line of duty? If to operate, why hesitate? Why search for some flimsy apology for avoiding the knife? If death takes place, after the proper performance of your operation, you have the satisfaction of having done your duty, and as to reflections, whether extra-professional or not, the less you care about them the better."

He then goes on to justify the application of the ligature above the clavicle, rather than lower down, and states:—

"The reasons which influenced me in making choice of the subclavian, were the following:—1st, The certainty of finding a healthy part of the vessel, or one which gave the greatest chance of being so; 2d, The securing at the same time by this procedure any other of the large branches which are given off on the distal side of this part of the vessel, and which might afterwards give rise to hæmorrhage; 3d, The absence of œdema, pain, or fluctuation, above the clavicle; and, 4th, The greater facility, in my opinion, of performing this operation, and the less risk of hæmorrhage during its execution, a point, this last, of no

little moment, where so much blood had been previously lost."

We need not follow Dr. Buchanan in his further consideration of the treatment of the case; we are fully satisfied that the operation was not only justifiable, but in every respect creditable to him; that the death of the patient cannot in any way be ascribed to it; and we have little doubt, that if the progress of gangrene could have been arrested, it would have been followed by complete success.

#### In the following article on the

#### SEVERE AND FATAL CONSEQUENCES OF SLIGHT WOUNDS RECEIVED IN DISSECTION,

The author, Mr. T. Adam, states that he has collected and compared forty published cases of this kind, and that from them, as well as from his own experience and observation, he has come to the following conclusions:—

"That to certain conditions of the system may be attributed the power of rendering us more susceptible of the severe consequences from dissection wounds; and that these conditions are such as are usually expressed by the rather vague appellations of 'irritable or bad habit of body,' 'scrofulous diathesis,' 'worn-out constitution,' 'general debility,' &c.—names for a condition, of which in general no very precise ideas are formed;—"that from inoculation with the fluids of a body recently deceased, more danger is to be apprehended, than from a similar exposure to the fluids of a body further gone in decomposition; and that the danger is much greater if the cause of death has been inflammation of any of the serous membranes, particularly of the peritoneum."

These conclusions appear to us to be well founded, and they coincide with the opinions of most of those who have had the best opportunities of studying the subject.

The most interesting and valuable part of the paper is, however, the case of the author himself. In the year 1827, Dr. Collea, in the Dublin Hospital Reports, proposed to treat the fever, or constitutional irritation, consequent on wounds received in dissection, by calomel in frequent doses, so as to produce immediate salivation; he did not, however, mention any case where this method had been employed, nor does it appear to have been since adopted by any other practitioner, though a case was described

by Mr. Shaw in which the accidental occurrence of salivation from a small dose of mercury was productive of great benefit. Mr. Adams, therefore, on becoming himself the subject of the disease, determined to give the mercurial plan a trial, and as he had described his case very concisely, we are unwilling to abridge it still further, but shall give it in his own words.

"About the end of January, 1829, I assisted at the inspection of the body of a female who had died of chronic pulmonary disease, with effusion betwixt the pleura on the left side. While handling the lung on this side, I felt a smarting pain in a scratch upon my right thumb, which I had, I thought, sufficiently cauterised with the nitrate of silver, before going to the inspection. I immediately washed and sucked the wound, and re-applied the caustic. This was about 4 P.M. 2d day. About 5 A.M. next morning, that is, 13 hours after the inspection, I was awakened by a severe pain above my elbow, and on the top of my arm, in the situation of the deltoid muscle. This pain increased in severity till 8 A.M., when I commenced the use of a cold lotion to the arm, and calomel in three-grain doses every three hours. Had slight headache and languor; pulse 82. 3d day. After taking five doses of the calomel it was discontinued, as by that time it had begun to act on the bowels. During the night it acted four times very freely. Sleep very disturbed. In the morning I felt very languid, but scarcely any pain in the arm. Tongue very foul; pulse 96 to 108. Nausea prevented me from living according to Mr. Shaw's stimulating plan of regimen, which I had resolved to do. In the afternoon I began to feel my mouth a little sore, and about five P.M., on attempting to chew, felt my gums very sore, and when looked at, they were found very red, with a few white spots upon them. The languor now went off. Later in the evening I felt the gluteal region of the right side very tender on pressure. The elbow and shoulder not painful except on pressure or motion. 4th day. I felt so well as to be able to resume my professional visits. After walking four miles, I felt languid and irritable, and the pain returned in the lumbar and gluteal regions. After using my arm a little it also became very painful. Re-applied cold lotion; gums not very sore; no salivation; pulse 92 to 100. 5th day. During this day felt spasmodic twitching in pectoral region. The pain in lumbar and gluteal regions rather increased; pulse 92; tongue furred and white; tenderness of mouth and gums nearly gone; pain in arm very little until I had used it a little. 6th day. About midnight the pain of arm be-

came excessive, and more nearly resembled the sensation of what is called a sleeping foot or hand, than any other I can remember, in kind, but not in degree. It continued very painful for eight hours, notwithstanding the use of the cold lotion a part of that time, and taking 3i of tinct. opii. About 1 A.M. recommenced the use of the calomel, of which I again took five doses. In the afternoon my mouth became sore, the calomel not having yet acted on the bowels, and in the evening I felt completely relieved from all my complaints, local and general. 7th day. Slept well; mouth very sore and blistered; arm nearly free of pain even on pressure; some red spots were observed on shoulder to-day: no swelling in axilla. Yesterday one of the veins of the arm, a branch of which ran over the thumb, was observed tense, hard, and painful. To-day the pain and hardness are gone. 8th day. General irritation less; pulse 92; tongue white but cleansing; arm a little painful; mouth less sore. 9th and 10th days. Arm a little painful; mouth getting better. 11th day. Yesterday evening my mouth again became painful, and the gums swollen and blistered, in consequence, I suppose, of being out part of the day, which was damp and foggy. This day felt less pain, and was less oppressed or languid than on any previous day. Commenced the use of sulph. quin. From this day I was free from complaint, save of weakness, and of the arm being very easily fatigued."

It is hardly possible for the beneficial effects of a particular remedy to be more striking than those of the mercury in this instance, and we fully agree with the author when he observes,—

"Though these cases cannot be considered as evidence sufficient to establish the certain efficacy of this mode of treatment, they seem to hold forth abundant inducement to make further trials, and to claim for this treatment a confidence, equal, if not superior, to that which can be reposed in any other. It is not simply and singly because the cases terminated favourably, that I would attach more confidence to this (the mercurial) than to any other mode of treatment; but it is because the subsidence of the symptoms and the appearances of mercurial action—the annihilation, or at least the overpowering of the natural by the artificial disease, appear so intimately related by the simultaneousness of their occurrence, as to lend considerable plausibility to the hypothesis, that the relation was not merely that of casual coincidence, but that of cause and effect."



The third paper, on glaucoma, by Mr. Mackenzie, which occupies thirteen pages, is a literal copy of the chapter on that disease in his recently-published work on diseases of the eye, and the editors, therefore appear to be almost guilty of a kind of fraud upon their readers, in inserting it as an original article.

#### MONSTROSITIES.

The fifth article contains an admirable exposition of the modern doctrine, on the production and nature of monstrosities, though we think the author has ascribed too much to Geoffroy St. Hilaire, and too little to Meckel and the German anatomists. As condensation here is impossible, we must content ourselves with extracting a few of the most interesting and striking passages, strongly recommending the perusal of the whole paper to those of our readers who may wish for a luminous explanation of the very ingenious and important theory in question.

"There are many monstrous forms which we may readily imagine, but which can never be produced by any derangement of the formative power (*visus formativus*). For example, we never observed the sacrum placed on the superior extremity of the vertebral column, or the urinary bladder in the cavity of the thorax; nor do we ever detect the ureters terminating in the aorta or the hepatic veins in the stomach; and although we often see monstrosities destitute of head and upper extremities, while the organs of nutrition still remain, the converse of this never occurs, and consequently we never observe a monster consisting of the head and upper extremities alone" - - - - "In the analysis of the cranium of an encephalous monster, it was found that all the bones of the perfectly developed fœtus were present, and retained the same connexions, although their forms were altered or modified\* agreeably to the theory of the unity of organic composition. Guided by these considerations, M. Geoffroy St. Hilaire has not hesitated to consider each kind of monstrosity as a species, and to attempt a classification of them, founded upon the common principles of zoology, an enterprise which, although perhaps premature, will doubtless be established on a firm basis, as our knowledge of these singular beings becomes more complete.

"Among these monstrous forms, many may be explained on the principle of a retarded development of organs. Hence those

parts of the organism which are last formed, present the greatest number of anomalies, as is the case in monsters from deficiency, as they are called. Thus, as the nerves and blood-vessels are formed before the brain or heart, irregularities of vessels and nerves are rarer than those of the central organs. Hence we frequently find the foramen ovale open, because it is one of the last of those parts which is completed in the regular organization, and on the same principle the brain is more commonly incomplete than the spinal marrow. Other examples of this law may be readily remembered, as the lobular structure of the kidneys, and the permanent residence of the testicles in the abdomen.

"There is a still more singular circumstance which is frequently observed in monsters from retarded development, namely, that the deficiencies which they exhibit, often correspond to the regular organization of corresponding organs in the inferior animals. This takes place in consequence of a principle which is now one of the best established in physiology, that the various stages of development through which the organs of the fœtus run, are analogous to the permanent structure of the same organs in some of the inferior animals. It is necessary to prevent a principle of this sort from being abused or not properly understood. As we observe no regular gradation of animals, it cannot be understood as stating that the embryo begins to appear as a monad, and is promoted through all its intermediate grades, till it becomes a true human fœtus. Nor can the entire embryo be compared to any of the inferior animals, when we consider the structure of all its organs. If, on the other hand, we trace the progress of any particular set of organs from the earliest periods of formation up to maturity, we will find that there is a remarkable analogy between these fleeting forms of the embryo organs, and their permanent structure in the inferior animals.

"If we select the nervous system for an example, we shall find that in the embryo the nerves are formed before the spinal marrow or brain, as is also the case in zoophytes and mollusca. The ganglions of the spinal nerves then appear, and if M. Serres' opinion be correct, this state is analogous to that of the nervous system of insects, where the ganglions of the nervous chord are analogous to the ganglions of the spinal nerves of the higher animals. As the progress of development advances, the spinal marrow appears surmounted by a few tubercles, which are the rudiments of the cerebral parts. It is often hollow, and extends to the extremity of the coccyx, and there are two tubercula quadrigemina, whose interior is also hollow. These circumstances are precisely the same as we see in studying the

\* Philosophie Anatomique, tom. ii. p. 23.

nervous system of fishes, in which these tubercles predominate over the other cerebral parts. The anterior lobes of the brain are then developed as in reptiles. Next the cerebellum increases, as is the case in birds, the pons varolii and corpus callosum then appear in the embryo, and are peculiar to mammiferous animals. The fetal brain is still destitute of convolutions, and the cerebellum is not covered by the brain, and this is the case in many animals, as the rabbit, &c."

"The case of hare-lip, where there is also a cloven palate, affords a very good illustration of the principles we have attempted to explain. This imperfection takes place in consequence of the development of organs from the centre to the circumference, and is equally the regular condition of some period of embryo life, and of the adult state of many of the inferior animals. - - - - Those cases of atresia where the rectum opens into the urinary bladder or urethra, resemble the organization of these parts in birds where the feces, urine, and semen, are received into a common cavity called the cloaca. In those cases where the penis is impervious, and has a sulcus on its inferior surface, we have a repetition structure of the same part in the sea turtle, where the same sulcus exists."

We shall finish our extracts with the author's concluding observation, in which we heartily concur:—

"Every philosophic mind will doubtless prefer these examples of pathological anatomy, where, with a moderate portion of sagacity, it is easy to separate all the conditions of our problem, to those vivisections so much in fashion at present, and which are elevated with the imposing title of experimental physiology, where so many uncertainties are mingled together, and where the knife produces so much pain, that no kind of excitation can be studied, and where we cannot distinguish the respective effects of so many different causes.\*"

The 8th article by Dr. Lucas, gives an account of

#### A REMARKABLE CASE OF HYSTERIA.

The patient, *ætat.* 40, remarkably healthy, and of a "tall, strong, masculine make, was suddenly attacked with excruciating pain at the epigastrium and extreme distension of the stomach, and was found by Dr. Lucas, who saw her almost immediately, writhing as if in great agony, perspiring profusely from the forehead and hands, ut-

tering dreadful cries, and exhibiting almost every symptom of hysteria in a degree equally extraordinary and alarming. As the pulse was full, strong, hard, and rather frequent, she was immediately bled to about 40 ounces. By this a slight impression was made on the spasm of the stomach, but the patient having been much agitated by the fainting of one of the by-standers, the pain was greatly aggravated, and the good effects of the bleeding apparently altogether lost. The medicines which had been sent for having now arrived, a f. 3 iss of tinct. opii with peppermint water, was given every five minutes. Four doses were administered without any effect, but after twenty minutes the patient began to eructate, and suddenly exclaimed, "I am quite well." This quantity of opium did not produce stupor nor headache; the patient continued free from pain, and only complained the next day of nausea. It being now found that the bowels had been for a long time costive, a purgative enema was administered, and a large quantity of very offensive tar-like feces evacuated, with great relief to the stomach. The nausea having however returned, the next day she took an emetic of tartar and antimony; and, after a copious vomiting of bile the uneasiness of the stomach was completely removed. On the fourth day a second paroxysm, resembling the first, occurred, and was almost immediately arrested by four drachms of the tincture, and six grains of solid opium. A few days afterwards she was attacked a third time, and relieved in the same manner. No further paroxysm, however, occurred, and under the use of tonic and laxative medicines she completely recovered. The disorder is attributed by Dr. L. to a habit of taking every morning, fasting, a large quantity of strong green tea without cream or sugar.

#### CARBONATE OF IRON.

The observations of Mr. Clark, in a short article on the preparation of carbonate of iron, are well deserving of attention. He states, that when this medicine is prepared according to the directions of the British Pharmacopœias, it absorbs oxygen so rapidly while drying, as to be almost entirely converted into the red oxyde, a substance very different in its medicinal properties, and

\* *Anatomic Philosophique*, tom. ii. p. 134.

which may be given to almost any extent without producing any apparent effect except in the fecal evacuations; to which circumstance, we have no doubt, are owing the very different reports which have been made by various practitioners, as to the dose and properties of this substance. Mr. Clark, therefore, proposes to avoid the exposure of the precipitate to the action of the air, and gives the following formula, by which a true carbonate may be obtained:—

“Take of sulphate of iron and subcarbonate of soda, each eight ounces. Pound each salt, and dissolve them separately in warm water. If necessary, filter. Being filtered and cooled, mix the solutions in a deep vessel, capable of holding one or two gallons of water, which fill up with cold. Stir—let subside—and then decant the clear liquor from the precipitate. Fill up again with water, and likewise again decant; and repeat this operation two or three times, so as to separate the soluble salts. Next put the precipitate on a filter of cotton or linen cloth, supported by a square frame. When the water has ceased to pass, gather into one hand the edges of the filter, so as to make it a sort of bag, and with the other twist it round from the holding hand downwards, so as to squeeze out the remaining water. The precipitate will now have the appearance of clay, too soft for moulding. With soft sugar and aromatic powder, in suitable proportions, make it into an electuary.” “Thus,” says he, “we obtain a carbonate of iron, uniform in its properties, hardly deteriorated by the process it undergoes, and little liable to change by keeping.”

#### STRANGULATED INGUINAL HERNIA.

The substance of Mr. Macleod's “Remarks on the Care of strangulated inguinal Hernia by the Taxis,” with which the No. for the present month commences, may be given in a very few words; the only novelty in his method of treatment being that of keeping up a more forcible and continued pressure, with one or both hands on the hernial tumour, than has hitherto, we believe, been practised or recommended. On two occasions the pressure was kept up for two hours, to the great fatigue of the operator; and on another, where the tumour was very large, Mr. Macleod was assisted not only by another surgeon, but by two carters, and the hernia was thus compressed with very great force for a full hour before it was reduced; yet this patient, as well as

the others, recovered, without a bad symptom. Though we cannot doubt the correctness of Mr. Macleod's statement, yet we should be unwilling to recommend a similar method of proceeding, at least as far as the degree of force is concerned; as to the duration of the pressure, it is liable to no other objection than that of excessively fatiguing the surgeon, and may be well worthy a trial, provided no inflammation be going on within the hernial sac.

We have already published so much on the ergot of rye, that we do not think it expedient to notice a valuable paper by Dr. Armour, on the action of this most efficacious remedy, of the virtues of which most of our readers must be by this time convinced: we shall conclude our notice with a case of

#### OSSIFICATION OF THE HEART.

On which we have only to observe, that the use of the stethoscope *does* appear to us to have been indicated, and that it is much to be regretted that this instrument was not employed.

“W. M. K., aged 48, porter, had complained for many months of swelling and pain in the epigastric region, extending into right hypochondrium, which symptoms were supposed to arise from an enlargement of the liver. He came under my care on the 29th of September 1829, at which time the whole abdomen was much swollen, and fluctuation distinct; he complained also of lancinating pain immediately below the ensiform cartilage, and in the region of the liver, but from the great accumulation of fluid, no distinct tumour was perceptible. Pulse regular, seldom above 70; urine scanty and high-coloured; skin dry, great thirst and desiccated appetite. He used squills, digitalis, decoction of broom, and other diuretics, and the system was kept under the influence of mercury for some weeks. By these means the lancinating pains were much alleviated, but the dropsical symptoms increased; the abdomen became larger, the lower extremities œdematous, and his breathing became so much oppressed, that it was necessary to perform paracentesis. On the 16th November, 16 lbs. of fluid were drawn off; it was very thick and gelatinous, and had floating in it a great many pieces of coagulable lymph. A large tumour was now discovered occupying both hypochondria, and also epigastric and umbilical regions. Pressure upon it produced acute pain, particularly towards the right side; and when this was applied over the ensiform cartilage, a feeling

of nausea was induced, with dragging pain at stomach. After the operation the symptoms were very greatly relieved. He passed urine freely, and expressed himself as being quite well. The fluid, however, again accumulated rapidly, and on the 18th December the same quantity was drawn off; two days after which, symptoms of peritonitis came on, and he died on the 28th December. On dissection, the tumour was found to arise from a scirrhus enlargement of the omentum, which had formed adhesions to all the neighbouring parts, particularly to the stomach and transverse arch of the colon, the last of which was imbedded in its substance, and so much compressed that its canal was nearly obliterated. The liver was not larger than natural, but that part of its left lobe which was in intimate connexion with the diseased mass, had assumed somewhat of the same appearance. There was a great quantity of fluid in the cavity of the abdomen, similar to what had been drawn off. The lungs exhibited no marks of disease. On examination of the heart, the pericardium was found firmly adherent to its right side. When dissected off, nearly the whole of the right auricle, and fully one half of the corresponding ventricle, were found invested with a thick and rugged deposition of ossific matter. An osseous lamella, half an inch in breadth, nearly surrounded the heart, following the course of junction of the auricles and ventricles. The left ventricle was marked by numerous striz of bone, corresponding with the tract of the coronary vessels; and on its upper and lateral surface, an irregular plate of bone, an inch and a half long by three-fourths of an inch broad, was deposited. The surface of this plate was smooth, and the pericardium did not adhere to it. This case is rather singular, from the fact that the pulse was never in the slightest degree irregular; neither was it at any time, prior to the peritoneal inflammation, very quick. It generally ranged between 70 and 80, and was by no means, even to the last, either small or feeble. There was no symptom of irregularity in the circulation of the lungs, no dyspnoea nor cough. Under these circumstances, no suspicion existed during life of any affection of the heart, and, on examination with the stethoscope not being indicated, that instrument was not employed."

*The North of England Medical and Surgical Journal*, No. 2, which stands next in order among the journals before us, contains some papers which we may extract without division or comment. The following article is by Mr. Samuel Smith, surgeon to the Leeds Infirmary.

ON THE PERMANENT INVOLUNTARY CONTRACTION OF THE MUSCLES.

"It is not uncommon, in surgical practice, to meet with cases where certain muscles have remained for a great length of time rigidly and permanently contracted. This state sometimes results from disease in the nerve distributed to the affected muscles; occasionally it is produced by the muscles having their points of attachment unduly and unnaturally approximated for a considerable length of time; as in unreduced dislocations, in the treatment of fracture, &c.; and, in some cases, the precise cause cannot be ascertained. When a muscle has long been in this state, it often remains contracted, solely from habit, even after the cause which originally produced it has ceased to operate; and by breaking this habit, relief may generally in a short time be obtained. There are certain sets of muscles which act as antagonists to each other, as for example, the flexors and extensors of the arm. The contraction of either of these sets of muscles is always accompanied with a simultaneous relaxation of the other; thus, if the arm be powerfully flexed by the biceps, and the extensors brought into action, the extensors no sooner act than the biceps becomes relaxed. Suppose then the flexors of the arm to have been some time in a state of permanent involuntary contraction; if the limb, by gentle force, be put in the position of perfect extension, the flexors become relaxed, and by maintaining this position a certain length of time, this unnatural *habit of involuntary contraction*, which has been acquired in the flexors, may be broken or destroyed. To prove the success which may be expected to follow this plan of treatment, the following cases are selected from many others which have come under my notice.

"Mary Leak, aged 25, a stout, robust woman from the country, was admitted a patient of the infirmary under my care July 30, 1840. She had been fifteen months under treatment, suffering much during the whole of this time from permanent contraction of the quadriceps extensor femoris, the whole of which muscle was in an extremely rigid state; she walked without pain, but an inability to bend the right knee in the least degree, gave her the appearance of having a wooden leg. The warm-bath, frictions, and many other means, had been persevered in for a great length of time, without producing the least effect upon her complaint. On the day succeeding her admission, I placed her on the bed on her left side, and taking hold of the ankle with my right hand, grasping the thigh with my left, I succeeded in drawing the heel and pressing it against the buttock, thus producing a perfect flexion of the limb. It is necessary

to explain, that in accomplishing this, recourse was had more to art and cunning than to force. It was gratifying to find that the rigid muscles had become perfectly relaxed, and in order to destroy the tendency to reaction, two leather straps, with buckles, were placed tight round the upper part of the thigh and ankle, binding the limb in this position, the heel touching the buttock. She was ordered to remain in bed bound in this manner until my visit on the following day. The relief was immediate and complete. Upon being released next day, it was found that the muscles which had been for so long a period contracted were quite relaxed; and not only so, but the tendency to involuntary contraction was destroyed. Suspecting, however, it might return, she remained an in-patient ten days: no return of the complaint took place; she was made an out-patient, and appeared as such August 30. She was perfectly well, and had suffered no relapse.

"October 20, 1826. Wm. Holdin, aged 36, admitted a patient in the infirmary, under my care, on account of the right masseter muscle being permanently contracted. He has been fourteen months incapable of opening his mouth more than to admit the handle of a leaden spoon. Upon introducing the finger within the cheek, and the thumb without, the muscle can be grasped, and in hardness it resembles bone rather than muscle; he has been upwards of a year unable to close the right eye. He was directed to wear a wooden wedge between the teeth, so as gradually to open the mouth, and thus gain upon the contracted muscle. No medical treatment was adopted, and in the course of a week or ten days the mouth could be opened upwards of an inch; the masseter muscle had become relaxed and soft, and he was so much relieved, that at his own particular wish he went out, Nov. 10, in order that he might labour for his family; he was, however, directed to continue the use of the wooden wedge for some time. He was able to take common diet, which had materially improved his strength, having previously lived a long time upon spoon-meat, from his inability to open the mouth: he could also close the eye, which he had not done before for upwards of a year.

"Nov. 2, 1829. Miss H., a young lady, residing about twenty miles from Leeds, had the misfortune, nine weeks ago, to fall and sprain her wrist, for the relief of which leeches and the usual applications were had recourse to, under the direction of a very respectable practitioner; in a few days she was better of the sprain, but the ring and little-finger were permanently contracted, and she had lost the power of extending them; to relieve this affection various means

were had recourse to without effect; she then came to Leeds to place herself under my care. Finding she had considerable pain upon pressure, in the course of the ulnar nerve, I thought it advisable, previous to extending the fingers, to apply a small blister (three inches long and one broad) above the wrist, and in the direction of the nerve. The day following the fingers were gently extended; dressings applied to the blister, a compress of lint, and a splint reaching from the extremity of the fingers a little beyond the wrist, was firmly secured by a bandage to keep them extended. Next day they were removed, the contraction of the flexors had ceased, she had the perfect use of her hand, and had suffered no relapse up to the present time (June, 1830)."

#### TREATMENT OF PTOSIS.

Ptosia, or falling of the upper eyelid, when dependent on paralysis of the levator palpebræ, has always, we believe, been regarded as irremediable by any kind of operation; and as it is often impossible to restore the action of that muscle, the deformity necessarily remains during life, to the great annoyance of the patient, who is thus deprived of the use of an eye, which is itself perfectly healthy.

A very simple operation has, however, lately been proposed by Mr. Hunt, one of the surgeons to the Manchester Eye Infirmary, which, should it not always succeed in restoring the movements of the lid, may at least be expected to produce considerable benefit. The principle upon which it was adopted, was that of bringing the lid under the influence of the occipito-frontalis muscle, the anterior fibres of which generally extend over the superciliary ridge.

"The operation is performed by dissecting off a fold of integument from the eyelid, and the difference from the usual way of proceeding, consists in the portion removed. The upper incision is made immediately below the line of hairs forming the eyebrow, and extends each way to a point opposite the commissures of the eyelids. In making the lower incision no precise direction can be given. It should approach within a short distance of the tarsal margin, varying in the extent of the portion included between the two incisions, according to the greater or less degree of relaxation of the skin, which is different in any two individuals, and it should meet the upper incision at both extremities. When the intervening portion has been detached, the

divided edges should be accurately united by, at least, three sutures, and the wound dressed in the usual manner. The effect produced, when adhesion is perfected, is the attachment of the eyelid to that portion of the skin of the eyebrow upon which the occipito-frontalis acts, and by means of this attachment, substituting the action of this muscle in raising the eyelid for that of the levator, which is no longer capable of doing so.

"On the first view of this mode of operating, the deformity likely to be produced by the removal of so large a portion of skin in such a conspicuous situation, or the injury to the motion of the eyelid, may be urged by some, as reasons against its adoption. But to both these objections the following case, in consequence of which the foregoing observations were made, will be an answer.

"In removing a large and deeply-seated hydatid tumour from the left orbit of James Garside, a patient of the Eye Institution, about three years since, owing to the connexion of the levator palpebræ with the diseased mass, that muscle was so much injured, that after the patient had perfectly recovered in every other respect, what then appeared an incurable falling of the eyelid remained. Anxious to remedy this evil (as the man possessed perfect vision upon raising the lid with the finger), when all tumefaction of the integuments had entirely disappeared, I removed an elliptical fold of skin in the usual way. The wound healed well, but although a considerable portion had been included between the incisions, the effect upon the lid was hardly perceptible. The poor man, after waiting for some weeks, was very solicitous to have another portion removed; and it was more in compliance with his desire than from any expectation of further benefit, that I at length consented to repeat the operation: Whilst deliberating on the portion to be removed, it struck me that if it was sufficiently near the eyebrow, the action of the occipito-frontalis which affects this part of the skin might also be available for raising the eyelid, and fortunately the result fully justified the conjecture. The operation was performed as is described above, the wound united by adhesion, and the patient could raise his eyelid to the same extent as that of the other side.

"It is also important to observe, that no deformity was produced, and that the eye could be as perfectly closed as before the occurrence of the disease. Nor is this surprising, when we consider that there still remains the same extent of conjunctiva lining the lid as before, and that cicatrices in the eyelids, those caused by the operations for entropion for instance, are, after a short

time, barely visible, owing to the peculiar character of the skin in those situations."

#### NEURALGIA TREATED BY MOXA.

The following cases of neuralgia treated by moxa, by Mr. J. A. Cooper of Bradford, we extract from Art. XI.—

"CASE I.—John Robinson, aged 32, by trade a wool-comber, applied to me in the spring, 1827, for neuralgia of the sacro-ischiatic nerve, under which he had laboured above six months, he was quite emaciated from intensity of pain, loss of sleep and appetite. The remedies that were tried gave no relief till the moxa was applied, which immediately relieved the pain, and he was soon restored to his wonted health and vigour; he has had no relapse.

"CASE II.—September 9th, 1827.—J. Hinchliffe, aged 50, has had severe pain along the whole course of the sacro-ischiatic nerve some months, which has greatly impaired his general health, no plan of treatment was of any avail till the moxa was applied behind the trochanter, when the relief to the parts contiguous was immediate; it required a repetition however before it became permanent in this part. The pain continued in the leg, notwithstanding the application of moxa twice to the hip; this was also entirely removed by employing the same agent over the nerve.

"CASE III.—Elizabeth Thomas, aged 43, has had severe pain in the sacro-ischiatic since December, 1828; in February, 1830, I applied a moxa behind the trochanter, which gave immediate ease. The pain still continued in the leg, for which a moxa was applied below the knee, and was followed with the same favourable result.

"CASE IV.—May, 1827.—John Dobson, forty-five years of age, complains of pain along the parietes of the chest, which he has felt for several years, and which has progressed in spite of all remedies. On examination of the spine, there was considerable tenderness of the superior dorsal vertebrae, to this part a moxa was applied with complete success.

"Cases in confirmation of the efficacy of moxa in neuralgia might be multiplied, but those briefly detailed will suffice to recommend it, as deserving of a more extensive trial. So uniform has been the success of its application in my hands, that it approaches almost as near to a specific, in that form of the disease under consideration, as bark is a specific in intermittent fever."

SPONTANEOUS LACTATION AT AN  
ADVANCED AGE.

The following case is communicated by Mr. George Semple, surgeon, of Shipley Hall, near Bradford. Parallel phenomena are referred to as being recorded in the *Philosophical Transactions*, Vol. IX, 1674, and Vol. XXXI, 1739. "It beautifully exemplifies," Mr. Semple observes, "the power of sympathy or maternal feeling in re-exciting to action long-disused secretory organs."

"Mrs. B., wife of John Breward, Simpson-green, near Idle, aged forty-nine, has borne eight or nine children, the youngest of whom is about twelve years old. About a year ago she lost a daughter-in-law, who died of puerperal inflammation about a fortnight after confinement of her first child. On her death Mrs. B. took the charge of the infant—a little, puny, sickly baby. The child was so fretful and uneasy, so averse to taking any kind of food, and so troublesome, that Mrs. B., after several sleepless nights, was induced, by way of soothing, to permit her to take the nipple of her breast into the mouth—the child was pleased and soon sunk to rest, and the old lady of course continued to give her this cheap and innocent sedative from time to time. In the course of from thirty to thirty-six hours she felt very unwell, her breasts became extremely painful, considerably increased in size; and soon after, to her utter astonishment, the lacteal fluid was secreted, and poured forth in the same abundance as on former occasions after confinement of her own children. The child, now a year old, is a fine healthy, thriving girl, and only a few days ago I saw her eagerly engaged in obtaining an apparently abundant supply of healthy nourishment from the same fountain, which, nearly twenty years since, poured forth its resources for the support of her father. Mrs. B. is a stout healthy woman, and has continued to menstruate regularly, both since weaning her last child, nearly eleven years ago, and during the time she has suckled this little grandchild."

## PHLEGMONOUS ERYSIPELAS.

It is greatly to be lamented that the term "phlegmonous erysipelas" should ever have been applied to that diffuse inflammation of the cellular tissue, the treatment of which lately attracted so much attention and gave rise to so much controversy. This form of inflammation is very different from the phlegmonous erysipelas of Cullen, which is

merely the most acute form of the true cutaneous inflammation; yet of this distinction, it would seem, many surgeons are still unaware, and we are continually hearing or reading of instances where the two forms of disease had been completely confounded; and where the treatment, applicable only to the one, has been condemned, because it failed in the other.

We have been led into these remarks on the present occasion, by an article in the last number of the *Midland Medical and Surgical Reporter*, by Mr. Middlemore, of Birmingham. This gentleman, who divides erysipelas into four species, phlegmonous, biliary, cedematous, and gangrenous, after describing the first of these as characterised by excessive redness of skin, large and very abundant vesications, &c. (evidently using the term in its original acceptation, and not even alluding to the cellular or subcutaneous inflammation), when speaking of the treatment, recommends "one or two free incisions to be made into the most prominent parts of the swelling," and discusses the question of the length to which such incisions should be extended, alluding to the cases of Mr. Hutchison and Mr. Lawrence; which, as we have already observed, were quite distinct from his phlegmonous erysipelas. In the latter disease we have never seen incisions practised, and we should certainly not be disposed to employ them. This disease depends, in most instances, rather on constitutional than on local causes, and may be most efficaciously relieved by general remedies, so that even if the treatment in question were not in other respects injurious; it is, in this respect at least, objectionable, that it causes much unnecessary pain to the patient, and tends to protract the duration of the cure. In other respects, Mr. Middlemore's description of symptoms is correct, and the treatment which he recommends judicious; but his treatise contains little or no new information, and is we fear likely to do more harm than good, by contributing to propagate an error already too widely extended.

On the remaining papers in the above Journal, we shall not at present offer any observations,

## POISONING BY ARSENIC AND LAUDANUM.

Mr. Jennings, of Leamington, has described a case of this kind in the *Medical and Physical Journal* for October, in which the two substances appear in some measure to have counteracted the effects of each other. We are in possession of the details of a precisely similar case which occurred in Dublin some months since, and in which the same modifying action was particularly observed. Mr. Jennings saw the patient, a young woman, four hours after she had taken about three ounces of laudanum and two drachms of arsenic.

"At this time she had no pain in the stomach, bowels, or head; had no heat or burning in the throat; complained of no uneasiness when the abdomen was pressed upon, and was perfectly collected. She complained, however, of feeling tired and sleepy, which she said was occasioned by her having taken an emetic two hours before I saw her, which had acted violently and tired her very much. The only symptoms which she had, that were at all indicative of her having taken poison, were, that her eyes were bloodshot and heavy, and the pupils contracted; she was rather disposed to sleep, the pulse was about 100, and the vomiting continued, perhaps, a little longer than might be expected from the effect of the emetic. The symptoms had not been more marked than at that time. In fact, so completely were all symptoms of poisoning by arsenic absent, that a physician and surgeon, who saw her in about an hour after she had taken the poison, could not persuade themselves that she had taken poison at all, though the girl had stated such to be the fact."

The stomach was freely evacuated by a second emetic.

"Bleeding from the jugular vein, leeches, blisters, and cold affusion, were employed. The patient was kept constantly walking about. No alteration in the symptoms took place before half-past seven o'clock, excepting that she complained of being more drowsy, and with greater difficulty was kept awake, frequently dropping asleep, even while walked about. About half-past seven o'clock, she once or twice complained of some pain in the bowels, but there was no tenderness on pressure, and no pain in the stomach. The bowels acted once, very comfortably, about this time. At eight o'clock she sunk into a state of coma, with dilated pupils and laborious breathing: before nine she died."

On examination of the body, the stomach was found in a healthy state, with the ex-

ception of two small red patches near the pylorus; the mucous membrane of the duodenum was throughout of a light-pink colour, that of the jejunum was highly injected, and presented numerous patches of an intensely red colour. "In the ileum, the appearances of inflammation were less marked than in the jejunum, but it presented several patches acutely inflamed. No ulceration of the small intestines could be detected. The cæcum and colon were healthy. There were not any ulcers in the rectum, nor any other disease of that part." The greater part of the arsenic had been rejected by vomiting, and the fluid found in the stomach exhibited only a slight trace of it; a sufficient quantity, however, was found in the small intestines, to obtain it in its metallic state. It is remarkable, that notwithstanding the large quantity of opium taken, no smell of it was perceptible in the fluids discharged after the second emetic, nor in the contents of the stomach after death.

## ATTENDANCE ON MIDWIFERY CASES.

At a general meeting of the members of *The Derbyshire Medical and Surgical Society* held on the 10th inst., present Dr. Forester, in the chair, Dr. Bent, Dr. Fox, Mr. Eaton, Mr. Wright, Mr. Bennett, Mr. Webster, Mr. D. Fox, Mr. Huggins, Mr. H. Haden, Mr. Borough, Mr. Jehaness, and Mr. Gisborne, a series of resolutions to the following effect were passed:—

That the Society has decided, that to attend midwifery cases for a less sum than ten shillings and sixpence, is a gross violation of its rules, and that such a practice is derogatory to the profession.—That the members of the Society pledge themselves to hold no medical communication with any person violating the same, except in their official situations as officers of the dispensary.—And that every member also pledges himself not to meet, professionally, any medical man, whether physician or general practitioner, who is known to have held professional intercourse with any one who has violated the above rule.

## CHARGES FOR MEDICAL ATTENDANCE.

To the Editor of THE LANCET.

SIR,—As a constant reader of your valuable Journal, and an ardent admirer of your



unceasing efforts to procure a reform in medical politics, I would take the liberty of asking, What are the powers with which the Apothecaries' Company are now armed, as their emendatory Act of 1815 has, I believe, now expired? \* As it is universally admitted, that the constitution of every medical corporation in the British dominions is "corrupt and rotten as Denmark," it appears to me that the present period is a fit opportunity to petition the Legislature to adopt such measures as will effectually suppress quackery and protect the regularly-educated surgeon in the legitimate exercise of his profession, from the inroads of empiricism and the talons of corporate avarice; and if you were to use your pen and influence in originating petitions to the legislature on this subject, I have no doubt that surgeons in every quarter of the British dominions would follow your example.

While the pen is in my hand I cannot forego the opportunity of congratulating your readers upon the spirit of reform and independence which is disseminated among the profession, and I am happy to observe, that the practitioners of Newcastle have taken up the subject of fees. I have always thought that the want of a definite scale of charges is the grand cause of the jealousy and hostility which exist amongst practitioners; and when you contrast the medical with the legal profession, no one, I think, will deny the position. Barristers and solicitors, however unequal their rank in their profession, and however opposed to each other in a court of law, charge the same for their professional services, and when out of the pale of that sanctuary and arena of rivalry, are united in the strongest ties of friendship. Amongst medical practitioners I am sorry to say an opposite feeling prevails, for here we too frequently find envy, jealousy, and a desire to depreciate and undervalue the labours of our professional brethren, prominent traits in the character of many medical men.

In accordance with these sentiments the following scale of charges is submitted to the profession, and if generally adopted and *strictly* adhered to, it would tend to unite all the members of the profession in the closest friendship, and to disperse that feeling of petty rivalry and jealousy which now so unhappily prevails:—

For a consultation with another practitioner, or one visit to a first class patient, residing two or three miles from the residence of the practitioner,—half a sovereign.

Four visits to a first-class patient, not exceeding one mile from the residence of the practitioner,—one sovereign, equivalent to 5s. per visit.

Eight visits to a second class patient, distance not exceeding one mile,—one sovereign, equivalent to 2s. 6d. per visit.

For sixteen visits to a third-class patient, distance not exceeding one mile, one sovereign, equivalent to 1s. 3d. per visit;

Less than this last sum, I think no practitioner ought to charge, as there are infirmaries and dispensaries in every town for affording relief to the needy and indigent.

Midwifery cases might also be charged, according to the above scale, including attendance for one month after accouchement, four sovereigns, two sovereigns, and one sovereign; but when the distance is great, or extraordinary labour and attendance are required, one half of these fees to be surcharged. Other charges for professional services might also be framed on the same ratio.

\* You will, perhaps, be grieved to learn, that some practitioners in this town are so dastardly in their conduct, as by sneaking, charging every patient, rich and poor alike, one shilling per visit only, and by receiving those fees in weekly instalments of *three pence and sixpence*, to undersell and undermine the respectable practitioner, and thereby render the profession quite contemptible, by setting their labour at a less price than the most wretched and miserable *cad*; but, as a counterpart to this, it is gratifying to know, that Mr. Ransome, Mr. Wilson, Mr. Turner, Mr. Whatton, and some others, practise their profession as a liberal and scientific art, and in such a manner, that their patients can appreciate and duly estimate the blessings and value of the healing art.

I am, Sir,

Your constant reader and admirer,

OMEGA.

Manchester, Dec. 15, 1830.

P.S. Under first-class patients, I would include those who have 400*l.* or 500*l.* per annum and upwards; in the second class, those who have 200*l.* or 300*l.* per annum; and in the third class, those who have 100*l.* or 150*l.* per annum. I would designate those as fourth-class patients who receive medicines and attendance from charitable institutions.

\* This Act is still in force. It was the Declaratory Act passed on the 6th of July, 1825, which has expired. Enough of the Act of 1815 will be found in our present Number.—Ed. L.

## THE LANCET.

*London, Saturday, January 1, 1831.*

IF men who have not enjoyed the advantages of a scholastic education,—if men who have been born and bred in ignorance, who have been preached into a state of passive obedience, at last turn round upon their oppressors, arise to avenge their wrongs and to recover their rights, how natural is it that men of character and education, of discernment and experience, should be impatient under insults, and resolve to humiliate their persecutors, and restrain, either by the power of public opinion, or by the enactments of a constitutional law, the avaricious cravings of hungry monopolists! The analyses which we have lately laid before the profession of the various medical statutes, have produced their effect; the members of the profession are in a state of revolution, they are at length resolved that the colleges, if they cannot *benefit* those whom they were intended to serve, shall no longer neglect, degrade, and persecute them. The bare word *innovation* carries with it so many terrors to weak minds, and to persons in the decline of years, who, from the sinking energies of nature, feel disposed to sit down quietly under any weight of obligation, however severe, that those who undertake the great work of reform must sound again and again the trumpet of alarm, before the banners of justice and of independence can boast of being unfurled over the heads of many energetic and courageous supporters. A few years ago the medical colleges were so powerful, the oligarchs who flourished and fed in them appeared to be so safely, so firmly, seated on their downy couches of corruption,—were so influential in name, so powerful in connexion, so awful in anger, and so bounteous in patronage, that complaints against these bodies were only heard in whispers; none dared openly to raise their voices against the tyranny that was exercised by them, lest the speakers might furnish new victims for the instruments of oppression. How changed are the times! At least, how changed are the opinions and conduct of the persecuted! A slavish adu-

lation and submission are no longer yielded to self-perpetuating councils, to tyrannical courts of examiners. A strong spirit of hostility has risen up in place of a senseless submission to arbitrary power; and if the colleges be not destroyed, the incorporated will be indebted for their safety to those very individuals whom, a short time since, they affected to despise.

In the scheme which we should propose for regenerating the profession, there would be none of the machinery employed in the present medical corporations; the whole would be a new construction, and founded, as far as *medicine* is concerned at least, upon a new basis. Anxious as are the members of the profession to enter at once upon the active duties of a new institution, we must beg of them to restrain their impatience for a while, in order that they may fully comprehend the absurdities and monopolies with which medical statutes every-where abound, and no-where more abundantly than in the Apothecaries' Act of 1815.

In the last LANCET our analysis ended with the conclusion of the fifth clause. We now arrive at the *sixth*, which relates to the appointment of deputy masters and deputy wardens, who may be chosen from the court of assistants by the master and warden for the time being, and all lawful acts and matters done by these deputies, are declared to be as good, valid, and effectual, as if done by the master and wardens respectively. The power thus conferred is not without its advantages, as it affords the best security against inefficient courts, from paucity of numbers. Non-attendance of the court on the prescribed days might have proved extremely prejudicial to the interests of the applicants for licenses.

The *seventh* clause confirms the power which had been granted to the master and wardens by the charter of JAMES I.

In the *eighth* we find that no act of the master and wardens of the Society shall be deemed to be good or valid, unless the same shall have been executed at some assembly or meeting holden by the master, wardens, and Society, in the hall of the said Society; and that all power and authority granted by the Act shall be executed by the master, wardens, and assistants, or by the major part who shall attend at any such assembly or meeting to be holden as aforesaid

(that is to say, "in the hall"). The number present at such meeting is not to be less than thirteen, of which number the master is to be one.

In the *ninth* clause, the regulations respecting the examiners are to be found. Twelve persons, properly qualified, as before mentioned, are directed to be appointed by the master, wardens, and assistants, for the time being, (having also the power to remove them from time to time, as they may deem advisable,) and such appointed persons, or any seven of them, shall be called the Court of Examiners of the Society of Apothecaries, or the major part of them present at any meeting, having full power to examine all apothecaries and assistants to apothecaries throughout ENGLAND and WALES, and to grant or refuse such certificates as thereafter is mentioned. The court is required to meet once, at least, in every week, for the purpose of such examinations.

The provisions of this and of the fourth clause appear to have occasioned some inconvenience to the company, and to have led even to legal disputes. A short article on the subject appeared a few weeks back in *The Times*. It will call for a few remarks on another occasion.

The *tenth*, *eleventh*, and *twelfth* clauses relate merely to the oath taken by the examiners on their entering office.

It is further stipulated, that the examiners shall not continue in office for a longer period than one year, but on going out, they are deemed eligible candidates for re-election.

By the *thirteenth* clause, in case of death, the surviving members of the court are empowered by a new election to supply the vacancy.

The *fourteenth* clause prohibits any one from practising as an apothecary in ENGLAND or WALES, without a certificate of qualification from the court of examiners.

And in the *fifteenth*, it is provided that no candidate shall be admitted to examination unless he shall have attained the full age of twenty-one years, and has served an *apprenticeship* of not less than five years to an apothecary, and he must produce testimonials to the satisfaction of the court of a sufficient medical education, and good moral conduct.

All the prosecutions which have taken place under this Act, have been founded on the last two clauses.

The *sixteenth* directs that those persons who intend to apply to be examined, should give notice to the clerk of the court of examiners indicating that intention.

The *seventeenth* declares that it is unlawful for any person to act as an assistant to an apothecary in compounding or dispensing medicines, without having undergone an examination by the court of examiners. Persons who acted as assistants to apothecaries before the first of August, 1815, are exempt from the penalties of this clause.

How many *assistants*, we should like to know, have been examined by this zealous and worshipful court of examiners? Verily they have proved themselves trusty servants!

The *eighteenth* enacts, that it shall and may be lawful for the said master and wardens to appoint five APOTHECARIES in any county of ENGLAND and WALES, except within thirty miles of London; and the five apothecaries so appointed, shall have full power and authority, and are hereby authorized to examine all assistants to apothecaries throughout such county, and to grant or refuse certificates; and these county courts were to be held monthly in the county towns; no measures being valid unless executed at such meeting. That the powers in this act vested in the five may be executed by the majority, if the meeting be held according to law.

Here we get at another worthy trait in the character of the Worshipful Company. Where are the county courts appointed by the Society? In what county are there five apothecaries qualified under this Act to examine assistants, and to grant licenses? In truth, the Society, so far as we are informed, has never appointed a single county court;—and, we believe, for this disgraceful reason, that the company in London would gain nothing by the fees paid for such licenses; as those fees must of necessity go into the pockets of the provincial examiners. Oh! it is indeed a trading company!

The *nineteenth* clause informs us, that for every license granted to a person intending to practise in, or within ten miles of, London, the sum of ten guineas shall be paid to the master, warden, and Society,

but or practising in every other part of England or Wales, the sum of six guineas is required; the possessor of a certificate at the latter price, however, is not entitled to practise in, or within ten miles of, London, until he shall have paid to the said master, wardens, and Society, the further sum of four guineas. Each assistant is to pay for his certificate the sum of two guineas.

In the *twentieth* clause it is enacted, that "Any person acting or practising as an apothecary in any part of England or Wales, without having first obtained such certificate as aforesaid, shall for every offence pay the sum of twenty pounds; and if any person (excepting persons who have actually served the above apprenticeship as aforesaid) shall act as an assistant to compound or dispense medicines, without having obtained a certificate, he shall, for every such offence, pay the sum of five pounds."

In the *twenty-first* clause, it is enacted that no apothecary shall be allowed to recover any charges claimed by him in any court of law, unless such apothecary shall prove on the trial, that he was in practice as an apothecary prior to the 1st of August, 1815, or that he has obtained a certificate as above to practise as an apothecary. Thus an apothecary is prohibited from recovering compensation for any charges made by him, whether professional or otherwise, for that is the *letter* of the law, unless he have obtained a certificate from the Worshipful Company.

The *twenty-second* clause relates to rejected candidates, whether assistants or licentiates. The suitor for the license, on his being rejected, is not deemed qualified for a second examination until six months have elapsed. The assistant is admissible to re-examination at the expiration of three months, when, it is said, the "five apothecaries in any county or counties as aforesaid shall be qualified to grant such person his certificate."

In the *twenty-third* clause, it is provided that the master and wardens shall make annually, and cause to be printed, an exact list of all persons who shall in that year have obtained a certificate to practise as an apothecary, with their respective residences attached to their respective names. The Society complied with this stipulation agreeably to the spirit, as well as to the letter, of

the act, during some five or six years, but finding that the profession and the public began to talk rather loudly of the enormous sums of money with which the examiners were enabled to enrich their coffers as a reward for their very slender duties, they endeavoured to screen themselves from such remarks, by mixing up the names of the new with those of the old licentiates, and thus, instead of publishing annually a list merely of those who had passed during the year, they cunningly published a general list. Now, from the number of deaths that take place, it is next to impossible to ascertain how much the company may have profited by their exertions, continued for an hour or two on the Thursday of each week. As the worshipful gentlemen are so scrupulous in furnishing any accounts of their dealings, we apprehend it will be necessary to apply to parliament for certain "returns." It really ought to be generally known, whether such industrious, zealous labourers have been duly rewarded for their services.

The *twenty-fourth* clause declares, with regard to the appropriation of the money received from the granting of the certificates, "that it shall belong to, and be appropriated and disposed of by, the master, wardens, and Society of Apothecaries as aforesaid, in such manner as they shall, from time to time, direct and deem most expedient." They have, of course, thought it most expedient to direct it into their own pockets.

The *twenty-fifth* clause enacts, that the money arising from convictions, and the recovery of penalties for offences against the Act, shall, one half of it, be given to the "informer," and one half as above.

On the subject of penalties and forfeitures, the *twenty-sixth* clause declares that if they exceed the sum of *five pounds*, they shall be recovered by action at law; but if the penalty or forfeiture shall amount to less than *five pounds*, then the same shall be recovered by distress and sale of the goods of the offender, by warrant from a justice of the peace; and should there be an insufficiency of goods, the same justice may commit the offender to the county jail for one calendar month. Such is the law which we occasionally obtain from the collective wisdom of the nation. Such are the principles

of equity upon which much of our statute-law is founded. If a master be fined twenty pounds, the money can only be recovered by action at law; that is, if he think proper to resist the demand, or if it be not convenient for him to discharge the amount. But the poor assistant is pounced upon at once; he cannot submit his case to a jury. Upon the evidence of an informer being satisfactory to a magistrate, the fine must be instantly paid, or the offender submit to be incarcerated in a dungeon.

The *twenty-seventh* is a clause to protect the agents of the company from the consequences of any irregular proceedings, in levying distresses, in executing of warrants, &c. &c.

As we are so constantly consulted upon the provisions of the two following clauses, we shall extract them verbatim.

They are the *twenty-eighth* and *twenty-ninth*, and run thus:—

“Provided always, and be it further enacted, that nothing in this Act contained shall extend, or be construed to extend, to prejudice, or in any way to affect, the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinal compounds, wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply to all intents and purposes, as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act.

“Provided always, and be it further enacted, that nothing in this Act contained shall extend, or be construed to extend, to lessen, prejudice, or defeat, or in anywise to interfere with any of the rights, authorities, privileges, and immunities heretofore vested in, and exercised and enjoyed by either of the two Universities of Oxford or Cambridge, the Royal College of Physicians, the Royal College of Surgeons, or the said Society of Apothecaries respectively, other than and except such as shall or may have been altered, varied, or amended, in and by this Act, or of any person or persons practising as an apothecary previously to the first day of August, one thousand eight hundred and fifteen; but the said Universities, Royal Colleges, and the said Society, and all such persons or person, shall have, use, exercise, and enjoy all such rights, authorities, privileges, and immunities, save and except as aforesaid, in as full, ample, and

beneficial a manner, to all intents and purposes, as they might have done before the passing of this Act, and in case the same had never been passed.”

There are only two other clauses to notice; one of these provides that no action or suit shall be brought or prosecuted against the Company or any of its agents if the alleged offence have been committed more than six months, and every action or suit is to be instituted in the county where the matter in dispute may arise, and not elsewhere, and if the action shall have been brought without having given twenty-one days' notice to the company or to the company's agent, or in any other county than that in which the offence was committed, then, and in every such case, the jury shall find for the defendant and defendants, and the Worshipful Company is in that case to be entitled to double costs.

The *concluding* clause declares, that the Act is a public one, and shall be judicially received as such by all judges and justices, without being specially pleaded.

On thus investigating the clauses of this extraordinary Act of Parliament, one is shocked to think that such a disgraceful document could ever have experienced the sanction of the legislature. The spirit of the Act is mercenary; its powers are unconstitutional; and its conditions are ignorant, contradictory, and arbitrary. It is as unfitted for the government of the members of the medical profession, as the Examiners of the Company are unequal to give dignity and importance to the profession. The Act, in truth, has failed in every thing except in proving vexatious to students and profitable to the Company. As to protection to the profession, it affords none. It is so ignorantly drawn up, it is so loose in grammatical construction, that every clause contains a hole through which a coach-and-six might be driven. The Company dare not prosecute pure surgeons, dare not prosecute pure physicians, dare not prosecute the dub-apothecaries, dare not prosecute the apothecary-chemist, dare not prosecute druggists, dare not prosecute the most notorious, the most infamous, the most villainous, of quacks! Its prosecution of unqualified practitioners has scarcely advanced one step beyond the stable; for a few farriers, who had unwittingly prescribed for “humans,”

are the only persons who have encountered the Company's hostility.

After what we have stated, is it not the grossest insult that can be offered to common sense, to say that the Apothecaries' Act is a proper measure of protection for the medical profession? Founded upon a trading principle, and its powers carried into execution by a trading Company, it is as ill calculated for the wants and the respectability of the profession, and to give a proper security to the public against the lawless pretensions of unqualified practitioners, as would be the most miserable instrument that human imbecility could fabricate. We shall make it our business to ascertain the amount of money which has been pocketed by the Company for carrying into *partial* effect the absurd provisions of this Act. We say *partial* effect, because the Worshipful Society has not obstructed the unqualified practitioners, because it has not instituted examinations for apothecaries' assistants, because it has not instituted county courts for the examination of apothecaries' assistants, and because it has deviated from whatever is indicated of a liberal spirit in the Act, by fettering medical students with certificate "regulations," which are at once irrational and extortionate. Aye, extortionate! Yet for this very deed, this levy upon the purse, the Company was the other day lauded by a most influential morning paper. The editor, probably, was not aware that the money paid for certificates is often pocketed by the near relatives and intimate friends of the court of examiners. This liberal journal unblushingly gave its sanction to a direct money-tax upon the importation of knowledge. The editor, however, is a mere political weathercock; propel him from the north, he points to the south; press him slightly from the east, and away goes his nose to the west; in a word; within one month he is to be found at all points of the compass; so that it is not unlikely, that in a few weeks he will be denouncing the Company as a set of mercenary knaves.

The Company will contend, as an excuse for some portion of their negligence, that the powers of the Act are not adequate to the accomplishment of those objects which were contemplated when it received the support of Parliament. We claim this admission as another powerful point that must

be urged for the repeal of the Act. The measure is altogether inoperative, and ever must remain so if it continue in its present shape. If, then, Parliament will not interfere to relieve the profession from such an odious enactment, the members themselves must see whether, with intelligence and justice on their side, they are not sufficiently strong to oppose a successful resistance to the almost powerless instruments of a defective law. A reformed Parliament would not permit such an enactment to disgrace the pages of the statute-book a single month; but a reformed Parliament would include some members of the medical profession, who would apply all their talents and energies to the hideous abuses which abound in our medical corporations. Is it not disgusting, sickening, torturing, to reflect that chemists and druggists are allowed by this Act to enjoy privileges which are tightly withheld from the members of the College of Surgeons, from the medical graduates of all the universities? Can any-thing be more preposterous, more unjust, more insulting? The day, however, is not far distant, when the members of the profession will be relieved from so odious a tyranny. The power is in their own hands, and we look forward to the result of their generous and independent exertions with that pleasure and confidence which it may be readily supposed we feel in the successful progress of the great cause of medical reform.

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A SOCIETY, which has long existed in Lincoln's Inn Fields, known by the name of The Medico-Chirurgical, continues to hold its meetings once or twice a month; and it has contrived, through purchases and contributions, to collect a very large and valuable library, to which the members occasionally resort. On the stated evenings of meeting a paper is read by some one of the members, and afterwards the facts and opinions advanced by the author are discussed by those members who may happen to be present. Some of these papers are collected occasionally, and published, and are entitled "The Transactions of the Medico-Chirurgical Society of London." Mark! only *some* of the papers read are printed and published, and no account whatever of the facts and opinions elicited during

the discussions; in a word, the Society does not publish any reports of its proceedings. Believing that this institution was founded upon liberal principles, founded upon a desire to disseminate amongst the members of the profession in this and in all other countries, any valuable truths which might be discovered from time to time by the numerous experienced physicians and surgeons of whom it is partly composed, we have, on several occasions, requested a gentleman to attend for this Journal, in order that we might convey to the members of the profession generally such matters as the speakers might deem worthy the attention of the Society. There is, we understand, a by-law to the effect, that it shall not be permitted for any gentleman to report the discussions; but on several occasions it has been stated to us by individual members, that the by-law had become obsolete, and that the majority deeply regretted that such a narrow-minded regulation had ever been framed or acted upon. Relying upon these statements, we have often published accounts of the proceedings; not, however, because we thought there was any-thing of intrinsic value in the reports, but because they formed a species of news which, as medical journalists, we considered ought to be laid before the profession. The Society commenced its sittings for the present session on Tuesday evening, Dec. 14, when a paper on Epilepsy was read by Dr. Symes. A gentleman attended on the part of this Journal; but the moment that he commenced taking notes of the discussion, objections were offered by a member of the Society, an individual of the name of Hutchison.

Now this Mr. Hutchison must believe that his opinions on medical subjects either are, or are not, worth hearing. If the former, his liberality in their diffusion extends only to the walls of the building in which they may be uttered; if the latter, he knows that their publication would expose him to the contempt and ridicule of the profession. From one of the horns of this dilemma he cannot extricate himself. Mr. Hutchison, we apprehend, in making his election for concealment, exercises a sound discretion. He shrewdly guesses, that in the fidelity of the reports he would behold his own caricature. His disregard for the interests of

science and the welfare of posterity, originates in what many people would allege to be no more than an excusable love of self. Publicity is the touchstone of merit and truth. On its having been remarked to our friend Joe Burns, that Hutchison had objected to the publication of his speeches, "Well," said Joe, "Hutchison's objection does not arise from any selfish feeling, for he himself has no speech to make;" and Mr. Burns expressed his belief that Mr. Hutchison had been urged to advance the objection at the earnest request of some fabricator of cases and cures,—some egotistical cure-all. In conclusion, we would ask this Society to point out the difference between the conduct of a *quack*, and that of a regular practitioner. Does not the first boast of the possession of a secret? does not the regular practitioner boast of communicating his knowledge? The quack affirms that his secret remedy will cure all diseases, but his own must be the ministering hand; the patient is only to obtain ease at a cost of so much the hour. The regular practitioner, of liberal education, the moment that he has made a discovery, publishes it to the world for the benefit of all mankind. In its proceedings, therefore, does not the Medico-Chirurgical assume the character of a society of QUACKS?

In expressing an earnest hope that the obnoxious by-law will be speedily taken into consideration at a general meeting of the members, we shall for the present quit the subject.

HAD OUR "ancestors," whose "wisdom" is passing into a proverb of contempt, intended to impede the progress of medical science, they could not have adopted a more effectual plan for that purpose than its union with the study of divinity. So different indeed from each other are these two pursuits in their nature and manner of cultivation, that it is quite impossible the former should be under the dominion of the teachers of the latter without suffering from such a connexion. Yet we can readily understand how this unfortunate alliance was effected, and medical science placed under the chilling patronage of the church. During the darkness of the middle ages, medicine, like the other arts and sciences, was almost ex-

clusively studied by the ministers of religion, who thus, by a benevolent arrangement of functions, united in their persons the cure of the sick and the cure of souls. It was natural enough, therefore, that this science should have been committed to their tutelage by the founders of our universities; but though this scheme might appear rational, and was perhaps unavoidable at the time, there were numerous objections to its adoption even at that early period. Long before the foundation of our colleges, or the transfer of the destinies of medicine to the professors of these ecclesiastical corporations, the priesthood had been prohibited the practice of, and were necessarily disqualified for, superintending the tuition of the medical profession. Admitting that they had been willing to discharge, they must therefore have been incompetent to, the duties intrusted to them; but besides their incompetency for the guardianship of this science, there were many reasons which induced them not only to consider it as a secondary object of their corporate concerns, but even to look on it with feelings of hostility. No sooner had this science begun to develop the mysteries of nature, than the facts which it brought to light were construed into so many contradictions of revealed religion, and itself considered as opposed to the interests and stability of the church. In this collision of faith and fact, it is easy to conjecture the conduct, when we recollect the sensitive spirit of the church, when their dogmas or their interests happened to be called in question. The power which they possessed was turned against the "science of infidelity," as it had been opprobriously denominated; its doctrines denounced, and its professors persecuted. Nor can we wonder at this crusade against science, when we reflect on the spiritual and temporal motives excited in the minds of its authors, by their education and means of living. The basis of their studies was deemed perfect, neither admitting of doubt as to their truth, nor change in the mode of their tuition. After an admission of this kind, it requires but little exercise of the reasoning faculties to conclude, that the manner in which souls were saved one year, would answer equally well for the next, so that every prospect of innovation on the statute-

book of the universities was excluded by this obvious but pernicious conclusion. Like the wit who inferred that there should be but one dish for dinner from the ecclesiastical syllogism, that there was but one heaven, one baptism, one true church, they come naturally to the determination that there should be but one system of education in the institutions over which they presided. What heaven inspired, the selfishness of man confirmed; as the ministers of this system were certainly gainers by such an order of things, they were resolved not to risk the temporal advantages which it secured them by committing the statute-book of the universities to the rash hand of experiment. Tithes and benefactions, church-lands and mortgages on the living and the dead, were of too divine an origin and of too earthly a value to be put in jeopardy by the diffusion of intelligence and improvements in education. A body of men educated in this system and actuated by these motives saw no necessity for an alteration of the statute relating to education, or if they did, they had too many substantial inducements to adopt those measures which reason and the wants of science might have suggested. They were, therefore, unwilling to evince a precedent of innovation even in the profane sciences, lest the example might be turned into an argument for changes in that system upon which their subsistence depended. Medical science required, however, a very different description of patrons and of regulations for its encouragement and cultivation. Depending on experiment and observation for its improvement; changing at almost every step of its progress, it required the greatest latitude of discussion, gradual modifications in the manner of its diffusion, and the utmost liberality as well as exertion in its cultivators. Of all these advantages it was completely deprived under the regulations of its ecclesiastical patrons; hospitals, dissecting-rooms, laboratories, and all the other means by which medicine might be beneficially cultivated, were either altogether absent, or imperfectly conducted. That this spirit of hostility to medical science has not been removed from the minds of the individuals composing our ecclesiastical corporations by the increasing liberality of the age, one modern instance



will suffice out of many which we might adduce, if the limits of these papers would admit of such digressions. Doctor Chyle, late Provost of the University of Dublin, was so shocked at the contents of modern medical works, that he at one time determined to exclude them from the University library, lest they might corrupt the pure morals of the ecclesiastical students! Why he did not carry this singular resolution into effect we have not learned; but we believe we can state for certain that he accomplished another measure equally absurd and insulting to the medical profession, during his administration. Before the erection of the new suite of lecture-rooms devoted to the instruction of the medical sciences in that institution, it was customary for the students in medicine to go to lecture through the entrance to the College from College Green; but in order to draw a line of separation between the students in medicine and those of divinity, the medical lecture-rooms were completely cut off by a wall from all communication with the other buildings of the University, and the pupils obliged to enter the lecture-rooms by a back gate in Nassau-street! The motives assigned for this insolent arrangement, were, that the morals of the divinity students would be contaminated by any communication with medical pupils! Instructed by the history of the past, that medicine has pined under the yoke of the church, and admonished by its present conduct, that this spirit of hostility still pervades its councils, what conclusion are we to come to on a dispassionate consideration of this infelicitous connexion of medicine with theology in our universities? We confess we can discover no alternative—no other remedy for this national evil, than a total and eternal separation of these dissonant pursuits, which can never be cultivated with advantage under a similar system of instruction. Without some such complete emancipation of medicine from the fetters in which it has been bound by the church in this country, we are convinced that it can never be cultivated with equal success here as abroad, and that all attempts to modify the institutions in which it is now taught will be worse than useless, as we are prepared to show on a future occasion.

## WESTMINSTER MEDICAL SOCIETY.

*Saturday, December 17, 1830.*

Dr. GRANVILLE in the Chair.

## LITHOTOMY.—MEDICAL CORONERS.

MR. KING related a case of stone in which he had recently operated with success, and which was rendered remarkable by the circumstance that symptoms of peritonitis were present when the operation was performed. Considerable arterial hæmorrhage supervened, proceeding principally from small branches of the perineal artery, which were secured after the bleeding had continued for some time, and to a considerable extent. By this hæmorrhage he considered the life of the patient to have been saved, as the peritonitic symptoms very speedily subsided after the operation.

MR. KING further stated, in reply to a question from the President, that the operation of lithotripsy had been tried in this case without its usual success. This failure proceeded from the large size of the stone, he believed that if performed in sufficiently early time it would supersede the section altogether. Mr. King concluded by inquiring when the question of the propriety of medical men being selected for the office of the coronership would be brought before the Society.

THE PRESIDENT replied that no arrangement had been made for that purpose, nor was it known by whom the subject was to be introduced. He hoped it would be brought forward, and he did not see any reason why its discussion should give rise to any party feelings.

## PATHOLOGY OF DROPSY.

Dr. WOOD, after some introductory remarks, proceeded to read a paper on the pathology of dropsy, of which the following is a very full report:—

In every part of the animal body, Dr. Wood observed, there is a continued secretion or exudation of fluid destined to the lubrication of the several tissues and organs, for the elaboration also of certain principles which are necessary to the performance of certain functions, or lastly, for the elimination of those portions of the solids and fluids which have become either absolutely noxious, or at least unfit to maintain the general health, and consequently superfluous. Amongst the first may be enumerated the halitus of the serous membranes, the small portion of fluid found in the investing membranes of the brain, the synovia of the joints, the fluid contained in the areolæ of

the cellular tissue, &c. Among the second may be mentioned the saliva, gastric juice, &c. And among the last, insensible perspiration, bile, urine, &c. All these several secretions are formed from the blood by means of a variety of apparatus in which the essential part consists of the capillary extremities of the blood-vessels. In a state of health, and according to the constitution of the individual, there always exists an equilibrium between the mass of circulating fluid and these secretions; if in any part of the chain this equilibrium be interrupted, if any function be obstructed, disease ensues. That portion of the circulating mass which should have been devoted to the formation of any secretion, is by the cessation of that secretion, either from disease of the organ or any other cause, thrown back upon the system at large, producing a variety of diseases, such as inflammation, various fluxes, or lastly, what is more particularly the subject of the present paper, it may induce dropsy. Whenever an increased secretion of serous fluid takes place, dropsy is the result, provided it is not reabsorbed as rapidly as it is produced, or evacuated in some other way. The necessary condition, therefore, is that the cavity into which the effusion is poured must be closed at all points. This takes place in the cavities lined by serous membrane, the pleura, pericardium, the peritoneum, the membranes inverting the brain and spinal chord, it occurs also in the areolæ of the cellular tissue dispersed throughout the body.

The author next adverted at some length to the chemical properties of hydropic secretions, and then continued :—

There are then three varieties of the secretion of serous membranes: first, a portion of the serum or more fluid part of the blood appears to be as it were filtered through the exhalent vessels; secondly, at other times the process begins to resemble that of secretion in other parts of the body, inasmuch as there seems to be a selection made, and some one of the ingredients of the serum predominates, at one time the watery portion, at others the albumen; thirdly, the process appears to be sometimes identical with glandular secretion, for a new substance is generated which is not to be found pre-existing in the blood. The occasional causes of dropsy are very various. Whatever produces debility is said to be a cause of dropsy; intemperance, cold, excessive discharges, a general cachectic state of the system, bloodletting carried to excess, drinking cold water when the body is in a heated state. It occurs also as the consequence of several diseases, such as fevers, scarlatina, bronchitis, inflammation, and in consequence of structural derangement of most of the organs of the body. All the

secretions in this disease are interrupted more or less with the single exception of that of the serous part of the blood in the dropsical part; the insensible perspiration is deficient, the lubricating mucus of the internal surfaces, the saliva, the bile, and the urine are all scanty, and this last is sometimes albuminous and at other times not, but of this hereafter. It seems as if the fluid portion of the circulating fluid were drained off from every portion of the body in order to be poured in abundance into the dropsical cavity. It is manifest that no portion of the body, into the composition of which the serous and cellular tissue enters, is exempt from this affection. Accordingly on dissection we sometimes find the fluid effused, according to Andral, even into the dense cellular tissue which lines the mucous membranes. In dissecting the bodies of patients who have died of dropsy, we are struck by the great diversity of appearances presented to us in different cases. Dr. Blackall in his admirable work relates a number of cases in which he found decided marks of inflammation on the pleura, the pericardium, and the peritoneum, which were frequently covered by adventitious membrane and adherent to the adjacent parts. He found the liver diseased in a variety of ways, inflamed, schirrous, enlarged, indurated, in four cases he found the kidneys the seat of organic disorder. The lungs in some instances presented marks of inflammatory action, the lymphatic vessels were found unusually thickened, and lastly, the cellular membrane, in dropsical parts, frequently presented unusual resistance to the knife, and the cells contained a somewhat transparent and coagulated fluid. Dr. Bright, in his splendid publication, mentions cases presenting similar appearances to those mentioned by Dr. Blackall, which he has illustrated by very beautifully coloured plates. It was asserted by Van Helmont that the kidneys were the seat of disorder in dropsy, but it was left to Dr. Bright to prove in many instances the justice of Van Helmont's assertion. In his work he gives the history of twenty-four cases of dropsy illustrative of the coagulability of the urine so much insisted upon by Dr. Blackall as indicative of inflammatory action, in all of which the kidneys were found to be diseased, so that he is led to the conclusion that this appearance of the urine is pathognomonic of structural renal disease. As may easily be supposed, the appearance of the kidneys is very various: at one time they are completely granulated throughout, enlarged, presenting a rough and uneven surface, altered in colour, and their natural internal organisation changed; at other times they are softened and filled internally with a yellowish substance, some-

times they are found almost white externally, lobulated, and on making a longitudinal section in the internal structure, both cortical and tubular, the same greyness and faintness of colour was found to prevail. Andral mentions a case of dropsy in which only one kidney was found on dissection. In eleven cases Dr. Bright found the liver to be the seat of disorder, in most of which, although there was most extensive dropsy, the kidneys were quite healthy, neither did the urine coagulate. The species of derangement of the liver in this disease seems to consist of an enlargement, and sometimes contraction, induration, and a deposition of yellow tuberculous matter; the gall bladder in general thickened and contracted, containing sometimes healthy bile, sometimes the reverse; I have myself seen several cases of dropsy in which the liver was found to be disorganised in a way nearly resembling scirrhus degeneration. The heart has been found diseased, the valves ossified, and in hydrothorax the lungs have been found to present various morbid appearances. In hydrocephalus the membranes of the brain have been found inflamed, thickened, and sometimes ulcerated. Considerable portions of the brain itself have been found in a state of ramollissement; where the disease is chronic the longitudinal sinus has been found contracted, the brain itself tuberculated, sometimes a layer is condensed and hardened round the lateral ventricles. Very rarely cases of dropsy have been found in which, upon dissection, not the slightest morbid appearances have been perceived in any part of the body. Andral mentions a case of this description, in which, although there was dropsy of every cavity, combined with anasarca, no trace of disease could be found either in the head, the thorax, or the abdomen.

The author here proceeded to enumerate the principal theories concerning the proximate cause of this disease, commencing with Dr. Cullen, who believed dropsy to originate in increased effusion or diminished absorption, the former of which he contended to arise in the majority of cases from laxity of the exhalant vessels, the consequence of a general debility of the system. On this opinion Dr. Wood remarked as follows:

General debility may, however, I think, rather be considered as the concomitant than as the cause of dropsy, as they are, in general, both of them the effects of some preceding disease, as, for example, long continued fevers, disorder of the digestive organs, induced by long-established habits of intemperance. Andral mentions a case in which, instead of there being any debility, the individual was full of life and vigour, although he was affected with universal

dropsy. Dr. Cullen also considers, that dropsy sometimes arises from an abundance of serum in the blood-vessels, which may be owing to some derangement of the chylipoietic viscera, or from absorption from a moist atmosphere. It is unquestionably the fact, that when a larger quantity of serum is present than ought naturally to exist in the blood, dropsy may be induced. This has been proved by Lower; he injected water into the veins of a dog, and if he did not previously abstract a quantity of blood, the animal soon began to show marks of suffering, and on dissection was found to be universally dropsical. That this increased quantity of serum in the blood may occur may easily be conceived, although not caused in the manner Dr. Cullen supposes. Edwards, of Paris, has proved, that in a moist atmosphere the insensible perspiration, which is constantly thrown off from the skin and the surfaces of the air passages, is at its lowest degree; it is, therefore, probable, that the serum, which cannot be carried off by the ordinary means, may be thrown out by the serous membranes, and in that way produce dropsy. Andral thinks it probable that the dropsical affections occurring after scarlatina, may be produced by the interruption to the ordinary process of cutaneous perspiration, caused by the desquamation of the epidermis. Dr. Darwin conceived, that sometimes a retrograde action of the absorbents might produce the disease, but a moment's consideration of the anatomical structure of those vessels will demonstrate the futility of this hypothesis. An increased momentum of the blood was supposed, by Dr. Parry, to be a cause. According to this author this increased momentum is either general or local, absolute or relative, and he considers that inflammation, hæmorrhage, and dropsy, have a general resemblance as to their cause, and are all of them efforts of nature for the alleviation of constitutional errors of the circulation. Dr. Blackall goes still further than Dr. Parry; he considers dropsy to be generally of an inflammatory origin, which he conceives proved by the appearances found on dissection, from the serum of the affected parts having been found to be altered in a greater degree than could be supposed to arise from simple relaxation of the membranes, from the treatment, and from the buffy coat of the blood drawn in this disease, and also from the coagulability of the urine. He states, moreover, that where this excretion is most loaded, and coagulates at the lowest temperature, and most firmly, the blood is most buffy, and there are throughout the system the greatest marks of inflammation. This, however, is controverted by Dr. Elliotson, in a clinical lecture published in *THE LANCET* of the 11th instant, in which he says,

that he has seen cases where he has bled although the urine did not coagulate; and, on the contrary, others in which that phenomenon was presented, and where venesection was entirely out of the question. Dr. Bright, as I have before observed, considers this property of the urine to be pathognomonic of renal disease. He has been led to the conclusion, that many cases of dropsy, which have usually been termed inflammatory, are to be traced to disease in the kidneys. He says, that he has never examined the body of any patient dying with dropsy, attended with coagulable urine, in whom some obvious derangement of the kidneys was not detected. Andral is inclined to attribute dropsies to the six following causes: 1st. A degree of stimulus, or irritation, of the organ where the dropsy is formed; 2nd; The sudden disappearance of another dropsy; 3d. The suppression of certain secretions; 4th. Various alterations in the blood; 5th. Obstacles to the venous circulation; 6th. Certain states of cachexia.

In this review of the principal opinions and theories brought forward in explanation of the proximate cause of dropsy, and the pathology of the organs on which it depends, I have been able to do little more than to give a sort of *catalogue raisonne* of the principal authors on the subject, and to relate their opinions as briefly as possible. Although apparently differing, I think they will be found to agree in general. Some effect produced on the circulating fluid, seems to be allowed by all to be the cause of dropsy, whether it be obstruction to its course, or some alteration in its constitution, from whatever source that alteration may proceed. I believe, that of all the causes of dropsy, an affection of the exhalants themselves is the most frequent, whether it be inflammation or simple irritation. We know that in local inflammation, vessels which are originally destined to admit only the more fluid part of the blood, become gorged with the colouring particles, and the fibrinous portion, proving that the atoms of these latter constituents must be of a larger size than those of the serous portion. May we not conceive a state of the exhalants to exist, proceeding from a similar cause, as inflammation operating in a less degree, in which, although those vessels do not, as in that affection, admit the red particles, they may admit a larger portion of the serum, and so increase the exhalation? We see an increased secretion in inflammation of the serous membranes, and I think it is not impossible that the cause may frequently operate with less force, and so increase the secretion without producing inflammation. The suppression of any secretion from organic disease of the viscous destined to its formation, as, for instance, in affections of

the kidneys, may produce dropsy; as I have said in the commencement of this paper, by throwing the blood, which should have been eliminated by them, upon the rest of the system, and thus producing a degree of congestion and plethora, and, consequently, a greater burden devolves upon the capillaries throughout the body, and more particularly in the proximity of the part affected, and, therefore, from the stimulus of distention, they pour out their contents to a preternatural extent.

I think that the coagulability of the urine may easily be accounted for from the disease of the kidneys, by which they are incapacitated from eliminating that proportion of nitrogen which they are intended to do; and the production of albumen appears to be an effort of nature to expel that principle as well as possible; for, next to fibrine, albumen contains a larger proportion of nitrogen than any other constituent of the blood. We can in this way account for the non-appearance of albumen, where the dropsy proceeds from disorganized liver, according to the statement of Dr. Bright.

Any mechanical obstruction to the circulation in the veins, or more properly speaking, any cause impeding the return of the blood to the heart, will cause dropsy. If the principal vein of a part be obliterated, together with its collateral branches, the part farthest from the heart becomes dropsical, and if the obstruction is caused by disease of the heart, general dropsy may be the effect. It is possible that an alteration in the quantity of the blood, whether by excess or defect, or a deterioration in its quality, may occasion dropsy. Where there is general plethora, we may account for the disease by the stimulus of distention, and the general phlogistic diathesis. In cases of dropsy proceeding from excessive hæmorrhage, or where, from a deficiency of nourishment, a sufficient quantity of the vital fluid is not produced, we may conceive from the predominance of the serous portion, and the deficiency of fibrine, that a larger quantity of their proper exhalation will be produced in the serous membranes. That such cases do occur, in which the blood itself is little more than a reddish watery fluid, has been proved by Andral in his *Clinique Medicale*, where he mentions several instances of dropsical patients, whose bodies on dissection presented this remarkable appearance of the blood. In all such cases, he says that the slightest irritation of any part is sufficient to produce an infiltration of the cellular tissue of that part. May not the dropsies which are found to occur in persons who are debilitated by improper and deficient food, and who are in a generally cachectic state, be accounted for on the supposition, that the proper quan-

tity of fibrine in the blood is not formed, and consequently the serous portion predominating? This explanation appears to me to be far from improbable.

I have now, I think, noticed the principal topics connected with the pathology of dropsy, and, in conclusion, I have to in-treat the indulgence of the society for the errors and omissions of this very imperfect essay.

An animated discussion arose at the conclusion of the paper, chiefly of a theoretical kind, and with reference to the question, whether dropsy was produced by inflammatory action; the affirmative of this proposition was principally supported by Dr. Barry, who argued against the doctrine of debility at great length. Mr. King also was inclined to refer the disease to a peculiar inflammatory tendency, except in the cases where it was caused by mechanical obstruction. With respect to the hydropic infiltration of the submucous tissue, described by Andral; he had long contested the fact with that eminent author himself. Mr. King believed it to be physically and anatomically impossible, and he further contended that the œdematous appearance resulted from an affection of the mucous membrane itself. Dr. Wood did not consider dropsy and inflammation as identical, and believed the use of the lancet was not essential for the cure of the former; in this view he was supported by Mr. North, who thought venesection improper in a great majority of cases. The inflammatory nature of dropsy was also opposed by Drs. Sigmond, Stewart, and Mr. G. Burnet.

With reference to the influence of the state of the skin in this disease, the long controverted question of cutaneous absorption was touched upon by some of the members. Dr. Sigmond believed it to occur, and founded his opinion on the increase of weight which is occasioned by immersion in the warm-bath. Dr. Wood did not think this a sufficient proof, as the aqueous vapour must have been inhaled during the immersion. Dr. Copeland thought the skin did absorb, and narrated an experiment he performed by immersing his naked arm in spirits of turpentine; his arm was introduced through a partition into a separate room, and the vessel luted round, yet, in a few minutes, the pulmonary exhalation was impregnated with the turpentine odour, and the smell of violets was perceptible in the urine. Allusion was also made to the experiments of Dr. Edwards on lizards, which tend to corroborate the views for which Dr. Copland contended. Dr. Granville, in conclusion, reviewed the proceedings of the evening; he believed that several causes might produce dropsical effusion, but that in a majority of cases venesection was the

most efficient remedy. Cutaneous absorption was not yet incontestably proved, but it was supported by many strong analogical data; he finally deprecated the too theoretical tendency of medical discussions; it seemed as if medical men were unwilling to grapple with practical points.\*

The Society then adjourned till the 8th of January, 1831, when Mr. Evans is expected to bring forward an essay on monomania.

## WESTMINSTER HOSPITAL.

### ACUTE RHEUMATISM.—PERICARDITIS?

RICHARD MOSS, aged 36, was admitted with pain and tumefaction of the knees, ancles and wrists, under the care of Dr. Roe. The patient has been a soldier for fourteen years, and was discharged from the army for a hernia. He states, that his health has been generally good, except that from infancy he has occasionally been subject to a palpitation of the heart. The knees, ancles, and wrists, are swollen, red, and painful; both legs are covered with purpura, and he complains of general pain; tongue is loaded; pulse 84, full; bowels open; urine copious, red, and depositing a plentiful sediment of the same colour. *To have a warm bath and a diaphoretic mixture.*

28. The warm bath produced a copious perspiration; bowels have been twice opened, but the tongue is still furred; pulse is 80, soft, and smaller; the tumefaction and pain have diminished, and the purpura is a little paler.

29. The pain of loins and limbs is less; he has perspired profusely; bowels are open, the stools liquid, and the tongue coated with a light fur. Pulse 90, irregular and intermitting about every ten beats. The secretion of urine, and the appearance of the spots, are unaltered. Yesterday afternoon he had a fit of syncope, from which he was some time recovering. *To be bled from the arm to six ounces; to have a pill of soap and opium, five grains, every night; to repeat the mixture.*

30. The blood drawn yesterday is thickly buffed and slightly cupped; the tongue is white; bowels open three or four times since the last visit; pulse 90 and strong. He was restless the first part of the night, but afterwards fell into a perspiration, and slept soundly towards morning. Respiration is laborious, and the rale crepitant is evident at each collapse of the thorax. The action of the heart, however, is much less oppress-

\* Mr. Jewel, early in the evening, endeavoured to call the attention of the Society to Dr. Bright's opinions on renal disease, but the call was unanswered.

ed than on his admission. *To be bled to six ounces: repeat the mixture and pills.*

31. The serum of the blood drawn is copious, and the crassamentum buffed and cupped. He was very faint all night, but he rested and perspired a good deal towards morning. Tongue furred; pulse 90 and regular; the action of the heart unequal; a troublesome and dry cough exists; the urine is copious and more natural. *To take a pill of ipecacuan. and opium, of each one grain, three times a day.*

Nov. 1. The patient passed a very restless night, although the pain of limbs has entirely disappeared. The countenance is anxious and covered with perspiration; bowels open twice; stools watery; pulse 45, slow, oppressed, and irregular. *To be bled to six ounces; to have one grain of digitalis added to the pills.*

2. The patient looks fresher this morning, but complains of feebleness; has slept but little; tongue clean around the edges, but furred in the middle; pulse 60, intermittent; feeling great oppression late last night, two ounces of port wine were given to him, and a blister was applied to the region of the heart. *To have two ounces of port wine daily; repeat the medicines.*

3. He still sleeps indifferently, and perspires during his sleep; bowels well opened; stools watery, and rather offensive; tongue clean; countenance tranquil; pulse 78, soft and full; action of the heart more equable. He is very feeble, and can hardly move in bed. *Repeat the pills and wine.*

4. Complaints of faintness during the night; the action of the heart is natural, and the stethoscope indicates no deviation in function; pulse 90, improved; cough occasionally troublesome; tongue still furred; bowels open; stools of a better character.

5. He thinks he is not so well as yesterday; cough prevents him sleeping. There is excessive debility; tongue furred; bowels open; stools as before; perspiration less; pulse 78, full, and powerful; thirst; want of appetite, but he relishes his beef-tea.

6. He is much better this morning, but he has experienced a return of the rheumatic inflammation in the joints and limbs; tongue clean; bowels open; stools consistent; urine natural; perspiration light; pulse 84, full, and soft. *To have ten grains of Dover's powder at night. To continue his other medicines.*

7. Had not his powder last night, and he has not slept; the pain of legs and feet has diminished, but that in the shoulders and arms has increased; tongue moist, chopped, and covered with a slight fur; bowels regular; skin warm and moist; appetite improving. *To have three common purging pills immediately. To have a draught three times a day, composed of aromatic*

*spirits of ammonia, twenty-five drops. Wine of meadow saffron, fifteen drops. Camphorated mixture, one ounce.*

8. Spirits improved; his countenance cheerful; slept tolerably well; complains of a general soreness all over the body; bowels open; stools natural; tongue slightly furred; respiration easy, and its sound nearly natural; slight cough, and he expectorates a little; pulse 54, slow, full, and regular; action of the heart energetic. *To have ten grains of Dover's powder at night. Repeat his former medicines.*

9. Much better; countenance cheerful; tongue clean; pulse slow, large, 64; bowels not open since yesterday.

10. The rheumatic pains have increased; skin hot and moist; tongue pale; bowels costive; pulse 64, and full. *To have a purging draught immediately. Rep. med.*

11. He is feeble; has had no sleep; tongue furred; bowels open; pulse 80, intermittent. *To continue the draught, and to have a blister applied to the region of the heart.*

12. Slept well all night, and perspired but little; there is still pain and tumefaction in the arms and hands; pulse 102, irregular; bowels open.

13. Improving, but complains of debility; pulse 92.

14. No variation sufficiently to be noted since yesterday; has slept well; pulse 80, regular.

15. Declares himself to be much better; has slept without the aid of opiates; skin is warm and moist; countenance natural; appetite reviving; bowels open; stools natural; tongue clean; pulse 88, regular. *To have middle diet. To take two grains of sulphate of quinine in the form of a draught, three times a day.*

17. Convalescing.

20. The bowels have acted spontaneously; appetite improving. *To have full diet, and a pint of porter daily, instead of the port-wine.*

21. Has caught cold, and has an accession of cough and coryza; he appears feeble, but feels easy.

22. Having complained of sleeplessness for the last two or three nights, a pill of soap and opium was given last night, and induced a comfortable sleep. He feels, consequently, better this morning; bowels a little costive; pulse 75, full, and moderately strong, but vibratory. *To take half an ounce of castor oil every three hours, until it shall have produced a stool.*

23. He is in very good spirits, but he has a return of rheumatism in the left wrist and hand; tongue furred; bowels confined these two days; pulse 96, regular. *To have half an ounce of castor oil every two hours until a stool is produced.*

24. Bowels have been opened three times since yesterday; slept indifferently, but feels much improved this morning; pulse 104, small; occasional vertigo.

25. The pain in the shoulders has returned, and disturbs his rest; tongue clean; bowels costive. *To take half an ounce of castor oil immediately.*

26. Improving rapidly.

27. Passed an indifferent night, but is much better this morning. Says he is getting stronger, and he may fairly be pronounced convalescent.

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RECOVERY FROM A WOUND OF THE BRAIN,  
WITH LOSS OF CEREBRAL SUBSTANCE.

J. P., ætat. 23, a soldier of the garrison of Coblenz, received, on the 6th of August, 1829, a gun-shot wound in the head. Two hours after the accident, he was brought into the Military Hospital in a state of stupor, with inclination to vomit. His countenance was pale and collapsed; his answers were slow and incoherent; he complained of headach, great lassitude, general uneasiness, and darkness before his eyes; breathing was very slow; the lower extremities were cold and paralyzed. He had lost about two pints of blood. There was a lacerated transverse wound at the occiput, of about one inch and a half in length; the hæmorrhage was nearly arrested, but a considerable quantity of blood had accumulated under the edges of the wound, which was immediately enlarged, and the blood evacuated by a free incision through the lacerated scalp. The skull having thus been laid bare, a large fracture was found between the external occipital prominence and the lambdoid suture, with considerable depression. There were a great many fissures in various directions, and some of the fragments had been driven below other portions of the skull, with such a violence, that it was found impossible to extract them. No rupture of the dura mater could be discovered, although, during the examination, a small portion of cerebral substance, of the size of half a filbert, was found on the ground where he was wounded. Trepanation having been decided upon, the patient, a very robust man, was first ordered to be bled, which was, however, found impossible, on account of the great collapse of the vessels. The operation did not offer any thing of interest. Two large pieces of skull were removed, and several smaller fragments extracted, after the removal of which, a rupture of about two-thirds of an inch was discovered in the membranes. There was no extravasation under the dura mater; not much blood was lost during the operation, during which the

patient continued in a comatose state. The wound was filled with a piece of sponge, and lint, with compresses, was loosely placed over it; internally, the infusion of arnica with salts was administered; the head was kept cool with vinegar and water, and the bowels freely moved by injections. A short time after the operation, the patient seemed to fall into a tranquil sleep, which, with slight interruptions, continued till towards the evening, when he awoke and complained of blindness; the pupils were dilated, though not quite insensible. The night was passed rather restlessly, and the patient repeatedly vomited a large quantity of bile. On the following morning a slight reaction had taken place, the pulse had risen, the skin was warm, and the paralysis of the lower extremities had disappeared; the patient complained of headach and confusion of ideas; there was also some paraphrosyne. Thirty leeches were applied to the head, after the application of which he seemed to be relieved. The rest of the day was passed pretty tranquilly, and he complained only at times of pain in the orbit. The night was again very restless, and in the evening the dressings were found tinged with blood, and the wound of the scalp began to suppurate. The pulse was full, but within a short time fell again. In the afternoon the patient was more clear in his ideas than he had been since the accident, and sight appeared also to be restored in some degree. Towards the evening twelve leeches were applied, but without much relief, and the following night he was again very restless. On the 9th, the dressings were removed for the first time; a small portion of cerebral substance had protruded through the rupture in the dura mater; the suppuration was rather profuse; in other respects the wound had a good appearance. It was again loosely filled with a piece of sponge, and covered with lint and compresses, dipped in a solution of chlorate of lime. On the 11th, the prolapsed cerebral substance was found dark-coloured, of a fungoid appearance; the appearance of the wound was good. The general state of the patient also began to improve, he became collected, and slept more quietly, and sight was almost completely restored. During the following days, the cerebral fungus was found gradually to protrude, and it was accordingly thought necessary to apply the dressings rather more tightly. On the 14th, the prolapsed portion of the brain was nearly of the size of half a walnut, its surface was greenish, and it caused a very offensive smell. It was dressed with lint dipped in the solution of the chlorate of lime, which was also repeatedly sprinkled over the bandage. On the 16th, the protruded mass had still increased, but had in other respects

not changed, except that the smell was less offensive. The compresses were again applied more tightly, in order to prevent the further protrusion of the fungus. During the night of the 17th, however, the patient was suddenly seized with violent delirium; the bandage was tinged with blood, and when it was removed the cerebral fungus was found to have attained the size of a small apple, and to pulsate violently. The wound was now simply dressed with oerate, the head kept cool with fomentations, and thirty leeches were applied to the temples and behind the ears. The infusion *arnicæ* was now omitted, and a simple saline mixture given in its stead. In the morning, the pulsation in the protruded mass was still very violent, but the general state of the patient was better, and he had had a few hours' tranquil sleep. On the 18th, the fungus had not become larger, and as its surface had evidently become gangrenous, a small layer of it, about two drachms in weight, was removed, and the rest touched with nitrate of silver, and dressed with a decoction of oak-bark; neither of these operations caused any pain, and as on the following day the whole of the fungus appeared to be gangrenous, it was entirely removed, first by the ligature and then by the knife; a considerable quantity of sanious matter was discharged from the bottom of the fungus, the whole weight of which was about eight drachms. The wound was dressed with the decoction of oak-bark, and tonics were given internally. On the 20th and 21st, the patient went on favourably; on the 22d, the wound, from the removal of the fungus being still of gangrenous appearance, was covered with powdered bark and myrrh; no protrusion had taken place. The external wound was gradually healing at its circumference; sight was almost recovered, and the use of the lower extremities perfectly restored; the bowels were rather costive, and required the continued use of glysters. The mental faculties, though much improved, were still in some degree affected, he was often thoughtless and inattentive; his memory was good but rather slow, &c. On the 21st, the wound of the brain had a much better appearance, the discharge was much less and of better quality; the flaps of the scalp began to heal towards the centre, and had almost entirely united amongst one another. During the following days no change took place in the state of the patient, except that at the wound of the brain a small abscess formed, which broke and discharged a small quantity of healthy pus. The wound of the scalp went on favourably, and the flaps firmly united to the subjacent parts, so as to leave only, in the middle, an aperture of about an inch in depth, in consequence of

the removal of the bone and the loss of cerebral substance. On the 16th of September, the aperture was almost entirely filled up, and closed by the cicatrization of the external wound; the general state of the patient was good, his faculties were entirely restored, he had gained in strength, &c.; sight only was still rather impaired, particularly that of the right eye. On the 21st, the wound was quite healed; the cicatrix was of the form of a small quadrangular depression, and, with the exception of the weakness of the sight, he felt perfectly well, so that, after a few weeks more, he was enabled to leave the hospital.—*Graefe u. Walther's Journal.*

#### ELECTION BY "CONCOURS"

##### *At the Parisian Faculté de Médecine.*

THREE public "concours" will be opened at Paris on the first Monday of February next, for the Professorships of Surgical Pathology, Physiology, and Natural Philosophy, at the *Faculté de Médecine*. The candidates are to be subjected to the following tests of qualification:—

1. They are each to publish a dissertation on the science of which they wish to obtain the chair, developing their plan of lecturing.
2. A thesis, the subject of which is determined by lot; this is to be written in French, and will be publicly read by the candidate.
3. A lecture of one hour's duration to be delivered after twenty-four hours' preparation.
4. A lecture of an hour, after three hours' preparation.

5. A critical examination of the former writings and "concours" of the candidate.

The election, which will take place immediately after the last sitting, is to be made by a jury consisting of twelve jurors and three "suppléans," of whom eight jurors and two "suppléans" are to be appointed by the Faculty, and the rest by the "Académie des Sciences."

#### DISEASE OF THE BLADDER.

At a late meeting of the Medico-Physical Society of Florence, Dr. Betti communicated the case of an elderly man in whom, in consequence of complete obliteration of the urethra, the urine was discharged through the navel; it had been supposed that the urachus was open; but on *post-mortem* examination it was found that there was an ulceration of the bladder, from the fundus



of which, up to the navel, an abscess had formed, and that this cavity had served for the passage of the urine.

Dr. Nespagli mentioned the case of a female, at the post-mortem examination of whom the upper portion of the bladder was found wanting, and had been supplied by adhesion of part of the colon to the remaining portion of the bladder, so as to complete the cavity. The patient had not suffered either dysuria or incontinentia urinæ. — *Annali Univ. d. Omodei.*

#### LOCAL MEDICAL ASSOCIATIONS.

##### To the Editor of THE LANCET.

SIR,—Allow me earnestly to recommend to that portion of the medical profession described as general practitioners, through the only channel of sufficient circulation to make the advice available, to form themselves into local associations like those of Leeds, Newcastle, or Glasgow, with a view to their ulterior general combination, or at least general co-operation. Whatever may be the advantage of the "Metropolitan Society" it cannot for a long time, if ever, embrace a sufficient number of members to render it efficient for all the purposes it professes to have in design. Nothing can be more easy of accomplishment, or more desirable in the end, than the general practitioners throughout the country forming themselves into bodies of twelve or fifteen, raising a small fund (a guinea each member annually) for the purchase of books to go the round of the members, like social reading societies. The meetings once a fortnight or month at the house of each member alternately, would greatly tend to promote mutual good understanding, and would eventually prevent those hostile collisions which are so opposed to the comfort and interests of this class of the profession, a feeling of common interest and unanimity of purpose would cement the members, and render the endeavours to obtain an amelioration of our condition successful by their being combined.

I am, Sir, &c.,

A GENERAL PRACTITIONER.

#### TO CORRESPONDENTS.

A communication has been sent to THE LANCET Office for J. S. C.

Mr. Dermott's letter shall appear next week.

A Pupil of St. George's cannot expect "Apis" to display much activity at this season of the year.

Thanks to Scriptor, but he has been misinformed; there are no new arrangements.

It is utterly impossible for us to insert one-fourth of the letters we are in the habit of receiving.

#### BOOKS RECEIVED.

Inquiries concerning the Intellectual Powers and the Investigation of Truth. By John Abercrombie, M.D., &c. Edinburgh: Waugh and Innes. London: Whittaker. 1830. 8vo. pp. 435.

A Letter to the Metropolitan Commissioners in Lunacy, containing some strictures on the Act of Parliament, and Observations on their Report. By J. Haslam, M.D., of the Royal College of Physicians of London. London: Whittaker. 1830. pp. 24.

Two Lectures on the Study of Anatomy and Physiology, delivered at the opening of the Medical School, Aldersgate Street. By Jones Quain, M.B., Lecturer on Anatomy and Physiology. With Plates. London: Simpkin. 1830. pp. 44.

#### LITERARY INTELLIGENCE.

On the 1st of January, 1831, No. 1 of The Monthly Gazette of Practical Medicine, a new series of the Gazette of Health, containing a popular account of all the new discoveries in the art of preserving health, in curing diseases, and in promoting economy, an exposure of quackery, and every species of fraud, will be published.

A work entitled *The Medical Annual*, containing a practical estimate of the therapeutic value of all the remedies which have been introduced into the practice of medicine within the last ten years; an account of the mechanical auxiliaries to medicine. A priced catalogue of drugs, and a list of diseases, with references to the remedies that have been found most beneficial in their cure or palliation, is announced for publication at the beginning of the new year.

#### ERRATA.

In Dr. Nagle's paper, p. 395, col. 2, before "fœtus in utero," add *life or death of a*; p. 393, col. 2, l. 3, after "previous," add *to her admission*; p. 397, col. 1, after "uninterruptedly," add *across the anterior surface of the uterus*.

In Mr. Dermott's paper, page 412, col. 1, line 23 from the bottom, dele the comma; line 12, after "canal" insert *and blood*; line 10, for "If it is true," read *It is true*. Col. 2, line 29 from top, for "because without," read *because they are without*.

In Mr. Ward's letter, p. 444, l. 20, for "with," read *without*; l. 46, for "induced," read *increased*; p. 445, l. 13, for "back," read *neck*; l. 17, read "These remarks are not intended to condemn," &c.; l. 20, for "affected," read *effected*.

Page 446, col. 1, line 10, for "examining," read *drawing*.

# THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 8.

[1830-31.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

#### ARSENIC.

As we are extremely anxious to render our notice of the arsenical poisons as practically interesting and useful as possible, we shall, in the first place, present a condensed but complete epitome of Dr. Christison's excellent history of the chemistry of arsenic and its preparations.\* We earnestly solicit such of our readers as are not well versed in the subject, and who wish to become competent for the prosecution of inquiries in this department of analysis, to attend particularly to this preliminary abstract, before they proceed to the processes recommended for the detection of the poison. We would request them also to banish the word "tests" from their memories; this word has produced much mischief, by leading the minds of the inexperienced to place implicit and unquestioning faith on certain reagents, without previously studying the changes and decompositions which they produce. A specific or oracular virtue has thus been unfortunately attributed to them, and errors have consequently long remained latent, which, under a more liberal investigation, would have been quickly detected.

ARSENIC, in the proper acceptance of the

\* In compliance with the suggestion of a subscriber, we shall give a paper on the mode of detecting nitric acid, iodine, and the hydriodate of potash, in a subsequent number, in order to render the series of observations complete; although these articles have already been noticed by a correspondent at considerable length.

term, is a metal of an iron-gray colour and crystalline texture; it has a strong affinity for oxygen, which it abstracts rapidly from the air, from water, or other oxygenized fluids, forming two acids, the arsenious and the arsenic. When exposed to heat, the metal sublimes at a temperature below the red heat of glass, emitting an alliaceous smell; if the sublimation be performed in an open vessel, the metallic vapour abstracts oxygen from the air of the apparatus, and white vapours of arsenious acid are produced, which condense on the sides of the vessel in brilliant octohedral crystals.

The principal compounds which are formed by arsenic, are the arsenious acid or white oxide of arsenic, the arsenite of copper or mineral green, the arsenite of silver, the arsenite of potash, the arsenic acid, the arseniate of potash, the yellow sulphuret or orpiment, the red sulphuret or realgar, and the impure sulphuret termed king's yellow; there is moreover a black compound termed fly-powder, little known in this country, composed of the metal and arsenious acid. To each of these, with the exception of the last, we shall apply a few observations in detail.

The arsenious acid, when newly prepared, exists in the form of white transparent, vitreous lumps, which gradually become opaque by keeping. It is usually sold as a white powder; when heated to 380° Fahr., it is sublimed, and condenses unchanged in minute octahedra. The taste of arsenic has been disputed, but Dr. Christison inclines to the belief that it is entirely insipid, and that the peculiar taste sometimes attributed to it, depends on the irritation which it quickly causes in the part. In this opinion we altogether coincide. The arsenious acid of the shops is soluble in boiling water in the proportion of 115 to 1000 parts, and 29 parts are retained on cooling;

temperate water again takes up, in 36 hours, 12-5.† The solubility of the acid in water is impaired considerably by the presence of various organic materials, such as mucus, albumen, or astringent matter.

The arsenious acid forms salts with the various salifiable bases, of which the most remarkable are the arsenites of silver, copper, lead, lime, potash, and ammonia, all of which may be prepared either by bringing the arsenic acid into direct contact with the base, or by decomposing a salt of the base (such as the muriate of lime, nitrate of silver, acetate of lead, or sulphate of copper), by means of a soluble neutral arsenite. Arsenious acid added by itself to one of these salts, produces no decomposition, since its affinity for the base is weaker than that of the acid with which the base was previously associated. This fact is of the utmost importance, and deserves to be attentively studied.

The arsenite of copper is a green compound, formed by adding the arsenite of potash, soda, or ammonia, to the sulphate of copper. The arsenite of silver is yellow, and formed with the nitrate of silver in the same way. The arsenite of lead and lime are both white.

The arsenic acid never comes under the notice of the toxicologist in its free state, but it frequently occurs in combination with potash, as the arsenite of that alkali. This compound is formed by deflagrating arsenious acid with nitrate of potash, by which it obtains another atom of oxygen. Arsenic acid is produced, which unites with part of the potash, forming a neutral salt; the nitrate of silver added to the salt (both in solution), causes the precipitate of a brown-red arseniate of silver.

Of the sulphurets of arsenic, two only are of toxicological importance, namely, the pure orpiment and the impure king's yellow, the former occurs abundantly as a natural product, and is artificially produced when sulphur is treated with arsenious acid, or when sulphuretted hydrogen is passed through a solution of that substance. Both these sulphurets of arsenic are exceedingly soluble in alkaline solutions.

Such are the several combinations of medico-legal interest, which the metal arse-

nic forms, directly and indirectly with other simple substances. The certain detection or recognition of arsenic, whether in substance or solutions, means the procuring of a substance from which the metal may be obtained, and the identity of the metal is afterwards to be proved by the formation of as many of its compounds as the quantity will admit of. The greater the number of these compounds obtained, the more perfect the evidence of arsenic becomes. We shall presently ascertain how the search is to be conducted.

We will now suppose that we are called on to examine the contents of the stomach, or the vomited matter of an individual supposed to have swallowed an arsenical poison. In this admixture, the arsenic may be either in the solid or fluid state. It must also be recollected, that we should be prepared to meet cases in which the fatal preparation was not the arsenious acid or common white arsenic. Instances are already on record, of poisoning by the arsenite of copper, by the arseniate of potash, and by the yellow sulphuret of arsenic. Moreover, when arsenious acid proves fatal, and small quantities of it remain in the stomach and alimentary canal for some time after death, it is liable to be converted into the sulphuret of arsenic by sulphuretted hydrogen gas, naturally evolved in these situations. Dr. Christison has described some cases of this kind. To distinguish these in the unmixed pure state, is a matter of comparatively little difficulty, and for this, Dr. Christison has given us amply adequate directions; but the case is altogether different when the poison becomes mingled with the heterogeneous organic materials of the alimentary canal, and though the merit of Dr. Christison's directions for detecting arsenious acid in such a state of admixture, is of the highest character, yet the experimentalist will not find in his work any guide to the detection of the sulphuret of arsenic, of the arsenite of copper, or the arsenite of potash, any or all of which may have been the cause of death, may remain in the stomach, and escape detection by this omission. However, as the arsenious acid is the poison most likely to demand attention in this country, and as we wish to quote Dr. Christison's valuable remarks upon it, we shall restrict ourselves to it alone, in the first

† Gailbourt.

place, and we shall subsequently consider by what means the other preparations may be separated from the various mixtures with which they may be associated.


To proceed, therefore, the vomited matters, or contents of the stomach, may contain arsenious acid, either in the solid or fluid state; if solid, it may be so mechanically suspended, that it may subside from the mixture in an insulated state, and may be separated by simple decantation. To ascertain its nature is then simple; if the quantity be comparatively large, say over a grain, it should be divided into two or three portions, one part should be intimately mixed with charcoal or black flux (prepared by deflagrating nitrate of potash one part, with supertartrate of potash two parts), and reduced to the metallic state in the manner so beautifully and correctly described by Dr. Christison in a subsequent extract; the second part should be boiled in distilled water till dissolved, and a drop or two of the solution placed on three different watch crystals; to the first should be added the nitrate of silver in minute quantity at one side, and a small quantity of ammonia from the other; the crystal should then be agitated till the several fluids meet, when, if the solution be of arsenious acid, a yellow precipitate takes place. The second crystal should be similarly treated with the sulphate of copper and ammonia, when a deep green deposition is obtained; the third should be treated with a drop of water impregnated with sulphuretted hydrogen: an easier way is to collect a little of the gas in a moistened bladder, furnished with a small glass tube and stop-cock,—by compressing this gently with the hand; a stream can be directed against the suspected solution, though it should not be greater in quantity than the 50th part of one drop, and a yellow stain or precipitate will be instantly produced, if arsenious acid be present.

We have now obtained the metal, the sulphuret of arsenic, the arsenite of copper, the arsenite of silver; analysis can scarcely be more complete, and to render it perfect, it is only necessary to deflagrate the remaining portion with about ten times its volume of nitre in a glass tube (by heating the closed end of the tube in the flame of a spirit, till the nitre melts, and continuing the heat till red fumes cease to be disengaged). Arsenic

acid is thus produced, giving rise to the formation of the arseniate of potash; on dissolving this in water, and adding the nitrate of silver, a brick-red precipitate is thrown down—the arseniate of silver. The analysis is now logically perfect, since all the compounds of arsenic have been formed. If, however, not more than the tenth of a grain be procured in the solid form, it should be reduced at once, according to the plan thus described by Dr. Christison:—

“The only instrument which should be used by the inexperienced, and the instrument which the chemist will always prefer when it is at hand, is a glass tube. When the quantity of the oxide is very small, it should not exceed an eighth of an inch in diameter.

“The proper material for reducing the oxide of arsenic is freshly-ignited charcoal. With this substance the whole metal of the oxide of arsenic is disengaged. The black flux, which is usually recommended, is ineligible, if the quantity of oxide is very small; for only a part of the metal is disengaged, the remainder continuing in the flux, probably in the form of arseniuret of potassium. If the quantity operated on is large, it should be mixed with the charcoal or flux before it is introduced into the tube; if on the other hand it is small, a better plan is to drop it into the tube and cover it over with charcoal. The materials are to be introduced along a little triangular gutter of stiff paper, if the tube is large; but with a small tube it is preferable to use a little brass funnel, to which a brass or silver wire is previously fitted, for pushing the matter down when it adheres. In either of these ways the side of the tube is kept quite clean, which is a point of great consequence, especially when the black flux is used. In delicate experiments the material should not be closely impacted in the tube. By far the best method of applying heat is with the spirit-lamp, as first suggested by Mr. Phillips. The upper part of the material ought to be heated first, and with a very small flame. Afterwards the heat should be applied to the bottom of the tube, the flame being previously enlarged by drawing out the wick with a pair of forceps. A little water, disengaged in the first instance, should be removed with a roll of filtering paper, before a sufficient heat is applied to sublime the metal. Whenever the dark crust begins to form, the tube should be held quite steady, and in the same part of the flame. By these precautions a well-defined crust will be procured with facility even by a mere tyro in practical chemistry, as I have ascertained by repeated trials.

Dr. Christison has, in this manner, obtained an arsenical crust, which weighed but the 286th part of a grain, and covering a space of the size of the adjoined parallelogram . Further, heaptly illustrates the possibility of operating on so minute a quantity by the *mechanical* divisibility of gold, a grain of which can be beat into several thousand visible points. The obtaining of the crust, however, is not sufficient, inasmuch as it has been stated by a high authority, though certainly erroneously, that reduced antimony will undergo sublimation also. Another has also started the objection of the similar appearance sometimes produced by charcoal alone. A third objects to the stain which is produced by heating glass, owing to the deposition of charcoal from the flame on its surfaces. It is undoubtedly true, that these last present a highly metallic appearance; discrimination therefore becomes necessary, and this Dr. Christison (following the judicious suggestion of Dr. Turner) proposes to effect in the following manner:—

“The best method of applying this part of the test, is to heat the ball containing the flux deprived of arsenic, to attach a bit of glass tube to its end, and to draw it gently off in the spirit-flame, taking care to prevent the flux being driven forward on the crust. This being done, the whole crust, or, if it is large, a portion of it, is to be chased up and down the tube with a small spirit-lamp flame, till it is all converted into a white powder. In order to show the crystalline form of the powder distinctly, let the flame be reduced to the volume of a pea by drawing in the wick, and let the part of the tube containing the oxide, be held half an inch or an inch above it. By repeated trials, sparkling crystals will at length be formed, which are octahedres,—the crystalline form of arsenious acid. The triangular facettes of the octahedres may be sometimes seen with the naked eye, though the original crust was only a fiftieth of a grain, or even less; and they may be always seen with a lens of four powers, the tube being held between the eye and a lighted candle, or a ray of sunshine, either of which is preferable to the diffuse daylight for making this observation. For the success of the oxidation test, it is indispensable that the inside of the tube be not soiled with the flux, if the flux contained an alkali; because the alkali would unite with the oxide. It is also requisite not to heat the tube suddenly, so as to redden it before the oxide is sublimed, because then the oxide unites with the glass, forming a white opaque enamel.”

It is perfectly easy to go beyond this, even should there be only a single crystal obtained, by introducing with a capillary tube into the original tube a few drops of water impregnated weakly with ammonia. When the crystalline matter is dissolved, the fluid should be dropped on three watch crystals, and the set of experiments performed which have already been described.

Such is the mode of obtaining unimpeachable evidence of the nature of a white powder suspected to be arsenic. In our account we have gone a little further than the eminent author, and introduced some manipulatory directions which are not to be found in his text, we allude especially to the crystal experiments; we have also omitted the description he gives of a peculiar tube recommended by Berzelius to be used in this analysis for the reductions; we object to it, from the conviction afforded us by innumerable trials, that the best form of tube is one at least six inches long, and of the diameter of a middle-sized quill. The length especially facilitates the oxidation experiment, and prevents the necessity for the awkward, difficult, and inelegant mode of drawing out the bulb of the tube Berzelius recommends.

Our space obliges us to pause at this stage of the inquiry, and defer till next week our notice of the more difficult and important analysis of an organic mixture, in which the arsenic has either been dissolved, or so intimately mixed in the solid state, that it is no longer separable by subsidence and decantation.

Before concluding, we avail ourselves of this occasion to describe a mode by which glass-tubes may be prepared by the rural experimentalist in any situation—not so regular in diameter, or elegant in shape, it is true, as the glass-houses can furnish, but of equal utility in the prosecution of analysis.

A thin, white glass ounce phial should be selected for the purpose, and its collar bound with a circle of copper wire, to which should be attached a second piece of wire about three feet long in the line of the perpendicular axis of the phial. The other end of the bottle should also be firmly encompassed with wire, with a short wire terminating in a hook. A small loop of iron should then be driven into the bed of a smith's forge, the

prepared phial hooked on, and the whole urged to redness by a gently increased heat; the phial yields, and may be drawn into tubes of any diameter, by the operator taking the long wire, and steadily retiring from the fire. When the tube cools, it may be cut into pieces by a file, and any of these pieces may be hermetically sealed in a spirit-lamp flame. It is true that six phials may be lost or cracked in the operation, and that an hour or two may also be spent in futile attempts, but one will certainly succeed, and it then affords the experimentalist an abundant supply for his future researches.

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*Deadly Adulteration and Slow Poisoning; or, Disease and Death in the Pot and the Bottle; in which the Blood-empoisoning and Life-destroying Adulterations of Wines, Spirits, Beer, Bread, Flour, Tea, Sugar, Spices, Cheesemongery, Pastry, Confectionary, Medicines, &c., are laid open to the Public, with Tests or Methods for ascertaining and detecting the Fraudulent and Deleterious Adulterations, and the good and bad qualities of those Articles: with an Exposé of Medical Empiricism and Imposture, Quacks and Quackery, Regular and Irregular, Legitimate and Illegitimate; and the Frauds and Mul-practices of Pawnbrokers and Madhouse keepers. By an Enemy of Fraud and Villany. London: Sherwood and Co. 12mo. pp. 137. 1830.*

We are too well aware of the great facility with which epidemic terror is excited by tales of the adulterations in food and drink, to lend our pages to the aggravation of the evil upon the outcry of every visionary,—perhaps knavish declaimer. At the same time, we consider it a duty never to permit a proved fraud of this pernicious description to escape unnoticed. We are equally enemies to needless alarm, and to the too generous confidence which is sometimes reposed on the caterers of the necessities of existence. It would be difficult, we believe, to determine which of these causes operates with the more injurious influence, and it is under this conviction that we proceed to bestow a few remarks on the publication of the above oddly designated work.

This strange, but interesting book, is evidently the production of a man of considerable talents; though whimsical mind, and superficial in information on some important particulars. He has followed in the steps of the celebrated Accum to a certain extent, and this notorious author he certainly equals, if he does not excel him, in the industry and sagacity with which he penetrates into the arcana of various trades and mysteries, the deceptions of which, whether actual or pretended, he proclaims to the country in no very complimentary terms. His list of adulterations, as may be seen from the title, forms a lengthened catalogue, and extends almost to every item in our daily consumption. Our bread, our tea and sugar, our fruit, wine, cheese, spirits, porter, &c., nay, even our meats, have their several imitations; nothing that we eat or drink, according to the author, has escaped the infernal traffickers. We quote, as an example, his enumeration of the various alien ingredients with which he asserts that gin is occasionally associated:—

“The ripe taste which rum or brandy that has been long kept in oaken casks obtains, is imparted to new brandy and rum by means of a spirituous tincture of raisin-stones and oak saw-dust. And the water distilled from cherry-laurel-leaves is frequently mixed with brandy and other spirituous liquors to impart to them the flavour of the cordial called noyau. Sugar of lead not unfrequently forms part of the flavouring ingredients of the retailers' rums. But the perfection of adulteration is in gin,—cheap gin—“the real comfort,”—patronized by the poor for its supposed GENUINENESS! This infernal compound of combustibles is distinguished from the other slow poisons to which a large portion of the population of ‘the queen of cities,’—our ‘modern Carthage,’ make themselves the willing victims, by the poisonous nature of the ingredients of which it is composed. These are the oils of vitriol, turpentine, juniper, cassia, caraways, and almonds, sulphuric ether or phosphorus, extracts of orris-root, angelica-root, capsicums or grains of paradise, sugar, and heading. The aid of lime-water and of spirits of wine is also invoked in the course of the operation. The purposes of these mischievous ingredients are as follow:—the oil of vitriol is to impart pungency and the appearance of strength, when the liquor is applied to the nose, while the extract of capsicums or of grains of paradise is designed to perform the same office for the taste. The extracts of orris and angelica roots give a fullness of body,

and the coveted flavour called cordial, to the large proportion of the compound, which consists only of water. The remaining oils are to give strength, the sugar to sweeten the composition, and the lime to unite the oils with the spirit; while the sulphuric ether, phosphorus, and heading, are intended to give the semblance of being highly spirituous, from the fiery taste, and the appearance of the light bead which is caused to appear and remain for some time on the surface of the noxious compound. The introduction of the white arsenic is intended to promote an irritable and feverish thirst, so that the poor deluded consumer may be compelled to have recourse to fresh potations of the 'liquid fire.'"

There are many benefits and many corresponding evils, which may arise from such statements as those we have extracted, according to the deliberation or inconsiderateness with which they are put forth. If the fearful and disgusting list be constructed upon actual observation,—if chemical evidence, based on analysis, be added,—if individual malefactors be selected and held up to public animadversion, then the author effects a noble and a patriotic purpose; but if, on the contrary, impeachments are issued against craft and trades, unsupported by chemical facts or particular and well-authenticated statements,—or, as the case may be, if these accusations are made for the sinister object of extracting a pecuniary income from the tribute of general terror and unnecessary excitement, then the evil becomes paramount indeed; for, while needless apprehensions usurp the place of judgment and good sense, fear and disgust convert our most wholesome aliments into poisons more pernicious than the adulterations pretended to be decried.

On one point the author has certainly erred, he mixes the innocent with the guilty in several of his lists of adulterations, and, unmindful of the general ignorance which prevails on scientific nomenclature, he heedlessly or ignorantly associates the names of ingredients, some of the most harmless—some of the most pernicious kind. The preceding extract exemplifies this particular fault, and we subjoin another instance of the same description:—

"The 'curious old soft-flavoured Cogniac, ten years old,' of those nefarious dealers, is compounded of Spanish or Bourdeaux brandy, neutral-flavoured rum, recti-

fied spirits, British brandy, British brandy bitters, cherry-laurel-water, extract of almond cake, extract of capsicums, or of grains of paradise, burnt sugar, or colouring matter. But more generally, that '*medicinal*' compound, British brandy, is palmed on the public for real Cogniac brandy. This diabolical farrago of mischievous ingredients, which was held forth to the public by interested individuals concerned in the undertaking, as calculated 'entirely to supersede the use of Cogniac brandy,' and 'likely to prove of great benefit to the *health* and *comfort* of the poorer and middling classes of society,' is compounded of oil of vitriol, vinegar, nitrum dulce, tincture of raisin stones, tinctura japonica, cherry-laurel-water, extracts of capsicums or of grains of paradise, orris-root, cassia-buds, bitter almond meal, colouring matter, &c., from which enumeration of '*neat*' articles it appears that this 'almost superior brandy to Cogniac,' as its modest manufacturers term it, is a slow poison, and equally deleterious in its effects, if not more so, than that vile composition—'cheap gin.'"

One of the most important points to be determined in the consideration of such a treatise as the present, is of course, the veracity of the author; of this, the chief evidence of the affirmative in the case now before us is, in the first place, the want of any evil motive which could induce him to come forward; for, setting a love of mischief out of the question, it may be well supposed that the suppression of such disclosures might be a much more profitable traffic than the sale of the little work in which they are announced. Secondly, he writes in a tone of half-mad honesty, which it is difficult to disbelieve. On the other hand, the principal indications of thoughtlessness (not to say worse), consist in the absence of names and dates and places from his original statements, in the declamatory and puffing style into which he continually lapses, and in the want of satisfactory chemical evidence on some of the most important particulars. Thus he speaks of the adulteration of green Stilton with *verdigris*, yet conceals the source of his information, and adduces no experimental evidence (which might have been obtained with so much facility) on the statement he thus circulates, and apparently on such questionable grounds.

Another circumstance, too, which should in some degree diminish our confidence in this writer's authority, is the inaccurate chemical statements he continually thrusts

forward, and the utter physiological ignorance he as frequently betrays; thus, at page 81, we find him giving credence to the ridiculous story of calves being fed on milk and chalk, in order to whiten their flesh. We have not space to select more examples of this kind, but they are so abundant, that they meet the eye in almost every second page.

Under all these circumstances, it is not easy to decide on the light in which this publication should be regarded; our own opinion, however, we have no hesitation in declaring to be, that the author is a correct well-meaning individual, but of that class of exaggerating alarmists, which magnifies terrors of this description to a most nonsensical extent. One service he has at any rate rendered to the public, and to this point we would earnestly solicit the attention of our readers, especially those conversant with analytic researches; he has afforded them, in several examples, a clue to the detection of some infamous deceptions, and has set them, we believe, in the right path for the substantiation of the charges which he vaguely promulgates.

In conclusion, though we have already afforded to the consideration of this subject a greater space than it may apparently deserve, we feel it necessary to press upon the general public, that the word "adulteration" is not necessarily synonymous with injury to health, and that hundreds of these deceptions are practised with the sole view of baffling the intolerable oppression of fiscal exactions. We can fancy the valetudinarian peruser of a treatise like the present gasping in ignorant horror at the story of his porter being "adulterated" with quassia, his cheese studded with anatto, or his port-wine fougedened by the alcohol infusion of tannin; yet these substitutions, though less delicate to the epicure's taste, are as free from any noxious quality in the proportions in which they are employed, as the most genuine article which can be procured. If writers on this subject separated the noxious from the harmless, and dealt not so much in hyperbolic declamation, there would, at the same time, be less terror created, and the ends of public justice would be more effectually attained.

## ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Dec. 20, 1830.

## DISEASE OF THE HEART.

I HAVE before me, Gentlemen, a diseased heart, which was not taken from a patient in the hospital, but was presented to me by the gentleman who attended the patient. It is a case of the most extensive excrescences from the valves of this organ I have yet seen. The one I showed you the other day was the most extensive instance of the affection I had then seen, but this surpasses it. I have never seen any representation equal to it in any plate, nor have I seen any-thing like it in any museum. Before I enter into a description of the case, I will show round the organ. This is the left ventricle laid open; these are the three aortic valves; and here is the mitral valve. The valves of the aorta and the mitral valve are, you know, continuous, and the excrescences are upon both; they are upon that portion of the outside of the mitral valve which is nearest to the semi-lunar valves of the aorta—we might say, upon part of the root of the mitral valve. One of the excrescences upon this part is of a most extraordinary length—so long as to reach considerably more than half way towards the apex of the ventricle. You see some of them upon all the aortic valves, but the great mass of them is upon the external part of the ring of the mitral valve, nearest to the valves of the aorta.

Through the kindness of the gentleman who gave me this specimen, I had two opportunities of listening to the symptoms in the man from whom it was taken; one of them occurred in July, and one a month before his death, which happened about ten days ago. He complained of shortness of breath, and of debility, and he himself discovered that he had a peculiar sound in his heart before any practitioner had attended him. The sound which his heart made was exactly like that of a pigeon cooing, so that on standing a foot from the patient you might hear it quite distinctly. This sound I examined very accurately, and found that it took place after the pulse. First of all there was the stroke of his heart, and at the same moment his pulse, but sometimes there was a most minute interval between them, so that the stroke of the heart was followed



instantaneously; it was all but accompanied by the pulse at the wrist; sometimes they were observed to be quite simultaneous; and after the pulse was clearly over, then came this cooing sound; after which there was a dead pause; and then the stroke of the heart and the pulse began, followed by the cooing, and this followed by the pause again. Laennec believes that the auricle contracts after the ventricle. I was quite certain that there was an impediment in the mau's heart, and I was certain that it was in the left side, because the sound was loudest under the left cartilages of the ribs: it might be heard all over, but it was loudest here, and as you came to the sternum and right cartilages it grew weaker. Then I could not conceive that it arose from any obstruction at the mouth of the aorta, for this reason, that it took place after the heart had given its stroke; or if you choose to suppose that there might be an error in that respect, and object to this statement, I will say that it took place after the pulse at the wrist, after the blood had been emitted from the ventricle. Another circumstance shows that it could not have arisen from the mouth of the aorta being obstructed; the pulse was remarkably full; it was not such a pulse as you have when the blood is so obstructed in its course into the aorta as to give a very loud sound. You cannot form a perfect idea of the state of things from the heart as you at present see it. These excrescences now look flat, but at the time the body was opened they were full and plump: they have now been hardened by spirits, but before that they were all plump, so that at their base they presented a cauliflower sort of appearance, from which a few very long shoots extended. The mass, which was so exceedingly full, solid, and plump, consisted of those excrescences which I now show you, and they altogether formed a large body. There was thus a considerable mass pressing externally upon the mitral valve. You see that these excrescences are seated on the outside of the mitral valve, and there is apparently no obstruction in the valve itself, the opening being as large as natural; but when the heart, which is now laid open, was together and entire, this mass of excrescences must clearly have pressed very considerably down upon the mitral valve, and narrowed the auriculo-ventricular opening. I do not think that the excrescences upon the mouth of the aorta produced any obstruction whatever, for you will observe that the aorta is clearly enlarged; the excrescences must have been to a great extent in the way, but yet the valves are considerably larger than natural; they, and the tube of the aorta, were so dilated that the impediment that would have been afforded was obviated. You do not in any healthy

heart see valves of these great dimensions. The mouth of the aorta is larger than it should be, and there is a full opening and a full passage, notwithstanding the excrescences, for the blood to escape from the left ventricle. But here was a great mass of solid matter exactly at the root of the mitral valve, and it appeared certain that these exerted considerable pressure, not on the margin of the valve, but exactly where the blood leaves the left auricle. The excrescences that produced the obstruction were external to the valve, but you know that when there is an obstruction in the mitral valve itself, this becomes indurated, and the opening into which I now pass my finger becomes a mere slit. It is quite certain that there was no obstruction at the mouth of the aorta, because the pulse was full, and the bellows-sound took place clearly after it.

You observe that the left ventricle is larger than it should be; it is dilated, and when the heart was first opened it was much thicker; now it is condensed by the spirit. The signs of hypertrophy were very clear. He had a strong action of the left ventricle—a very great impulse, without any alteration in the usual noise. When there is great thickening, without any dilatation, you have a diminution of sound; but when both occurrences take place in equal proportion, I believe you have much about the natural sound. Here the action was very great, raising the stethoscope and the head, and it was certain that he was labouring under hypertrophy of the left ventricle, with dilatation.

I will now mention a case which proved fatal in the hospital since we last met, for the purpose of comparison with this, instead of introducing it in its regular order. A woman was admitted, on the 2d Dec., into Mary's Ward, æt. 25: she had been ill five months. She laboured under disease of the heart, and consequent dropsy. In her case the symptoms were universal dropsy, difficulty of breathing, loud action of the ventricles, and a bellows sound at the apex of the heart in the situation of the left ventricle. These things frequently occur in persons as young as these were—the man being under thirty, and the woman under twenty-five; and they also generally occur in consequence of pericarditis, and pericarditis as the result or attendant of rheumatism. The man whose heart I have now shown you had laboured under rheumatism, and that he had had pericarditis was indicated by a circumstance which I can now show you—the deposition of thick fibrine upon the pericardium. This was strong presumption of former pericarditis. The woman had had rheumatism, but not to an intense degree. It was only on ques-

tioning her very minutely that I could discover that she had had rheumatism; but she said that she had had pains all over her—that she had had pains in her back and shoulders, and that her limbs had become stiff, hot, and swelled. She had clearly had acute rheumatism, but did not call it so; and I should have passed it over, had I not been aware that few young persons have disease of the heart without previous rheumatism, and indeed without previous pericarditis, and questioned her very minutely. After all these rheumatic symptoms had occurred, she began to swell first in the aules, then higher up; her breath became short, and when she was admitted to the hospital she had general dropsy, a degree of feebleness and flabbiness of the whole body, and the heart beat to a greater extent than usual. There was a louder noise of the ventricles than usual, particularly I thought of the left, and at the apex there was a bellows sound. She had, of course, difficulty of breathing, and on striking over the region of the heart there was a dull sound to a very great extent. I considered this woman as labouring under pericarditis, in some degree, as well as organic disease; for there was tenderness over the region of the heart. I found the chest universally tender on pressure, but particularly so over the region of the heart. Leeches were applied and colchicum given, and she was put on low diet. She became very cross and dissatisfied at having low diet, and said nothing of that weak kind would do for her, and she ought to have meat, and wine or porter. I told her that it was not proper for her, but this made her so cross that she fell into a violent passion after I left the ward, and I was informed that she agitated herself to such an excess that pain in the region of the heart came on, and Mr. Whitford, jun. applied sixteen leeches in consequence. In a few hours after this pain had begun she suddenly expired, and I have no doubt that the woman died from mental emotion. When a person is labouring under disease of the heart, nothing is more dangerous for them than to suffer considerable emotion of any kind.

On opening the body both ventricles were found dilated; the left so much so, that the apex had become excessively thin, and no doubt, if she had lived much longer, the heart would have burst at that spot. The bellows sound in her case did not occur as it did in the man; it took place at the moment of the pulse. I see, in the note which I made on her admission, that I have entered "loud action at the left ventricle, with a bellows sound at the apex." The valves of the aorta were found considerably diseased. The specimen, I thought, was put away carefully, but I am afraid it is now lost;

the man who was entrusted with it has lost it. It was a beautiful specimen, though much inferior to that which I have exhibited; I should have felt great pleasure in comparing them together, because the bellows sound was heard at two distinct times: in the man it took place immediately after the pulse, and presented a cooing sound; in the woman it occurred at the time of the pulse, and was a blowing sound. In the woman no disease of other organs was found. The mouth of the aorta was not dilated in her case, so as to make up for the obstruction which arose from the excrescences of the valves. No excrescences grew upon the mitral valve, except a small portion at the margin, which, however, clearly could not have in the least interfered with the function. A large quantity of clear yellowish serum existed in the pericardium.

I now proceed, Gentlemen, to take a hasty review of the cases which have been presented, but have not yet been spoken of in my lectures.

#### CASES OF IMPETIGO AND ECZEMA.—DISEASES OF THE SKIN GENERALLY.

Among the women two cases were presented of impetigo, and they were exceedingly interesting, not as being illustrative of the disease, because that is so common that no one can be long without an opportunity of seeing it; but from the success of the treatment which was adopted, from the illustration it affords of the success which generally follows a particular mode of treating the disease. You are aware that impetigo is a pustular disease, that it is not contagious, and that it is characterized by those pustules which are called *psudracia*; that is to say, by small pustules very little raised. In porrigo the pustules are acuminate, and some of them being pointed, are called *achores*; or else they are large, and called *favi*, the scabs which are formed being full of little cells like the honey-comb. But in impetigo the pustules are *psudracia*,—small pustules, not pointed, and very little raised. The disease for the most part becomes chronic; and unless you adopt one particular sort of treatment, it is often a very obstinate affection. The girl of whom I am now about to speak, was admitted with impetigo of her arms and various other parts of her body. *I found that she had headach; that she was heavy, drowsy, sometimes giddy, and that her pulse was full; she was therefore bled in the arm, and the blood was buffed and cupped.* The treatment consisted in putting her on low diet, bleeding her from time to time (the blood was always buffy, and sometimes cupped), and giving her mercury moderately. By perseverance in this treatment, and nothing more than this, the girl

got so well that it was not worth while to keep her in the hospital any longer, and she was presented on the 2nd of December.

The case of a woman in the same ward was similar, only that the pustules were not so fully defined; their contents were in some measure watery, and you therefore had just as much reason to call it eczema as impetigo. You know that in eczema there are not pustules, but vesicles, with a considerable degree of inflammation around them, just as in impetigo; but the two diseases run into each other. There is one form of eczema so much like impetigo, that Dr. Willan, in his invaluable work (we possess others more recent, which are also excellent), calls it *eczema impetiginodes*; but they are the same affection, with this only difference, that sometimes the contents are serous, and sometimes purulent. The treatment, so far as I have observed, is exactly the same. This woman was put on low diet like the girl; she had been ill four months before her admission, without any improvement taking place; she was bled, and the blood was buffed and cupped; she was put on low diet, and mercury was given in small quantities, so as slightly to affect her mouth. She came in on the 11th November, and was presented all but well (so well that it would have been an absurdity to have kept her in the house) on the 2nd December. *In her case there were, heat of body, headach, giddiness, and thirst.*

Now in many books written on diseases of the skin, there is this great defect, that they do not point out that certain internal parts, or the constitution, in this disease, is so frequently in an inflammatory state as it is. The French seem to be aware of the frequency of internal affection; but they say that it is always the stomach and intestines that are inflamed, that there is a gastro-enteritis, and that this gives rise to the heat, nausea, oppression, and so forth. However, I am satisfied of the necessity of considering cutaneous diseases in a more pathological point than they frequently are regarded. It is highly proper to know their external characters very minutely, for that enables us to recognise and distinguish them, and to communicate our ideas of them to each other; but if we go no farther than the variety of their external characters—if we merely speak of them as *naturalists* (dare I use the term?), we shall form but a very indifferent conception of the diseases; it is absolutely necessary to take a *pathological* view of them, and consider the whole state of the system. You will continually find that the affection is much more than *skin deep*; you will continually find, even when cutaneous affections have long been chronic, some signs of an inflammatory state of the system, particularly of the head. As far as

I have been able to discover, the head much more frequently suffers than the abdomen. These two patients had no tenderness of the epigastrium, and in a very great number of cases you will not find signs of inflammation there; but you very frequently find the head disturbed; and even in those cases where the stomach and intestines are inflamed, you will find that the head also frequently suffers. I can only speak from what I observe; and certainly, in my practice in London, it is the head that suffers in these diseases, from an inflammatory condition internally, much more than any other part. However this may be, you will be surprised to see the blood buffed and cupped so frequently as it is. Often in lepra, psoriasis, impetigo, &c. of many months', and even of many years' duration, do I find the blood buffed and cupped. You will find, whatever treatment you adopt, and whatever good it may do, it will often ultimately fail in effecting a cure, unless you put the patient under anti-inflammatory treatment. I believe you will fail in this disease, as in epilepsy, with many excellent drugs, through the inflammatory state of the system, not being sufficiently attended to. Farther, though you both bleed and purge, you will do little good if you allow the patient a diet, the direct tendency of which is to counteract the effect of these measures. It is necessary to put the patient on moderate diet, to take away some of his stimuli,—his wine, beer, spirits, and sometimes his meat,—and perhaps to bleed him from time to time. The state of the skin will frequently not indicate bleeding, when the headach, drowsiness, and vertigo, do; and thus a course of antiphlogistic treatment is often demanded in cutaneous diseases. The French are quite aware of the necessity of bleeding in cutaneous diseases, but they bleed locally, by the application of leeches around the affected spots, or to the epigastrium; and though doubtless they effect great good, yet you will find that bleeding at the arm is frequently necessary on account of the state of the head, and that it answers every purpose. In many chronic diseases of the skin, where even no inflammatory signs appear in the head or abdomen, venesection at once lessens the redness, heat, and itching, and will soon cure the disease. In some of the best books, even the inflammatory state of the skin itself is scarcely attended to; or if its existence is implied, it is not dwelt upon as important in many chronic cutaneous diseases; when also internal affection is mentioned, it is too frequently described as ceasing on the appearance of the eruption; or its true character is not minutely given, and post-mortem appearances are not described, even with respect to measles, scarlet fever, or small-pox. Even in common and

innocent & disease as urticaria is often imperfectly described; the inflammation and swelling of the tongue and fauces, such occasionally as cause great distress, are passed over, and, necessarily, the frequent cupped and buffy state of the blood, since venesection is not attended to, although, even when the disease has arisen from something that has been swallowed, it presently causes the acute form to recede, frequently the same day,—not unfrequently indeed while the blood is flowing, and the patient is thus saved many days of misery.

All diseases of the skin, however, are not inflammatory, neither do they all require antiphlogistic treatment. They resemble dropsies, discharges from mucous membranes, hemorrhages, and most other diseases; some are inflammatory, and are to be cured only by bleeding, purging, and low diet: some are attended by no inflammation, but by debility, and require stimulants and tonics: some demand a middle course, consisting of moderate antiphlogistics, with tonics and stimulants; some, though inflammatory, have something more than inflammation in them, and cannot be cured by bleeding, while others are greatly influenced by specific or other peculiar drugs, and will yield to those only, though they will do so sometimes the more readily if antiphlogistics are also had recourse to. In this particular form of disease, impetigo, or eczema, which bears so strong a resemblance to it, when so far of an impetiginous character, that you may call it *eczematic impetigo*, you will find mercury of great use. In many cutaneous diseases mercury is of no service, but that is not the case in impetigo. When I have backed mercury by moderate bleeding, and by moderate diet, I have generally found it answer excellently well in this disease.

With respect to local applications, it is necessary to remember that stimulants are for the most part injurious. There is irritation enough of the skin already, and that you must soothe. Frequently I have tried cold soft water, not pump or hard water, with the most beneficial results, and this you will find one of the best applications that can be employed. If you apply anything else, I think starch, or the oxyde of zinc, answers very well. If the patient's skin be not irritated by grease, unguentum zinci is one of the best ointments you can resort to. Dilute solutions of the chlorides are sometimes beneficial. Although strict antiphlogistic remedies are so often indispensable in this and other cutaneous diseases, an opposite state of the system is continually seen; that is, a state of the system in which tonics and good living are demanded.

#### CASE OF AMENORRŒHA.—ANEMIA.

There was presented during the week one other woman, and she laboured under amenorrhœa. It seemed to be an amenorrhœa arising from a deficiency of blood and of activity, and on that account I gave her steel, and she very soon got well enough to go out.

You are aware that the treatment of amenorrhœa must be very different in different circumstances. Sometimes it will occur from a fulness of the whole system and of the uterus; but in other cases it will occur from an opposite cause;—it will arise when the whole system is in a state of debility, when there is too little blood, and what there is, is of a watery character. In some cases it is best to open a vein, or to apply cupping-glasses to the loins, while in others the treatment must consist in furnishing the patient with strength and blood wherewith to menstruate. This woman was aged 22, and had been ill six months; she was admitted on the 18th of November. She was pale and excessively weak, and the case was one indicating the propriety of strengthening measures. She took two drachms of subcarbonate of iron three times a day, and went out on the 2nd of December. I met her in the street a day or two ago, looking perfectly well. A state analogous to this often occurs when the spleen is enlarged and indurated. Sometimes there is a disease which is peculiarly called *anemia*; cases of which have been described by Dr. Combe, in the "Edinburgh Medico-Chirurgical Transactions," and by the French. In all these, the blood has been observed to be deficient both in tenacity and redness; hence the waxen hue of the surface; and it is attended by debility, faintness, a very excitable pulse, and respiration; in short, by all the effects observed after hemorrhage, or after excessive loss of blood, for it comes to the same thing, whether the blood which is made is lost, and supplied by an excess of serum, or whether blood is generated of too serous a character. In France, the cases of *anemia* occurred in persons who worked in a particular gallery of the coal-mines near Valenciennes. The affection, however, which is much the more frequent, is that of young females, called *chlorosis*. But chlorosis may occur in males. I do not mean to say that males experience a want of menstruation, but a state of the whole system, just the same as that of females in chlorosis, happens sometimes in males. In all these cases it has been shown that iron is the best thing that can be employed. In the French cases, the whole of their treatment was unsuccessful till they exhibited iron, and these occurred twenty years ago. Mercury did serious injury. With respect to the *anemia* with enlarged spleen; you will find great advantage from iron; this is particularly mentioned

ed by Professor Tomassini, in his Clinical Reports; in chlorosis it is the best medicine that can be given; for the chronic state, following excessive loss of blood, it is one of the best remedies; these are all of them forms of anæmia, and in the chlorosis of this female it answered admirably.

#### GOUT.

Among the men presented was a case of gout; the occurrence of which, in the hospital, is a great rarity. While Sir Gilbert Blane was physician to this hospital, a period of ten years, he never had a case of gout, while, in private practice, he had nearly 150. This shows the great influence of our habits upon this disease. The poor in this country never drink wine, but consume malt liquor and spirits; whereas the rich drink very little of the two latter, while they consume a great deal of the former. The poor drink beer and spirits enough to produce the gout, if those liquors had the property of causing it; and many of them follow such sedentary occupations that we cannot say the power of these fluids is always counteracted by hard work. This is only the third case that I have seen here, during the eight years that I have been physician to the in-patients of the hospital. When it has occurred in patients in St. Thomas's, I believe it has been referable either to poor people having been in particular situations, where they were able to procure wine, or from their having a strong natural, and often hereditary tendency to gout. Many persons in the higher classes live most abstemiously, but they nevertheless have the gout. When the affection has hereditarily got into the system, it will take two or three generations before it can be eradicated. I have seen thin and abstemious persons labouring under gout, and they have been under the necessity of taking wine in moderate quantities, on account of the weakness of their constitution. This man laboured under acute gout of the hands, which were greatly swollen, red, hot, and shining; it originally began in the great-toe, in the middle of the night; he had had many fits, and they had long begun at night. He would go to bed well, and awake with violent pain, the parts being red, hot, and shining. He had been subject to the disease for about five years, and suffers two or three attacks annually; he was sixty-six years of age. By the treatment adopted he soon got the better of the complaint. He was treated by *vinum colchici*, exactly as we give it in acute rheumatism, and as soon as it began to purge him he got well; he took half a drachm three times a-day. He was admitted on the 18th of November, and presented on the 2d of December. In two days the

medicine began to purge him, and then he took it but twice a-day, and went on well.

There was a man admitted on the 18th November, and presented on the 2d December, who laboured under gastritis and bronchitis. The symptoms were, great tenderness of the stomach, with heat there and up the throat; sickness, and at the same time short respiration, with copious expectoration and sonorous rattle; all over the chest a sonorous rattle was heard. He got well in the usual way, simply by bleeding, starving, and a few doses of calomel.

#### DIARRHŒA.

In Jacob's Ward four cases were presented: one a case of moderate pleuritis, which was easily cured, and one of continued fever, which was as easily got the better of. The other two cases were of some little interest. The one was a case merely of diarrhœa, but when the man came into the house I examined his chest very carefully, or I might have supposed that he had disease of the lungs. On listening, his lungs proved to be sound. He said, however, that he had violent diarrhœa, and a cough, and that his legs were swollen. It is common for patients to apply at the hospital with phthisis who never speak of expectoration or cough, but only of purging. This is sometimes done from artifice, as they know that we do not admit patients with phthisis, because we can do them no good. Others, however, suffer so much from the diarrhœa,—it causes them so much trouble,—that they forget the trouble of coughing and difficulty of breathing; so that when patients come with swollen legs and purging, we are always very suspicious that they have phthisis. This man's pulse was quick, and so far he had some signs of phthisis, heat, diarrhœa, swelling of the legs; and he said he had cough, and some little expectoration. On examining the chest, however, the sound proved to be perfectly healthy throughout, and I therefore concluded that by curing the diarrhœa, I should cure him altogether, and that his cough and expectoration were insignificant, and only mentioned from my questioning him closely as to their existence; this was effected simply by giving him opium and good nourishment. The cough and expectoration I could never observe, and, as he gained strength, his legs ceased to swell.

#### LUMBAGO.

I admitted, at the same time, a case of lumbago of great violence, which was presently cured by what you will often find very appropriate treatment. The man was brought to the hospitable unable either to sit or stand; he was supported by two persons, when I first saw him, on the edge of a bench, and he was drawn so much back

from the violence of the pain, that, at first sight, he appeared to be labouring under opisthotonos. His face was expressive of the most violent agony; his features were contracted, and he roared out with pain. He was drawn back so much that I thought it right to ascertain instantly whether there was any tetanic affection. I found there was no affection of the lower jaw, a symptom which is usually present when tetanus exists in any part of the body; I looked at his hands and his feet, and I found no injury there. Upon further inquiry, I found that he sweated profusely. To ascertain whether the case was one of nephritis, I asked if he had pain in the course of the ureters, and down the inside of the thighs; if he had retraction of the testicle, or if he had a frequent desire to make water; and if the pain was confined to one side of his body, and if he vomited. To all these things he answered in the negative; there was no reason to suppose that he had nephritis; the case negatively, therefore, appeared to be one of acute lumbago, acute rheumatism of the loins; and there was tenderness over all the loins, and profuse sweating, exactly as in acute rheumatism of any part. In acute lumbago, the heat of the body is sometimes very great, and the pulse very quick: I have seen the one at 108 and the other at 160 degrees. He was instantly cupped over the part to a pint; he had three grains of opium, and then half a drachm of vinum colchici, and the latter was repeated every eight hours; he was instantly relieved, on the second day, was able to sit up, and on the 2nd December he was presented perfectly well, having been well six days. I thought it right, however, to keep him in the hospital, lest there should be a return of the complaint from his catching cold. This is a description of a case to which you may frequently be called; and if only trifling measures are resorted to, it may run on for a considerable time; but you produce great comfort to the patient, and may gain considerable credit to yourself, by using active measures. If I had only taken six or eight ounces of blood from his back, or had given him merely a few grains of Dover's powder, it would have done him no good; but, from his general strength and his age, it made no difference whether he lost a pint of blood or not. He was shortly after able to walk about, and was very grateful for the good done to him. The treatment was simple, but from making a correct diagnosis, and then putting the simple means which were required into full force, it was successful.

## EPILEPSY.

If I had had the pleasure of meeting you last Monday, I should have had to report

the admission of six cases during the preceding week. Among the women was a case of dilatation of the heart, and disease of the aortic valves (of which I have spoken), and a case of epilepsy. Among the men was another case of epilepsy, a very curious case, in which the fits were preceded by a peculiar sensation, commencing in the foot, running up the leg, and reaching the epigastrium, and then followed by a fit; there was a case of chronic bronchitis, and chronic inflammation of the wind-pipe and larynx, and a very curious case of spasmodic cough.

With respect to the case of epilepsy, you know that epilepsy is sometimes preceded by a peculiar sensation, generally as if an insect were crawling along the skin. You cannot trace it in the course of any particular nerve; it seems rather to be a sensation in the skin. Sometimes it has its origin from some cause operating in the part where it arises, but in other cases the cause appears to be in the head. There is an instance mentioned by Dr. Curry, at Guy's Hospital, of this aura, as it is called, rising from the extremities, where, after death, a little tumour was found in the head. Now in this man the circumstances are similar. He had pitched on the front of the head, and in consequence there had been first the usual symptoms of concussion, and after that violent pains of the head, which lasted for some time. To these was added epilepsy, and the fits have been always preceded by this peculiar sensation of trickling or creeping about the root of the great-toe. It then runs along the inner part of the foot, behind the inner angle, along the leg inside the knee, then inside the thigh, and as soon as it gets to the epigastrium, he falls down; the case is attended with violent pain of the head, and violent vomiting. We must suppose that a chronic organic disease is set up; at any rate there is an inflammatory state of the head. The man is much better, though I doubt whether he will be cured even by rigid antiphlogistic means.

## SPASM OF THE HAND AND FOOT.

During the week there were six cases disposed of; four cases went out of the hospital, and two patients died. One patient who went out of the hospital was a woman, to whose case I directed your attention at the time of admission; her disease consisted of spasm of one hand and one foot. I mentioned that the woman was brought in with her hand and foot completely turned in, and stated that this was an occurrence which we sometimes see during and after continued fever; I also stated that I found she had extreme tenderness at the nape of the neck, with pain there and at the occiput. The disease I considered to be, in a great

measure, irritation of the nerves which supply the muscles of extension of the right extremities. I told you that I should probably cure her, as the disease was recent, by antiphlogistic measures directed to the back of the head: this was the case. She was well bled at the back of the head and neck; I ordered her to be leached every day; a large number of leeches to be applied there, after one cupping to the amount of a pint; the first bleeding caused her hand to become straight; two grains of calomel were given twice a day till her mouth became affected, and twenty leeches were daily applied to the occiput from the 11th to the 23d November: by that time she was much improved; some domestic calamity, however, happened at home, and the poor woman was obliged to go. She felt very grateful for the benefit she had received. She had suffered violent pain from tension, as the foot had been bent in so much. The pain was gone off; there was a diminution of the contraction, and she was really approaching to a cure very rapidly; and I dare say that by this time she would have been well, but for the unfortunate circumstance of her being obliged to go home, and look after some of her family.

#### ITCH.

There was a case of pustular itch presented, of which I spoke at the time of the patient's admission. You are aware that the itch often puts on a form which nearly disguises it; it is accompanied by large pustules, which are called *phlyzacia*,—large pustules, with a hard base, more or less inflamed, and well distended with pus. Now the itch is sometimes of this highly inflammatory nature, so that what would be vesicles, from the violence of the inflammation becomes pustules; but you will generally, in these cases, ascertain the true nature of the disease by observing that these pustules beset most particularly the hands and wrists, the feet and ankles: and then, in the most usual situations of itch, the roots of the thumbs and great toes, between the fingers, the wrist, and in the axilla, you find minute vesicles,—little elevations with watery heads, some with a black speck on their summit, and all the vesicles and pustules are attended by violent itching—not by the tingling of nettle rash, but by violent itching. It is necessary to observe, that in all cutaneous diseases, if you carefully look all over the body, you will somewhere find the disease in its true and real character. In this man there were these large pustules, but between them there were small vesicles with watery heads; some of them had lost their heads from the man's scratching, and had become black points: the itching was extreme. There was some upon his breast, but none

upon his face. I employed as a local application sulphur ointment, and he was soon cured. But after the essence of the disease had been got the better of, four or five pustules were left, and it appeared clear to me that these continued from the friction that was being employed, and that they would not get well if the mechanical irritation were continued. By employing a simple dressing of the same ointment, and allowing no friction, they speedily healed. He had a little ulceration of the leg, but it was not of a specific character, having been excited by his stocking, and it soon got well. There is one peculiar circumstance in itch; I never saw it attack the face. When a person is labouring under itch, he may have an eruption of the face just the same as other people; you may see a little acne on the face, or ten thousand things may be observed there, but the true itch very rarely affects the face, for I never saw an instance of it there.

#### PALPITATION OF THE HEART.

There were two other cases presented, one of which was rheumatism with coldness, and for which stimulating remedies were employed; but the man got clothed by the Lord Mayor, and he speedily left the hospital. The other was a case of nervous palpitation of the heart. You will continually be consulted by persons for mere nervous palpitation—functional disturbance of the organ. In this case the palpitation arose from nervousness. You will find the heart beating more quickly than natural, and with a louder sound, but you will not observe a greater action at one part than another, nor will the sound appear loudest in one particular situation. The whole of the heart appears to be in a state of morbid irritability, and the consequence is, that every part acts more energetically than it should. In organic disease of the heart there is perhaps one part acting more than the other—one ventricle, one auricle; or if the disease be excessive, you may have both ventricles, or an auricle and a ventricle, or an auricle and both ventricles, in a state of morbid action, acting with morbid force or sound; but it is very rare to meet with this circumstance occurring at every part of the heart. In organic disease, if you have hypertrophy, the sound is lessened though the force is increased; and if the part be dilated, you find not only a local increase of sound, but frequently a dead sound on percussion, showing that there is too much solidity in the chest. Frequently a preternatural sound is heard in the heart, from obstruction to the blood; but in this patient there was no preternatural sound, no deficiency of sound; the action was not more violent at one particular part than at another. It is by these negative circumstances, as well as by the

absence of pulmonary affection and dropsy, that you will ascertain the true nature of the disease. You may be quite right in saying that the case is one of nervous irritation, and yet the person after a time may have organic disease of the heart, because when the heart has been labouring under morbid irritability for a length of time, it is very possible for one part to give way, and to have organic disease set up. This man had pricking pains over the heart, which is a common symptom in nervous palpitation of that organ. There is nothing dangerous in this particular symptom, but the pricking pains are sometimes excessively troublesome. That this has not anything to do with organic disease of the heart I am quite certain, because, many years ago, I noticed it over and over again in persons who are now perfectly well. The treatment in the case of this man consisted in the local application of leeches over the region of the heart, in keeping him very quiet, and in keeping his bowels open. Upon this very simple plan he speedily got so much better, that it was not worth while for him to stay any longer in the hospital.

#### CEREBRAL DISEASE.

During the past week two deaths occurred, the one from phthisis, chronic peripneumony, and chronic pleuritis, in a man; the other in a woman from epilepsy, but whom I never saw. She was admitted one day after my visit, and it was represented that she had had a fit of epilepsy in the street; that she had been insensible, had been convulsed, had foamed at the mouth, and had bitten her tongue. After being put to bed she came to herself, and was sitting up, nothing having been given to her but a dose of aperient medicine, and she said that she then had nothing the matter with her. While, however, she was sitting up in bed, she fell back, I understand, and died. On opening the body, the crista galli of the ethmoid bone was carious, and the dura mater, where it was attached to this part, had become of great thickness and hardness. The corresponding part of the brain on one side, that is, the inferior part of the anterior lobe on one side, was thoroughly softened. Her history was not known, and I cannot tell whether she had had epileptic fits before; it appeared that there was no paralysis, for she talked and moved her extremities very well, and did not complain of any thing after the fit was over. The softening of the brain most probably had taken place in consequence of the disease of the dura mater and the ethmoid bone. I presume the part of the brain next the diseased membrane and bone had become diseased first, because when I have seen caries of the temporal bone, which I have more than once in disease of the ear, the brain which

was nearest to it likewise became diseased. With respect to the sudden cause of death: The left ventricle of the heart was not found empty as is usual, but filled with blood; it was not contracted at the time of death, and it is probable that the heart suddenly ceased to act. There was no disease whatever found in the heart. I presume the affection in this case must have been sympathetic, that the state of the brain must have operated upon the heart, and caused it suddenly to stop.

#### OBSTETRIC AUSCULTATION.

*Reply of DR. KENNEDY to DR. NAGLE.*

*To the Editor of THE LANCET.*

SIR,—I confess I felt somewhat surprised on reading a paper in your publication of the 18th inst., on obstetric auscultation, purporting to be written by a gentleman signing himself David C. E. Nagle, A.M., M.D., T.C.D. How this gentleman could have so grossly (I regret being obliged to use the expression) misrepresented the observations and facts set forth in a paper which I some time since published in the fifth volume of the Dublin Hospital Reports, I am at a loss to conceive. That his doing so could not, however, have arisen from his not understanding me is, I fear, but too evident; as it certainly required more ingenuity to misconstrue, and more art to pervert facts and statements as he has done, than could possibly be necessary to comprehend them. I should therefore deem a lengthened refutation of his paper not only unnecessary, but unbecoming, and shall merely point out a few of his most palpable misstatements, and beg to refer those who may feel interested in the subject, to the paper which I have already published. He asserts (pages 396 and 399) that I, with Dr. Ferguson, assume the "dangerous theory" that the placental sound should be considered an unquestionable test of impregnation; this I deny, these are my expressions:—"The placental soufflet (taken in conjunction with the other symptoms of pregnancy) will tend much to strengthen the opinion of the presence of this state. The co-existence of the fetal pulsation with the soufflet of course decides the question, but with regard to the latter taken separately, I will go so far as to say, that were all the other symptoms of pregnancy absent, and that this could be distinctly perceived, I should at least withhold my opinion until a sufficient time had elapsed to place the matter beyond a doubt." See Dublin Hos-



pital Reports, vol. v., page 258-9; see also pages 255 and 257, where such "dangerous theory" is not only disclaimed but actually condemned. Again he advances, page 398, "That persons, if influenced by my theory, as he styles it, respecting the quality of the *soufflet* affording a sure indication of the life or death of a fœtus 'in utero,' would be liable to fall into very serious and egregious errors." That I support any such theory or hold any such opinion as this, I must again in the most unqualified terms deny; that I am fully justified in doing so, will appear from the following, which are my words, when treating of this alteration in the character of the sound, Hospital Reports, page 269:—"The placental sound, either by ceasing altogether after having been previously heard, or having its character altered, from the continuous murmur with its lengthy sibilous termination, to an abrupt, defined, and much shorter sound, *together with the impossibility of detecting the fatal heart's action, particularly if such has been before observed, places the child's death beyond a doubt.*" Why was the concluding portion of this quotation so cautiously, so unfairly suppressed? It was that he might give a "case" in which, though the fœtus was putrid, he heard a murmur, *prolonged* and by no means "*abrupt*"; evidently insinuating that I deny the possibility of the occurrence of such a case; and he adduces it triumphantly, and "as furnishing him with a powerful argument against the quality of the murmur being a test indicative of the life or death of the fœtus in utero." Here is the "*suppressio veri*" coupled, as it usually is, with the "*assertio falsi*," for I have given a case (page 250) where the sound was not "*abrupt*," although the fœtus was dead, and I also mention having observed such, where the fœtus exhibited marks of having been dead for weeks. With these facts staring him in the face, he asserts, with what justice I leave to you and your readers to determine, that I consider the *quality of the soufflet as affording a sure indication of the life or death of the fœtus in utero.* With regard to his discovery (page 398) that a placenta is not necessary for the production of murmur such as we ordinarily hear in the advanced stages of utero-gestation, and the inference he would draw of my inaccuracy, I beg to refer the reader to a fact, of which, however it may suit Mr. Nagle's views to appear so, he can scarcely be ignorant, namely, that I have already stated, without any disguise (page 266), "a case where a sound resembling the *soufflet* from a morbid cause (a considerably enlarged liver) was observable;" and also mentioned (page 265) that those unacquainted with the stethoscope may be deceived by other

sounds, from their resemblance to the placental *soufflet*, several of which I instanced. So much for misstatements and suppressions with regard to myself. I shall now notice, very briefly, a few of those general statements which are so palpably opposed to fact, that I should deem myself culpable in passing them over without some remark. He says that the "*bellows sound* (or *soufflet*) is heard in ninety-nine cases out of every hundred, as well on one side as on the other, in the same patient;" now, although I admit, and have mentioned the fact of its being occasionally heard on both sides in the same patient, I have no hesitation in stating as far as my experience goes, the above proportion is most enormously exaggerated. It (the bellows sound) may, I admit, says he, "be masked in some degree by the pulsations of the fetal heart." Ridiculous! Can the fetal pulsation "*mask*" a sound at least ten times louder than itself? The assertion "that he was never able to trace it (the *soufflet*) across the anterior surface of the abdominal parietes in an uninterrupted course," may be perfectly true, but if he means that because *he cannot hear it*, it cannot be heard there by others, I set it down as of a piece with those already mentioned, and I doubt whether he is really capable of recognising the phenomenon of which he treats. "Or ever," he adds, "to detect it under the mesial line, except when it arose from the 'epigastric arteries.'" What degree of credit will be attached to the reasonings of a person who displays such ignorance of anatomy? I will venture to say that the merest tyro at the profession could have taught him that in no case do the "epigastric arteries lie under the mesial line;" and that in the abdomen, distended as it is in utero-gestation, each of these arteries lies from four to six inches distant from this line. Again, he speaks of the "sound being traced upwards and forwards towards the mesial line, in the course, as it were, of the trunks of the lateral uterine arteries." The trunk of the lateral uterine artery upwards and forwards and towards the mesial line!! This is indeed "as it were," but not "as it is." If this gentleman had rested satisfied, merely with adopting views and opinions grounded on such data, however incorrect and absurd, and had his positions been supported by inaccuracies and discrepancies more palpably striking than his paper exhibits throughout; it should have remained uncommented on by me, as such productions generally find their own level. I would, however, and with justice, have been to blame as well upon my own account as on that of the profession generally, had I allowed such a tissue of misrepresentation to remain uncontradicted. Having now done so, I must decline taking

say further notice of his observations or entering into any discussion with him on the subject. With regard to Dr. Clinton, whom he endeavours to identify with himself in his views and statements, I confess the only way in which I can reconcile to myself the idea that he ever sanctioned the publication of such a paper, supported by his name (if he really did so), is that he unthinkingly entrusted himself in the hands of the writer of this paper, and acquiesced in his views without taking upon himself to inquire into the subject, and certainly without having read my paper which his name has been brought forward to overthrow, as, unless my opinion of this gentleman shall become altered, I cannot bring myself to imagine that he would wilfully have countenanced so much misrepresentation and ignorance.

I am, Sir,

Your obedient servant,

EVERY KENNEDY.

Lying-In Hospital, Dublin.

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ON THE USE OF  
THE STETHOSCOPE  
IN THE DETECTION OF PREGNANCY, &c.

By DAVID C. E. NAGLE, A.M., M.B.,  
Trinity College, Dublin.

(Concluded from page 400.)

AWARE of the almost unlimited degree of confidence which medical men are apt to repose in the opinions of Laennec, I apprehend that his arguments on the controverted question, "What is the site of the soufflet?" will be deemed by many entitled to very respectful consideration, notwithstanding his want of experience in the study of the phenomena afforded by gestation. To those arguments I shall now take leave to direct the attention of the reader; and whilst I am endeavouring to point out their fallacy and insufficiency, I shall at the same time be submitting to the profession my own views of the matter, without, however, expecting more attention to them than the proofs I may adduce will warrant the practitioner in considering them entitled to.

Laennec scientifically reduces the question into the form of a disjunctive proposition, which, however, he does not render sufficiently adequate or comprehensive. He is, besides, infelicitous in his mode of arguing, from the remoteness of all the parts but one to the position of that one. This infelicity we must attribute to his inexperience in the study of obstetric auscultation, and not, by any means, to either a deficiency of talent or a want of candour; for his man-

ner mind could never deliberately condescend to resort to sophistry in his laudable efforts for the establishment of so grand and useful a principle in diagnosis. "The only arteries," he says, "in which the sound in question can be supposed to be produced, are the hypogastric, iliac, and uterine; if the two first were the site of it, we ought to hear it on both sides of the uterus at once, or alternately, which is not the case."

Now, with all possible deference for his opinion, I have proved, and I hope satisfactorily, that it is the case—that we do hear it on both sides of the uterus at once, or alternately; and of this any one, who has the tact of examining adequately, can easily satisfy himself. I have, indeed, seldom failed in finding it on both sides at once, exactly in front of the superior anterior spinous process of the ilium, opposite which, nearly, the uterine arteries are given off by the internal iliacs. I would take the liberty of putting the argument thus. If the two first were the site of the murmur, we ought to hear it on both sides at once, or alternately: but we can so hear it; and I therefore respectfully submit, that we are warranted, even by his own mode of reasoning, to conclude, that the two first may be the site of the soufflet. The legitimacy, at least, of this inference, no one, I believe, will be disposed to question. The next part of his disjunctive proposition he thus expresses:—"If all the uterine arteries yield it, we ought then to hear it in different parts, and several at the same time." As he does not conclude the argument, I shall endeavour to do so; and, I think, it will be fairly expressed in the following manner. If all the uterine arteries yield it, we ought then to hear it at once over every part of the uterus: but I am borne out by experience when I assert, that we cannot, at any time, hear it over every part of the uterus at once; and, therefore, it may be fairly inferred, that *all* the uterine arteries cannot be the site of the murmur. Laennec comes to the following conclusion:—"What seems to me most probable is, that it exists in the chief artery distributed to the placenta." The incorrectness of this opinion I shall endeavour to prove by the following mode of stating my objections.

If the soufflet exists in that part alone of the chief artery which is distributed to the placenta, we can have it only where there is, or lately has been, a placenta. But Corrigan's case proves the certainty of its existence where there is, or lately has been, no placenta; and, therefore, I feel that I am justified in drawing this inference, that it does not exist in *that* part of the artery which is distributed to the placenta. Now, let us consider if it can have its proper site in the *trunk* of that vessel. Well, if it

exists there, we should hear it over the course of the trunk of that artery; but I imagine I have fully demonstrated that it takes exactly that course from below, upward and inward, towards the median line; and surely I may, without incurring censure, feel myself justified in asserting the possibility, nay certainty, of its existence in that part only of the artery. Besides, when the soufflet is at all discoverable, I never yet was disappointed in finding it over the point nearly where the lateral uterine artery takes its origin from the internal iliac; and I feel that I am not hazarding a rash opinion when I submit, that we can detect it when there is no placenta, if the uterus be enlarged by disease; for we know that the chief uterine arteries are greatly distended, not only during pregnancy, but whenever the size of the uterus is much increased by any morbid condition. Another proof of its existence in this part of the vessel chiefly, is afforded by the fact, that whenever we examine for it the lower part of that artery, the murmur is found to be confined to a narrow, but not to a short space, and gives the idea of its proceeding from a LARGE vessel; but as we move the cylinder upward and forward, it gradually becomes more diffused, as the trunk gives off its first large branches, and assembly dies away towards the commencement of the vessels with narrow calibres, that is, towards the points of anastomosis, with the corresponding branches of the opposite side. I have no doubt that the soufflet may exist in the external iliac also; for I have repeatedly traced it "from a point a little above the superior anterior spine of the ilium in a line, taking, from within outward, directly the course of the external iliac, even to Poupert's ligament; and, in the upper part, affording the perception of a sound deeply seated, but gradually becoming more superficial as we approach the ligament. Moreover, we can recognise the murmur to be produced by a vessel of large calibre, which could never be the case if it were confined to the vessels alone which run into the placenta. I feel that I shall not be presuming too far, in thinking that part of Dr. Kennedy's paper not perfectly correct, which supposes that change of position will, during the gravid state of the uterus, remove all pressure on the bifurcating parts of the common, or, at least, internal iliacs, and those branches of the middle hemorrhoidal, which are given off to the lower part of the uterus. And experience ought to teach us, that the resonance will extend a considerable way from the point of obstruction, no matter of what nature the tumour may be which would press upon these vessels; I therefore put it to the judgment of every rational practitioner, whether we are justifi-

fied in pronouncing a female pregnant, merely because we hear in the pelvis, iliac, or lumbar regions, a distinct or prolonged murmur. Certainly not, if what I have been stating be at all entitled to any credit.

The impossibility of the murmur being seated either in the comparatively small vessels which run into the placenta, or in those that pass through the parietes of the uterus *unova* the placenta, as Drs. Kergardec, Kennedy, and others, would have it; and the certainty of its having its site in the large vessels, more especially in the enlarged trunk of the lateral uterine arteries, fully justify the inference that the soufflet is not liable to be affected in its quality by the life or death of the fetus in utero, as Dr. Kennedy would have us to conclude. This being a question of paramount importance, and one in which I happen to be diametrically opposed to his view of it, I shall now proceed to the consideration of the subject; and that I may the better enable the reader to form his own opinion, I shall endeavour to lay before him, as succinctly but as fairly as possible, Dr. Kennedy's sentiments on the point at issue.

In the last volume (5th) of "the Dublin Hospital Reports," page 267, he states, "another advantage of importance we derive from the placental sound, is its assisting us in pronouncing on the life or death of a fetus in utero." And again, p. 269, "it affords us an indication of the death of the child, viz. either by ceasing entirely after having been previously heard, or having its character altered from the continuous murmur, with its lengthy sibilous termination, to an abrupt, defined, and much shorter sound." In opposition to this, I can assert with a confidence not over-weening, but, I presume, not ill founded, for I derive it from considerable experience, that neither change NECESSARILY follows on the death of the fetus in utero. The murmur, which we most frequently meet with when the child is alive, is not the "continuous one with its lengthy sibilous termination;" and even when the child is dead for weeks, we can hear the same description of murmur we usually meet with when the fetal pulsations are most energetic. So it was in the case examined, as I mentioned, by Surgeon Robinson and myself.

In another part, p. 247, Dr. Kennedy says, "The circulation in the mother and maternal part of the placenta being independent of that of the fetus, we can understand how a phenomenon produced by the former should exist when the latter has ceased. From this we might be led to expect, that the sound should exhibit the same characters, whether the fetus be dead or alive; but in doing so, we should fall into error." With great deference for Dr.

Kennedy's opinion; I really cannot avoid feeling that he does not adduce a single good or satisfactory argument in proof, that "by doing so we should fall into error." He gives, it is true, a case, p. 246, in which the funis, he was informed, had protruded an hour before his visit; the pulsations in it were observable at the time of its protrusion, but ceased shortly after. No fetal heart could be heard by him, but the placental sound was, however, distinctly perceptible; "it was full but shorter, more abrupt in its termination, and wanting the sibilous whiz, characteristic of the perfect utero-placental circulation. The incongruity of all this must strike the least observant. He first gives it as his opinion that the maternal and fetal circulations are quite independent of each other; and because, in the case alluded to, the fetus happened to be dead for certainly not more than half an hour, the maternal circulation should, indeed, be so strangely altered in that short space of time, as to change altogether the character of the soufflet. But Dr. Kennedy, when adducing this sort of case in support of his doctrine, never reflected that he knew not the character of the murmur previous to the death of the child. He did not examine it; and because he, on his examination of it when the child was dead, found it to have a particular character, it must therefore, of necessity! have had a different one at a time when he had no opportunity of ascertaining whether it had or not—"credat judæus apella." By such an ingenious mode of reasoning, he would certainly be going far towards establishing the validity of the "post hoc, ergo propter hoc" mode of reasoning; but I imagine it will not gain over to his opinion many converts from among the intelligent, such as I am gratified to find, my "native land" can at present boast of in the several departments of the medical profession. In opposition to the inference he would have us draw from such a description of case, I have given one p. 398, where the child was supposed to have been dead for three weeks, and the placenta was described to have been quite small and impoverished; yet Mr. Robinson and I detected a perfect soufflet, such as we ordinarily hear when the fetal circulation is most perfect; and, perhaps, after much pains-taking industry, it would not be arrogating too much for either of us to say, that we could not be deceived in a matter which really was attended with no great difficulty.

From the case he gives, p. 246, Dr. Kennedy deduces an inference, in the validity of which I at least cannot concur, namely, that "to produce the perfect soufflet, it is necessary the blood should also traverse the placenta itself." By this he would induce us to suppose that, because in the case he

presented to his readers, he found the child to be dead for scarcely more than half an hour, the maternal circulation must necessarily have ceased in the placenta; whereas he admits that circulation to have no connexion whatever with that of the fetus. Space will not permit me to follow Dr. Kennedy through the several statements he makes; but I incline to think that the very best refutation of his doctrine will be found in his own paper, which, I regret to think, will scarcely stand the test of serious examination.

As it strikes me, and I say it without meaning the slightest offence, he mistakes altogether the principle on which the quality of the soufflet depends. He supposes its character to be determined by the circulation through the placenta of the maternal blood, modified by the life or death of the fetus. I would respectfully submit that the character of the soufflet depends exclusively on the quality of the maternal circulation, such as the strength, quickness, or slowness of the pulse, and on the diameters of the conduits through which the blood has to pass; and, consequently, that it has no necessary dependence on the life or death of the fetus in utero, and, therefore, not to be taken in any case as a sign for us to form our diagnosis by. No one will deny that the murmur is perfectly synchronous with the maternal pulse. When the pulse is quick and weak, the natural murmur will be short or abrupt, as it coincides with the interval between each two successive pulsations, always commencing with the incipient state of each beat at the wrist. Therefore, a short or "abrupt" murmur, essentially depending on such a principle, should not be considered as a criterion indicative of the vitality or non-vitality of a fetus in utero; for it does not necessarily follow, because the fetus is dead, that the maternal circulation must invariably be quick. It sometimes happens that even a quick pulse, if it be strong, will produce the "continuous murmur," without this having any, the least, connexion with the vitality of the fetus.

When the maternal pulse is slow, and not very strong, the murmur will, in general, be lengthened, loud at the commencement, and gradually decreasing towards its end, or the beginning of the next pulsation. Even when the interval between each two consecutive pulsations at the wrist of the mother is long, the murmur may be abrupt, particularly if the maternal circulation be not strong or excited. For instance, if I suppose the interval between each two consecutive pulsations to equal six seconds, the duration of the murmur may equal only three, four, or five seconds. In any of these cases, Dr. Kennedy would designate it "abrupt," be-

cause it did not exactly continue for the six seconds, or, in other words, coincide critically with the interval between each two consecutive pulsations. I felt the importance of paying to this soufflet an attention so particular and persevering, that my experience fully bears me out in the assertion, that we cannot, whether the fœtus be alive or dead, find it to retain any decidedly marked or permanent character, with reference to quality or duration. It is extremely variable. Whilst we are, during our examination, admiring, perhaps, the harmony and regularity of recurrence between each two consecutive murmurs, our admiration is often suddenly converted into a pleasing astonishment at the loudness and continuous intensity which they unexpectedly assume. It is not easy to account for those occasionally-increased murmurs in utero-gestation; but perhaps we should not be far from the truth, by attributing them to the streams of blood endeavouring to force their way through their wonted channels, of which the diameters may be at times a little more than usually decreased by various causes, even by the fœtus assuming a new and convenient position in the womb; or, independent of the latter, to a moral excitement in the mother, giving an increased momentary impulse to each successive column of her blood.

But why do I dwell upon this murmur? simply, because I conceive it to be a sign of paramount importance to the discriminating physician in forming his diagnosis. Though I cannot bring myself to consider it an unequivocal sign of pregnancy, I am ready to admit it as perhaps the least equivocal of the equivocal ones; and its existence, taken in conjunction with the history of the case, is calculated to raise in the mind of the reflecting practitioner a strong suspicion, at least, of impregnation. Our attention being directed to the character of this murmur, we shall be able to infer how fallacious is that theory, which would have us suppose that the quality of the soufflet should be taken as an indication of the life or death of the fœtus. This soufflet Dr. Kennedy supposes to be produced, either by the blood passing through the arteries of that part of the uterus to which the placenta is attached, without passing into the placenta itself; or "that it may greatly depend on the passage of blood through those uterine vessels which pass into the maternal portion of the placenta." In the first case, the sound would be occasioned merely by the pressure of the placenta on the vessels. Now, if this were the cause of the murmur, which I deny, how could the death of the fœtus so affect it, as to produce, all at once, so important a change in its character?—unless he supposes that dead matter becomes im-

mediately far lighter than living matter; and, therefore, that the former weight upon the placenta, being now necessarily diminished by the death of the child, the pressure previously made upon the arteries running under the placenta, must also be decreased. But, on the other hand, if the murmur, according to him, "may greatly depend on the passage of blood through those uterine vessels which pass into the maternal portion of the placenta," I would venture to say that, even so, the death of the child could not induce such an instantaneous change in the quality of the soufflet, if, as he admits, the two circulations are perfectly independent of each other. I beg it will be considered that I mean this latter argument only as an "*argumentum ad hominem*;" for I cannot agree in opinion with some others, that the two circulations are totally independent of each other; that they are connected by absorbents at least, I am scarcely wrong in supposing; and on this account I think it a very fair inference to consider, that when the fœtal circulation has ceased for some time, the circulation in the maternal portion of the placenta should also undergo some alteration, and consequently the murmur, if "it depend greatly on that circulation," exhibit, in like manner, some modification. But experience has fully proved to me, at least, that it does not undergo the slightest alteration in quality; and I, therefore, take it as another strong proof that the soufflet is not owing to the "passage of blood through the chief artery distributed to the placenta;" and also that its character is not, necessarily, liable to be affected by the death of the fœtus in utero.

I should, indeed, be delighted if the profession could have so undecceptive a diagnostic in the character of this murmur; and with the view of ascertaining this important point, I had frequently, before Dr. Kennedy's paper made its appearance, or I had any means of knowing his ideas on the subject, investigated the matter as critically as possible. The moment I heard of his views, my experience warranted me in denying totally the validity of his opinion; and I recollect to have told Dr. Kennedy, in the presence of some of the pupils of the hospital, that "there was in it at that moment a patient whose child was dead for some time, yet that he would find the soufflet prolonged and continuous." In support of the opinion which I am thus venturing to offer respecting the value of the soufflet as a diagnostic, I could adduce many cases, in addition to that described in p. 398 of THE LANCET; but I shall confine myself to one instance more, which, I am induced to think, will be quite decisive on the point. We had not very long since in the hospital a patient with a syphilitic taint; her child, auscult-

tion proved to be dead, and that this was the case for some time its excessively putrid state was well calculated to show. Yet in this case also, Dr. M'Effer and Mr. Neville, both pupils in the hospital, were so satisfied of the existence of a full, prolonged, and, at times, continuous murmur, that they considered it a decisive corroboration of my opinion, in which I had the satisfaction of their concurrence on more occasions than one. In support of my view of this question, I might also adduce the testimony of some of my fellow-students at the Meath Hospital, where auscultation is carried to great perfection indeed, under the encouraging and judicious guidance of its eminently successful physicians, Drs. Graves and Stokes.

That auscultation should be deemed the only unequivocal sign of pregnancy, has been denied by some, apprehensive of placing, by such a concession, "their knowledge of practical midwifery in a very questionable shape." But in opposition to their doctrine, I not only am ready to concur in opinion with my respectable young countryman Dr. Ferguson, but willing to risk even my "knowledge of practical midwifery" on the hazard of the declaration, that auscultation supplies us with the only unequivocal sign of utero-gestation, in as far as we can detect by it the pulsations of the fetal heart, which banishes all doubt and gives our profession, in this instance, all the certainty of demonstration. What other unequivocal sign is there? Not a single one can any man even pretend to adduce. Here then the stethoscope supplies us with a paramount advantage; and I have no doubt, that, in any case where a fetal heart pulsates, the ear, which is sufficiently practised to accurate auscultation, will experience but little difficulty in its detection. Should the auscultator fail of hearing distinctly the pulsations themselves, their resonance, at least, will apprise him of the heart's existence; for even in cases where there was a very great accumulation of liquor amnii, the bare resonance of the pulsations enabled me to determine the precise point under which I could detect, most distinctly, the heart's action.

The inexperienced observer is liable, at times, to confound the pulsations of the fetal with those of the mother's heart, as the following case will not only prove, but also show the most satisfactory and obvious method of drawing the distinction. On the 9th instant, I was informed, in one of the "sick wards" of the hospital, by Surgeon H. Alcock, that there was in it a female in the seventh month of her pregnancy, and that he was informed the fetal heart was audible, but faintly so. In order to satisfy myself I had recourse to auscultation, and

heard below the umbilicus a feeble pulsation resembling, in some degree, that of a slow fetal heart; but immediately it struck me that it was not the action of an infant's heart. As I could not satisfactorily determine the point at once by a comparison with the mother's pulse, which was very rapid, I removed the cylinder to the præcordial region, when all doubt was instantly dissipated by the perfect identity of the rhythms. Should any difficulty arise to the inexperienced, in discriminating between the rhythms heard at such remote points, the observer has only to move the cylinder gradually from the lowest part of the abdomen, where the pulsations are detected, upwards towards the mother's chest, listening attentively during the ascent of the cylinder; and the slightest permanent discrepancy in the rhythms, determines that those in the abdomen are not produced by the action of the parent's heart, which, we know, can sometimes be heard as low down as the hypogastric region. The double beats, and the rapidity of the fetal heart's action, determine, in ordinary cases, the question without any difficulty, for in general they are not only double those of the mother's heart, but, in some instances, considerably more than double; as in the first of the twin cases given in a former paper in *THE LANCET*, where I mentioned that the pulsations in one fetus varied from 160 to 170, whilst those of the mother amounted only to 60 in the minute.

These are not the only advantages afforded by the stethoscope in the practice of midwifery. It further supplies us with the easiest and only means of ascertaining the presence of twins, as I have before pointed out; and experience authorises me to say, in opposition to any objections that may have been adduced by those unpractised in accurate stethoscopic observations, and who reason only from the convenient inspection of casts and plates, that we can in most cases determine by it the nature of the presentation. In two cases where the contrast was very striking, I have already shown the possibility of arriving at this marked and unquestionable advantage; and lately in a case where the kind of presentation was doubtful, auscultation alone enabled me to decide that it would be that of the breech. This advantage afforded by auscultation all must admit to be a most desirable improvement in the practice of midwifery; as, in addition to other benefits, we shall not, at any time, run the risk of rupturing membranes prematurely, and thus rendering dangerous, as well as tedious, the accouchement of our patient. Surely it is neither fair nor candid in men to argue from their own inexperience in the employment of the stethoscope to the incapability of

others more practised in its use; or to conclude that, because one case of extreme difficulty may present itself, we should, therefore, despair of deriving any advantage from it in hundreds of others. I hope, for the sake of humanity, delicacy, and science, the reasoning of such *philosophic* and practical men will have but little weight with the judicious and unprejudiced portion of the profession.

If the great importance of the subject did not appear to me a sufficient justification for so lengthened a paper, I should feel myself called on to apologise for trespassing so much upon the attention of the profession. But the discussion, should it be productive of no other advantage, may, at least, be the means of inducing some persons, more competent and better supplied with the proper facilities, to rouse themselves from their inaction, and "let slip" inquiry for the discovery of the much useful information as yet acquirable in this department of our profession. To me, indeed, it is matter of regret, that, in the views I have taken, I should be under the necessity of differing so widely from the opinions of men pre-eminently distinguished. In doing so, I hope I have not transgressed the limits of legitimate discussion; and to the unprejudiced portion of the profession I shall not only leave the decision respecting the questions in dispute, but to that decision I, at least, am ready to submit with the utmost deference and befitting respect.

33, Trinity College, Dublin,  
Nov. 25th, 1830.

#### MEDICAL JURISPRUDENCE REDUCED TO THE CAPACITY OF A BAKER.

AN Attorney-Coroner, on being elected for a small district of a large county, applied to a neighbour in the medical profession to learn what work he should read, saying "that he supposed he ought to know a little of medical jurisprudence. The Doctor spoke of Paris's and Fonblanque's work. "Oh," replied the attorney-coroner, "I have seen that book, it is too deep for me; it is deeper than Garrick." Beck's Elements were then mentioned as being more explanatory and easier of comprehension. "Ah, then," exclaimed the new-made Rhadamanthus, "*will you lend me the book for a few days?*!!!!

## THE LANCET.

London, Saturday, January 8, 1831.

THE period is not far distant when our medical, as well as our political, institutions, will feel the ameliorating influence of the intellectual revolution, which is now in progress from one end of Europe to the other. The voice of philosophy in France, the acclamations of triumph in Belgium, and the humble whine of concession to the stern dictates of necessity in broken-hearted Britain, proclaim the dissolution of systems in every department of life, whose existence was protracted, unfortunately, too long for the happiness of mankind.

To whatever point, indeed, of the social world we turn, the sight is gratified by the prospects of futurity, and the ear saluted with sounds of promise; which every movement of the mighty mass asserts the advent of a novel and a better era in the melancholy history of man. The various and rapid phenomena of the moral horizon, predict in short, the succession of an age of reason and intelligence, to an age of faith and credulity. There is, in fact, no mistaking these obvious signs of the times, and what is of nearly the same importance, their meaning may at length be promulgated without the fear of persecution. Principles which were silently entertained, or published with timidity by an order of men, whose superior genius placed them in the predicament of being born before the world was capable of benefiting by their speculations, have accumulated to such an overwhelming extent, and have become so generally diffused, that, from being enshrined in libraries open only to the eye of the curious, they have become the ordinary topics of conversation among the humblest classes of men, and the judicious regulators of their opinions.

We cannot, we conceive, render a more meet homage to this spirit of regeneration, whose slumbers we have sought to awaken from the first moment of our existence as public journalists, than that of pointing out the obstacles which so long impeded its progress in the medical profession. Already have we devoted, and not unprofitably we hope, much of our time and space to an ex-

posure of the numberless abuses which have been generated by the monopolising medical colleges of this metropolis. The picture, however, would not be complete were we to omit throwing in the light and shade furnished by the system of medical government and education in the universities of the sister kingdoms. When the ground is cleared of the rubbish by which it is now occupied, it may be considered how it shall be best filled up, and there will not be wanting architects to adapt plans to the circumstances of the site of a new and improved structure of economy. It would, however, be worse than doing nothing to attempt to patch up the old edifice, whose rottenness defies the hand of renovation. Such is certainly not our design in taking to pieces its corrupt materials. For the purposes of an experimental demonstration of its noxiousness it has been kept together long enough by the fostering embraces of the parasites who, like the ivy on the ruin, draw nourishment from the impurities of the tottering structure to which they pertinaciously cling. In this country it has produced nothing but ignorance, dissension, and a humiliating contrast with the condition of the scientific establishments of other nations, whose superior schemes of medical education have been supplying us with discoveries and improvements in the healing art for the last half century. We might, in the present instance, take any one of these plans of instruction to measure the inferiority of our own, and to demonstrate the necessity of their removal; but we prefer taking our illustrations from our own institutions, as better understood by most of our readers.

For this purpose the schools of EDINBURGH and DUBLIN may be compared with each other with advantage, not for the purpose of giving an envious superiority to one over the other, but to deduce from the contrast the necessity of some better system than either of them supplies for the instruction of medical pupils. Apart from the conclusions to which a comparison of these establishments must add, their very different success forms a subject of interesting inquiry. With many local advantages in its favour, the school of DUBLIN has as yet kept at a respectable distance behind its northern contemporary. Not only has the EDINBURGH school supplied its own market with doctors,

but it has also furnished IRELAND and ENGLAND, we may say, with the great mass of their practical physicians. No later than the last graduation at that city another proof was added to the truth of Dr. DUNCAN's statement, which informs us that the number of Irishmen who took degrees in medicine in the University of EDINBURGH exceeded considerably the number of Scotchmen who graduated there during the last fifty years. To persons unacquainted with its true cause, this simple fact must appear perfectly unaccountable, when they reflect that DUBLIN is blessed with the presence of a university as well as the capital of SCOTLAND, besides possessing nearly a tenfold proportion of all those materials which are supposed to be essential, or at least useful, to the success of a great medical seminary. One, indeed, of the first things which strikes us in looking over the history of the EDINBURGH University, is its rapid elevation to eminence, contrasted with its original destitution of many at least of those attributes deemed necessary to the very existence of a school of medicine. Not many years back, compared with some of its contemporary universities, there was neither a professor of medicine in the University of EDINBURGH, nor a single hospital for the treatment of disease. Yet since the establishment of its medical schools it has been filled by a greater number of professors of eminence, and attended by more numerous classes of medical pupils, than any one of the British universities. Success so extraordinary cannot be fairly imputed to accident alone: the constitution of the school, indeed, affords the most satisfactory solution of the problem, and explains in the clearest manner its unexampled prosperity. An outline, therefore, of the economy of the EDINBURGH school will tend to elucidate the object we have in view.

In the first place, then, the professors of this school derive from it no permanent salaries; their chief support being obtained from the fees of their pupils. Secondly, they are not elected to their offices by the University, but by its patrons, the town council or corporation of EDINBURGH, who, with the exception of one individual belonging to the Corporation of Surgeons, are all unprofessional men. Thirdly, the fees of the pupils and expenses of graduation, were regulated, not by the professors themselves,



but by the body whom we have just mentioned. Fourthly, the possession of a previous degree in arts, was not included among the essential qualifications for graduating in EDINBURGH, so that a considerable economy of time and expense was secured to the students of this school. The power, in fact, of the professors over the regulations of the school, was at all times extremely limited; and by the result of the late litigation between them and their patrons, that little has been diminished to nothing.

Such were the principal features of the EDINBURGH school, which crowded its halls with pupils from IRELAND and ENGLAND, and which were so far productive of the best consequences. We may now proceed to notice the operation of these several causes of its superiority.

Impolitic as it may appear, at first sight, that a corporation composed for the most part of mercantile men, should preside over a scientific institution, and appoint its professors, the practice, besides being justified by the event, will bear the test of theoretical examination. Assuming the fact (and in the present instance we may safely do so, their interest and their duty having coincided) that this unprofessional body of men was determined to do justice to the University, they were at least exempt from one of those sources of abuse which has been found to preponderate against every other qualification of electors to universities. Having little or no connexion with medicine, and judging of course of their fitness for office exclusively by the public proofs which they gave of their merit, electioneering jobs were completely excluded from the performance of their duties. They had, in fact, only to look around, when a vacancy in the University occurred, and select the individual who evinced most talent, and had acquired the greatest share of reputation in the cultivation of that science, for the tuition of which he was required. In general, we believe, this duty was conscientiously performed by the Town Council of Edinburgh, much more honestly, at least, than by any other body of scientific or literary electors belonging to universities. By such an arrangement, therefore, one great source of corruption was cut off, and a succession of able professors se-

cured to the school. In this comparative approval of such a system of appointing professors, we do not mean to assert that it is the best that could be devised; our observations merely go the length of demonstrating by its results its superiority over every other scheme of election in present use. To every unbiassed mind, the system of election by public examination, must, of course, appear the best. While the former mode of filling the chairs of the University of EDINBURGH supplied it with eminent men in their respective departments, the mode of paying them extorted exertion. Having no salaries independent of labour, they were of necessity compelled to exert themselves in order to have pupils. "In every profession," says ADAM SMITH, "the exertion of those who exercise it, is always in proportion to the necessity they are under of making it. This necessity is always greatest with those to whom the emoluments of their profession is the only source from which they expect their fortune, or even their ordinary resource to subsist."

The important principle of action involved in these remarks, was fully developed in the conduct of the EDINBURGH professors, whose fortunes depended on the assiduity they displayed in teaching the science they professed. The arrangement which, thus precluded indolence from the discharge of their duties, prevented them, at the same time, from extorting exorbitant fees from their pupils, for they had not the power of compensating the deficiency of permanent salaries by exactions on the students, as is usually the case in those places where such power is conferred. Were this power, indeed, possessed and exercised by them in the manner in which avarice too often suggests, it would have completely frustrated every other advantage of economical arrangement which we have noticed in the University of EDINBURGH. It also served, we conceive, materially the interests of the University, that its scheme of education was not entirely projected by the "Senatus Academicus." A literary and scientific body of that kind might be inclined to expect (particularly as their taste and interest were agreed on the point) too high qualifications from their pupils—to impose too great a weight of learning on them, in order to lighten their pockets; but the great mass

of medical students are unable in these countries to comply with such expensive demands, or to devote so much time as might be required of them to a lengthened course of instruction. Comparatively superior, however, as these several ordinances were, they would never have enabled the University of Edinburgh to rise to that degree of eminence, had their operation not been assisted by the perverse laws of the College of Dublin and of the English universities, which we shall take an opportunity of contrasting with the constitution of the university just described, in the next LANCET.

#### SINGULAR CASE OF WOUND OF THE EYE.

In one of the late numbers of *Graefe u. Walther's Journal* we find the following case by Dr. Salomon of Schleswig:—

H. S., ætat. 24, was on the 3rd of July, 1824, shot in the right eye, and as the accident had happened during bird shooting, it was supposed that a small shot had entered the eye. Dr. Salomon found the man about an hour after the accident with violent pain in the right eye, and difficulty of moving it; the upper eyelid was red and much swelled, so that the patient could hardly open it; and nearly in its middle, about three lines from the edge, there was a small wound of the size and form of a common grain-shot; the grain had passed through the eyelid, and entered into the globe at the external margin of the cornea, where there was a small aperture, through which part of the iris had prolapsed; the conjunctiva of the sclerotic was very much injected; the cornea was transparent, but rather unusually prominent; of the iris nothing could be seen on account of the anterior chamber being filled with blood. There was a great discharge of tears, and sight was of course completely destroyed; in other respects the patient was pretty well; there were no cerebral symptoms, &c. He was ordered to be largely bled, to have ice applied to the wounded eye, and to take a saline aperient; the right eye was closed with adhesive plaster. On the next day the inflammation had become more intense; the conjunctiva discharged much mucous serum, and rose in small vesicles; the pain was very violent and the fever high; the prolapse of the iris not altered. He was ordered to be again bled, and to continue the other remedies. On the third day the conjunctiva was still more swelled; the mucous discharge continued, but was rather more con-

sistent. The patient was bled a third time, and besides the application of ice, a solution of the acetate of lead in a decoctum malvæ was instilled into the eye. No alteration having taken place on the fourth day, a large quantity of leeches were put round the eye, as the general state of the patient did not admit of his being bled a fourth time. Besides the saline aperient, calomel and frictions of mercurial ointment round the eye were ordered. Under this treatment the pain had, on the seventh day, entirely subsided, but the swelling of the conjunctiva was not in the least diminished, the prolapse of the iris had quite disappeared, and the eye appeared like a piece of flesh, similar to what is observed in gonorrhœal ophthalmia. Dr. Salomon now scarified the conjunctiva and ordered the eye to be fomented with a solution of the oxy muriate of mercury and the tincture of opium. This had the desired effect, and the swelling of the conjunctiva had on the tenth day so much subsided, as to render the prolapsed iris again visible, which being found to have become detached, was accordingly removed; the wound of the cornea and that of the eyelid were completely closed; the anterior chamber of the eye continued, however, to be filled with blood; of the foreign body nothing could be seen, and sight was still completely suspended. In order to promote resorption a large blister was put on the neck, the patient well purged, and the external application of sublimate and the tincture of opium continued. On the sixteenth day the first signs of resorption were observed at the upper part of the cornea, through which the iris began to shine, and after a few days more the patient began to distinguish light. On the twenty-fifth day the extravasated blood was almost entirely resorbed, when all on a sudden, without any perceptible cause, a slight nebula was observed behind the pupil, which gradually increased, and on the twenty-ninth day, filled the posterior chamber, so as to produce again complete blindness. This evidently proceeded from cataract, owing probably to a lesion of the capsule. The patient was now ordered large doses of calomel, and mercurial frictions, and to instil a weak infusion of belladonna. On the fifth day of this treatment, salivation began to take place, and the mercury was accordingly omitted; but at the same time a very remarkable change became visible in the cataract; radiated fissures were seen in it, and after a few days the lens fell into several fragments, a few of which were deposited in the anterior chamber. From this moment absorption went on very rapidly, and on the forty-fifth day no trace of any fragment of the lens could be discovered. At the lower portion of the anterior chamber only a small whitish point remained, which after some

time was discovered to be the grain surrounded by flocculent lymphatic matter. Sight was completely restored, and the patient complained only of much irritability in the left eye, on account of which he was ordered to continue the external use of the opiate solution.

At present, six years after the accident, the grain is still in the eye surrounded by whitish semi-transparent lymph, and without causing the least inconvenience; the cicatrix of the cornea is not transparent, but being at its margin it does not hinder sight materially; the pupil is of an oval form; the iris is perfectly sensible and not discoloured.

#### SUCCESSFUL CASE OF SYMPHYSEOTOMY.

The account of this case is extracted from the "*Compte rendu des Tr. de la Soc. Méd. de la Moselle*," and will be read with interest, as it shows the extent to which nature is capable of healing such lesions as are necessarily produced in symphyseotomy. As to the surgeon or accoucheur who performed it, we doubt whether we can praise him, as in our opinion there do not exist any cases of labour in which this operation is necessary, or in any way capable of facilitating delivery.

J. M., *etat*. 23, of a robust constitution, and in her first pregnancy, had been in labour for about forty-eight hours, when M. Stock, of Orentzwald (*Dep. de la Meuse*), by whom the case is related, saw her for the first time; the waters had escaped at the beginning of labour; the child seemed to have been dead for some time; the external genitals were swollen and very painful, and a great quantity of meconium and bloody mucus was discharged from the vagina. The uterine contractions had almost entirely ceased. The neck of the uterus had completely disappeared, and the os was fully dilated; but the head, which presented with the occiput, was by far too large for the dimensions of the pelvis; the antero-posterior diameter was only two inches and a half in length, and the branches of the pubic arch were so near one another, that hardly two fingers could be introduced into the vagina, so that the application of the forceps was out of the question. As the child had for some time ceased to give any signs of life, the head was perforated, and after the evacuation of the brain, the blunt hook and the index were alternately used, in order to bring the head down the pelvis, but without any effect. These various attempts lasted for several hours, and exhausted the patient

to such a degree, that it seemed advisable to give her a few hours' rest, after which the tractions at the head were recommended, but without any better effect, even after a great portion of the bones of the head had come away. Symphyseotomy was now decided as the only means to deliver the woman; a catheter was introduced into the bladder, and after the incision through the skin and subcutaneous tissue of the mons veneris, the cartilage of the symphysis was cautiously divided. By the operation, the canal of the pelvis is reported to have become enlarged by an inch more; for the operator was able to introduce his hand into the vagina, and after having seized the remaining portion of the head, succeeded in bringing it down; the trunk also soon followed, and delivery was, without any further difficulty, terminated by extraction. The wound was dressed with sticking-plaster and a uniting bandage, and healed in a very short time, without any particular treatment, except that the patient was kept low, and as quiet as possible. The lochial discharge was very profuse, and of a purulent kind, accompanied by hectic fever, emaciation, &c., which symptoms, however, within a short time, spontaneously ceased. About a twelvemonth after the person was in very good health, except that she, since the operation, had been affected with incontinencia urinæ.

#### MEDICAL FEES AT NEW YORK.

The following table, extracted from a "Sketch of the State of Medicine in America," by Dr. Black of Bolton, will probably be interesting to our readers. Some of the fees appear to us to be not only absolutely, but proportionally, too high; and the distinction between different operations in reference to the degree of skill which they require, seems to be carried much too far, and not very well managed; thus, probably, as much skill, and certainly more time and trouble, are required in the operation for harelip than in that of depressing cataract; yet the remuneration for the former is only one-fifth of that for the latter, which is no less than 26l.,\* much too large a sum for ordinary occasions.

	DOLLARS.
Verbal advice.....	from 0 to 15
Letter of advice.....	10 to 15
Ordinary visit.....	0 to 2

\* Dr. Black reckons the dollar at four shillings and two-pence.

	DOLLARS.		DOLLARS.
Consultation ditto.....	5	Ditto brachial .....	0
After visits, each .....	3	Ditto radial, or ulnar .....	25
Night visit .....	7	Lithotomy .....	150
Visit, per mile, distance .....	1½	Brechetomy.....	25
Visit to Staten Island .....	10	Trephining .....	100
Double in winter or in a storm.		Circumcision.....	10
First visit in epidemic or other diseases,		Common case of midwifery ....	25 to 35
where personal danger is appre-		Tedious or difficult labours ....	36 to 60
hended.....	5	Case of gonorrhoea.....	15 to 30
Each succeeding, under same circum-		Ditto syphilis.....	25 to 100
stances .....	3	Preparing and giving enema.....	2
Vaccination .....	5 to 10	Visit for opinion involving a question	
Each dressing of wound.....	1 to 5	at law, and in which a physician may	
Cupping.....	5	be subpoenaed .....	5
Bleeding in arm or foot.....	2	Extracting tooth at patient's house....	2
Ditto in jugular vein .....	5	Ditto at the surgeon's .....	1
Dressing blister .....	1	PHARMACEUTICAL CHARGES.	
Scarifying eye.....	5	A simple prescription furnished.....	½
Puncturing oedematous swellings .....	2	Pills, per dozen .....	½
Inserting seton .....	5	Boluses, each .....	½
Ditto issue .....	2	Electuaries, per ounce.....	1
Visit in haste, to be charged double		Infusions, per pound .....	2
Detention, per hour .....	3	Solutions, per pound .....	1½
Ditto per day .....	25	Tinctures, per ounce .....	½
Introducing catheter.....	5	Ointments and cerates, per ounce....	½
Ditto ditto each succeeding time.....	2	Blisters according to size.....	1½ to 2½
Ditto in females .....	5	Decoctions, per pound.....	2
Extracting calculus from urethra .....	20 to 30	A single medicine dispensed without	
Reducing simple fracture.....	10 to 20	visit .....	1
Ditto compound fracture.....	30 to 50	An anodyne draught .....	½
Ditto dislocations .....	5 to 20		
Ditto ditto of the hip .....	30 to 50		
Reducing prolapsus ani .....	5		
Ditto hernia .....	10 to 25		
Amputation of the breast.....	50		
Ditto leg .....	50		
Ditto hip or shoulder.....	100 to 150		
Ditto finger or toe.....	10		
Ditto penis.....	20		
Extirpation of testis.....	50		
Ditto of eye .....	100 to 150		
Ditto tonsils .....	25		
Ditto tumour .....	5 to 50		
Perforating rectum .....	25		
Ditto nostrils, ear, vagina, or			
urethra .....	5 to 25		
Opening abscess .....	1 to 5		
Dividing frenum linguae, or penis .....	3 to 5		
Paracentesis abdominis.....	15 to 25		
Ditto thoracis .....	50		
Operation for the tic douloureux .....	25		
Ditto for hare-lip .....	25		
Ditto for hernia.....	125		
Ditto for fistula perinei.....	50		
Ditto ditto in ano.....	50		
Ditto for phymosis .....	10		
Ditto fistula lachrymalis .....	40		
Ditto paraphymosis .....	10		
Ditto wry neck.....	50		
Ditto depressing cataract.....	125		
Ditto extracting ditto .....	150		
Ditto popliteal aneurism .....	100		
Ditto carotid aneurism.....	200		
Ditto for inguinal or external iliac.....	200		

## ST. GEORGE'S HOSPITAL.

## REMOVAL OF AN INFLAMED GLAND IN AN OPERATION FOR CRURAL HERNIA.

December 27th. Sarah Smith, aged 49, was admitted at 10 o'clock A.M.; states that for the last sixteen years she has been afflicted with hernia, which occasionally descended, but that she was always able to replace it until last Friday, when it again came down, and resisted all her efforts for its return. She accordingly applied in great pain to the medical gentleman who usually attended her, who after using the taxis and giving some aperients, applied ice, and afterwards tried the tobacco enema, but without avail. This gentleman also states that on Saturday, finding all his attempts at reduction to be useless, he recommended his patient to come from Richmond to St. George's Hospital. This, however, she did not do until Monday morning, and states that without her truss she would have been unable to make the journey. She also states that on setting out, the tumour in her groin was much larger than on her admission. Her symptoms were, some pain in the abdomen, though not so severe as it was; bowels costive for the last four days; tongue furred; pulse 80, and rather

strong. It may be remarked that there was no vomiting, nor was the abdomen at all tense.

Shortly after her admission she was placed in a warm bath, and the taxis was employed.

One o'clock. The surgeons arrived, and the taxis was again employed by Mr. Babington for a short period. This gentleman immediately proposed an operation, which was objected to by Mr. Keate; however, on its being represented to Mr. Keate (by Messrs. Babington and Hawkins) that the woman had been ill so many days, that every effort at reduction had proved useless, and that she had already been four hours in the hospital, he consented.

On Mr. Keate being questioned on the subject of the complaint by a pupil, he observed that "it was a crural hernia immediately in contact with the crural sheath, and as distinct a case as ever came under his notice."

#### OPERATION.

Mr. Babington proceeded to make a perpendicular incision in a line with the tumour, after which he divided some cellular tissue; he then proceeded to divide the fascia, when a soft tumour came into view, which for a short time was mistaken for the hernia. The surgeons, however, were convinced of their mistake, and Mr. Babington proceeded to remove more cellular tissue, but no hernia was discernible. Mr. Keate then passed his finger as far as the crural ring, and stated he felt the intestine pressing against the ring. Mr. Babington immediately removed the soft tumour, which proved to be an *inflamed gland*, and looking round said, that the hernia had passed up and he was happy he had not to divide the stricture.

The answers made by the surgeons in a body to the pupils, were not very satisfactory; and on application to them separately to ascertain "what kind of hernia it was," one surgeon stated that it was omental, another intestinal, and a third, that "if it were intestine he saw above the gland, it was very dark-coloured," but could not give a positive answer.

A suture was introduced, a T bandage applied, and the woman was placed in bed. She was ordered as follows:—*Epsom salts, one drachm; Peppermint water, half an ounce, in the form of a draught, to be repeated every hour till the bowels are moved. Eight p.m. Calomel, ten grains immediately.*

Dec. 28. Has passed a bad night, no sleep; great pain in the abdomen; tongue foul; pain in the head; vomiting incessant; hiccup; pulse 100, and very weak; bowels very slightly open. *Calomel to be repeated immediately.* She also had a common injection in the course of the night.

She is now ordered some brandy and soda water to allay the irritation of the stomach.

Eight o'clock p.m. Vomiting continues; bowels not yet opened; pulse 100, weak and fluttering; the woman seems to be fast sinking. *Repet. enema com.* The brandy and soda water to be continued.

29. Eleven o'clock a.m. The woman died.

#### Examination 27 hours after death.

On opening the abdomen there appeared no traces of recent inflammation, there were some adhesions between the peritoneum and omentum, which appeared to have existed for some time. On directing attention to that particular portion of intestine which was the immediate object of our inquiry it proved to be *quite free*, somewhat dark-coloured for about two thirds of its circumference; but certainly not in a state of mortification; it seemed, however, not to have regained its tone; there were no adhesions between it and the sac, nor was any portion of it under the crural arch.

### HOPITAL DE LA CHARITE.

#### VASCULAR TUMOUR OF THE WRIST—LIGATION OF THE BRACHIAL ARTERY.

D—, ætat. 36, of a vigorous constitution, was admitted on the 10th of November, with a tumour at the right wrist, which, according to his statement, had about six months ago begun to form, without ever causing any great inconvenience. It occupied the whole circumference of the wrist, was free from pain, even on pressure, and exhibited obscure fluctuation; the skin was of reddish hue, the subcutaneous veins were distended with blood, and the pulsations of the radial artery were felt very superficially. In order to clear up the diagnosis of the case, which M. Roux was rather disposed to consider as one of white swelling, an exploratory puncture was made at the most prominent part of the tumour, which gave issue to a small quantity of bloody serum, and during which, M. Roux thought he felt the instrument enter the substance of the radius, and penetrate through a tissue of small osseous laminae. On further examination, the tumour was found to pulsate in its whole extent; on compression of the brachial artery, these pulsations ceased, and the tumour diminished in size. All these symptoms convinced M. Roux, that the case was one of vascular tumour in the substance of the bone. As to the most proper method of treatment, he hesitated between the ligation of the radial or brachial artery, but finally decided upon tying the latter. The operation was performed on the 7th of December in the following manner:—An inci-

sion, two inches in length, was made at the inner side of the middle of the upper arm, and the vessel laid bare for about half an inch; a double ligature was then passed under it by means of a director, and the artery tied, with the interposition of a cylinder of sticking-plaster between the threads and the vessel. At the moment when the ligature was applied, the tumour became less in size, and the pulsations in it ceased altogether. The wound was covered with lint, and a bladder with ice was applied over the tumour. On the following day the tumour had still diminished in size; the temperature of the arm was slightly increased, and the patient was in every respect going on well.—*Lanc. Franç.*

## HOSPITAL DE BICETRE.

### ASPHYXIA IN INSANE PERSONS.

It seems that in some cases of insanity, and in particular in the last stage, which is characterized by several paralytical affections, the pharynx, œsophagus, and muscles of the larynx, are also in a state of torpidity; so that, after deglutition, the bolus remains in the pharynx, and either by the interception of air, or by entering the cavity of the larynx, may cause asphyxia. The following two cases of this kind were lately observed by M. Ferras, at the above hospital.

A man, about forty years of age, had, after several attacks of mania, become idiotic, and affected with general paralysis,—such as trembling of the limbs, insensibility of the skin, stammering, &c.; the digestive and respiratory secretions were natural. On the morning of the 25th of November he appeared to be in his habitual state of relative health, and at noon or about one o'clock sat down to dinner as usual, when he suddenly and whilst eating dropped down, and was, after a few minutes, found by the "internes" without any signs of life; no spasmodic affection of the respiratory organs, or any kind of struggle, had preceded his death. On examination, the brain exhibited signs of chronic inflammation; the cavity of the pharynx contained a large quantity of half-chewed food, part of which was found pressing on the upper surface of the epiglottis, so as to intercept completely the passage of air; in the cavity of the larynx there was also a small portion of food, and the trachea and larger bronchia contained about two ounces of it. The other viscera did not offer any thing of interest.

The same accident happened to a man of about 60 years of age, who was affected with epilepsy and mania, and after having been at the hospital for several years, had lately been placed in the "Section des Incura-

bles." He was once observed suddenly to stop; and as the keeper thought it was one of his usual fits, he did not take any notice of him until he saw that he was quite motionless. Assistance was immediately procured; and as no cause of this sudden death could be found, it occurred to the "internes" whether this was not a case of asphyxia dependent upon the same cause as in the instance related above; he accordingly examined the pharynx, and succeeded in extracting from it and the œsophagus a large quantity of bread and other food; but it was without any effect, and life remained extinct. On examination of the body, the pharynx and œsophagus contained scarcely any food, but in the larynx almost half an ounce of it was found; the trachea and bronchia were healthy; the lungs were slightly emphysematous.—*Lanc. Franç.*

### ELECTION OF AN ASSISTANT-SURGEON TO WESTMINSTER HOSPITAL.

A VACANCY has occurred in the office of assistant-surgeon to the above hospital, and Mr. G. D. Dermott, of Gerrard Street, has addressed an admonitory letter to the governors, in which he offers himself as a candidate for the situation, in the hope that an example will be set in the present instance by a public election. The following is an extract from Mr. Dermott's appeal:—

"At present medical officers are chosen for public institutions, in England, by a shameful process of intriguing after private interest. My proposal is that you place this election upon the basis of merit, just as medical elections are conducted in France. Let there be a public and fair examination of the professional merits of those who may offer themselves as candidates before competent and disinterested judges, members of the profession, or other gentlemen who may wish miscellaneously to attend.

"It has been stated that an examination, as to capability of talent or professional knowledge, would be offering an indignity to the medical candidates: but who are the men that say so? Those very individuals who depend upon their private interest, not upon professional knowledge, for their success; and who, at the sound of an examination, would retire into the dark abodes of 'Owls' and 'Bats.' The field would then be thrown open to just competition; the medical man would become hospital physician, surgeon, or apothecary, in a way most honourable and gratifying to himself; and instead of feeling that the scrutiny of his talent had insulted his merit, it would

for ever surround him with a splendour of well-earned fame, and bestow confidence in the public mind as to the treatment of patients within the institution.

"A man, on the other hand, who obtains hospital appointment by the present fermenting system, wreaths weeds for his brow instead of laurels; and I, for one, whatever may be my personal friendship and esteem for some of my brethren who are at present hospital surgeons, shall for ever regard such a process of obtaining false fame and increase of pecuniary gain, with the utter contempt which it deserves. Should you however, gentlemen, throw open the election to fair competition, I would be the first to throw down my gauntlet.

"Lastly, let me entreat you to embrace this occasion to prove to the world that you are real philanthropists; that you are advocates for liberty of science; that you wish merit and fame, like twin sisters, to go hand in hand; that you have the welfare of the institution, the welfare of the patients, and the welfare of all your countrymen, at heart."

"Westminster Dispensary,  
Gerrard Street, Soho,  
Nov., 1830."

#### ON THE LAWS WHICH REGULATE THE MOTIONS OF THE IRIS.

The experiments of Berzelius, Monro, Jacob, and Bauer, tend materially to prove that the iris is shaped from muscular fibres, which are arranged into a circular and a radial system; the first is supposed to effect the closure; the last, the dilatation of the pupil of the eye.

More than a hundred years ago, the industrious Mery failed, after a long search for muscular fibres, in detecting their existence: the penetrating eye of Dr. Knox has been alike unsuccessful: Zinn could not discover circular fibres, and I much doubt whether he has been less happy than others in his researches. The facts which I am about to mention, may be accounted for by the contractions and dilatations of the radial fibres; or by the alternate motions of the circular and radial: as the latter are generally admitted, I follow them; although not convinced of their truth.

Both the circular and radial fibres are concerned, either in a contraction, or a dilatation of the pupil; neither the former nor the latter effect takes place in health (I cannot answer for disease), without the concurrence of both; contraction being determined by the greater action of the circular, and dilatation by that of the radial system. This is seen best when a concentrated light

is introduced into a dark apartment, and permitted gradually to approach the eye, until the pupil becomes extremely small; it will then be observed, that the circle of the pupil is first contracted—that the radial fibres again dilate it, but so slightly that the first motion was the most effectual; and this alternation continues until contraction of the pupil is accomplished. When the light is withdrawn, its stimulus ceasing to affect the circular fibres, the radial contract and increase the aperture; but the circular now take on a counter action in the same proportion as the radial did before, so that the pupil is again diminished; these motions continue until the pupil has gained its former size. These phenomena prove indisputably, that if there are circular fibres, light is their direct stimulus, affecting them alone: light does not then relax the opponent muscle, for it continues to contract against the force of the other, which force seems its proper stimulant, and which only yields to a strong light, not to the light of day. The latter keeps the circular fibres in a perpetual and almost invisible motion, which motion, pulling on the radial fibres, keeps them greatly contracted. Hence,

1. Light is the stimulus which causes the orbicular fibres to contract.

2. Contraction of the orbicular fibres brings the radial fibres into a state of tension, which tension is equivalent to a direct stimulus, and causes their contraction.

3. Tension is a stronger stimulant to the radial, than the diluted light of day is to the orbicular fibres, but weaker than the light of the sun, of a lamp, &c.

T. G. HAKE.

Glasgow, Dec. 25th, 1830.

#### TREATMENT OF CHRONIC ENLARGEMENT OF THE TONSILS WITH IODINE.

By G. SMITH, M.R.C.S., &c. &c.

In a late number of THE LANCET I inserted the results of a case of ranula which I successfully treated with iodine tinct., to which case I was induced to give publicity before the cure was completed, that others who should meet with this disease might give this medicine a fair trial in preference to the usual modes of operating, which have with few exceptions been not only painful and hazardous, but uncertain in their results. Finding that the iodine in this case acted so powerfully, and with such certainty, I decided on trying its merits in other cases of a similar character, on the first favourable opportunity which should occur in practice. The following is a case of congenital enlargement of the tonsil glands, with the effect of iodine, as inserted in my case-book:—

Master G., aged six, was brought to my surgery February 26th last; complained of no pain, but had great difficulty of breathing, particularly in the night when asleep; each inspiration was performed with a laborious effort in the respiratory muscles, and from the alternate hurried and oppressive breathings sometimes a considerable cessation was produced; the parents of the boy were only anxious to learn if the disease was likely to prove suddenly fatal, as they did not flatter themselves that any-thing could be done to alleviate his sufferings, much less did they anticipate a cure. His difficulty of breathing was first observable when four months old, gradually becoming more troublesome, but within the last two or three years it was quite alarming; the parents of the boy had applied to every source for relief where there was the most remote chance, but all refused to interfere in a case which had always been treated by operation, and that operation uncertain in its results, with the exception of one of our *old ladies*, who promptly applied a blister all over the chest, and pronounced the disease consumption. From the sonorous breathings, which could be heard at a considerable distance, I examined his throat, and could easily perceive an unnatural enlargement of the tonsil glands, which were considerably larger than is generally the case in cynanche tonsillaris; they occupied the whole of the posterior arch, pressing upwards the velum pendulum palati, exciting frequent retching, with a suffocating feeling from the uvula passing behind the tonsils in inspiration, and requiring a convulsive effort to force it anterior to them. Such was the miserable situation of my young patient when first presented for examination.

Not willing to lose time in a case which even an attack of simple catarrh might render fatal, I explained to them the necessity of prompt interference in a case so critical, and instantly proposed excision or ligature as the only remaining chance; the friends were, however, averse to any manual interference, supposing that from his great weakness he could not rally after an operation. Recollecting the great influence which I had repeatedly witnessed to be exerted by iodine, I immediately ordered eight drops of the tincture (the strength of tincture I use is in the proportion of thirty-six grains of iodine to one ounce of rectified spirit; macerate for fourteen days and strain) twice a day in a little sugar and water, with directions to increase the dose two drops every second day, and carefully to observe what effect the increased dose produced; when we had reached twenty-four drops three times a day, the patient complained of swimming in the head, stupor, loss of recollection, sickness, vomiting, and bloody

stools; these symptoms considerably alarmed the parents, but they were soon relieved by an emetic followed up with the warm bath and a laxative; that the stomach might regain its usual tone I suspended the medicine for two or three days, and recommenced with only twelve drops (it may be noticed that if this medicine is suspended for any length of time, it is not safe to resume the dose that was given before the interval of suspension) three times a day, gradually increasing till we reached twenty-four drops, the former dose; the effect was not so alarming as before, but I found this was the maximum dose, from a partial recurrence of the former symptoms. The first change which was effected, as in my former case, was a general improvement in the system, which partially convinced me that its effect might be salutary to some extent, and that by steady continuance in its use more would be effected than I had at first anticipated. Watching narrowly from time to time for a lessening of the general structure of the gland, I was not a little surprised on the tenth week of the medicine to see on the anterior part of the right tonsil four small openings, which I concluded were the excretory ducts considerably dilated; this no doubt was the effect of the medicine, although operating very differently from what I expected; the glands appeared to be affected very peculiarly both in colour and alteration of surface; the openings gradually enlarged till they attained the astonishing size of two lines in diameter; with great caution I introduced my probe into each opening, and could easily feel several small gritty substances, which on extraction I found to be small calculi; at different times I extracted ten in all, weighing on an average three and a half grains each. I washed the cavity with warm water, and gave strict orders that nothing but fluids should pass into the stomach.

I am utterly unable to account for the peculiar way in which in this case the iodine acted, otherwise than by supposing that its influence on the glandular system, &c., was so great that there was a considerable absorption of the natural structure of the gland, which continuing to act pressed on the contained substance or calculi, and these no doubt found an easier exit at the excretory duct than any-where else.

I gave the iodine a fair trial in two cases of chronic enlargement of the testicle without any decided advantage.

Barnsley, Yorkshire, Dec. 24, 1830.



## CHOLERA MORBUS IN RUSSIA.

[From a Correspondent.]

It is said to be in contemplation to send a medical deputation from England to Russia, to investigate the nature of the epidemic prevailing in that country; if so, we trust that the individuals composing it will be selected with judgment and impartiality, and not like Gibraltar, left to those who have an object in perpetuating the doctrines of contagion and non-liability to second attacks. Should it be intended to make it a military medical deputation, and volunteers from the half-pay of the medical department are not procured, as it will be a service not only of severity but danger, it is to be hoped that the duty will be given to some of the accomplished and experienced officers who have been for many years luxuriating on the wealth bestowed upon them by the public for services, the importance of which were hitherto unknown to the officers of the department generally. Amongst the number may be mentioned Sir James Fellows, Sir James R. Grant, Dr. Frank, inspectors of hospitals, and Dr. Somerville (formerly a member of the Army Medical Board), a name first in importance, and it may be added, the greatest in military medical jobbing, who is at present in possession of a house from the public, and 500*l.* per annum, at Chelsea, and of 600*l.* per annum, as a retired member of the Army Medical Board; if this great, learned, and scientific doctor, in addition to his many accomplishments, is endowed with ordinary feelings, and should be asked for what services to his country he is thus remunerated, he would blush on recounting them; yet, if reports are correct, these are the least part of his spoils, his loaves and fishes at the Cape of Good Hope and in Canada are unnumbered, but of which we may be able to give some account at a future period. It would be well if the director-general, whose propensities for jobbing are rather suspected, would take a hint, if it is not already too late, as it is said a view of the department is soon likely to be submitted to the public exposing the extraordinary chaos into which, either from ignorance or motives more unpardonable, he has plunged it. Such a state of things is, perhaps, unprecedented in any organized department.

WE observe that by accounts from Berlin, dated December 24, the Minister of Science, of Instruction, and of Public Health, has directed four physicians to proceed to Moscow to study the *cholera morbus* in all its stages. Dr. Daune has already set out for St. Peters-

burgh; he will be followed by Drs. Quinke and Barchemsch. The chief of the Physicians, Albert de Gumbeszen, is to put himself at the head of this deputation.

## ALLEGED CLANDESTINE POST-MORTEM EXAMINATION.

To the Editor of THE LANCET.

SIR,—Many thanks for your exertions on behalf of the medical pupils of this metropolis; they have incurred a deal of gratitude to you, which they will not very easily pay. But with all your exertions, you have not been able to instil into the minds of *all* our teachers, those principles of honour which ought to guide the whole of their conduct: witness the following circumstance which has lately occurred.—Having attended Mr. Waller's excellent practical lectures on midwifery at the School in Aldersgate Street, I afterwards attended the practice of the London and Southwark Midwifery Institution. During this time, it fell to my lot to attend a poor woman who was delivered of a child with a very large tumour joining from the back of the head. The child died, and I was anxious to have the advantage of an inspection. My preceptor Mr. Waller, and likewise Mr. Tyrrell, who had previously seen the case, both wished for the examination: whilst we were endeavouring to obtain permission, judge of my surprise at hearing that Mr. Stanley, of St. Bartholomew's Hospital, unknown to any of us, had been in the house of our patient with some of his dressers, and had actually the impertinence to propose an examination to be conducted by himself; thus endeavouring to deprive us, who had been anxiously watching the case, and to whom it properly belonged, of the advantage we had a right to expect in preference to any one else. I sincerely hope such a violation of professional etiquette does not often occur. Since there is no tribunal for the punishment of conduct of this kind, the only chance of obtaining redress is to lay the grievance before the public.

I remain yours respectfully,  
A PUPIL OF MR. WALLER.

## TO CORRESPONDENTS.

MEDZA. Should a reply to the paper inserted this week be deemed necessary, may we request that *brevity* be adopted as a motto.

Q. asks, "Is it proper that poor patients should be sent from St. George's Hospital with their eyes cut out?"

# THE LANCET.

VOL. LI

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[1830-31.]

*Medicine no Mystery; being a brief Outline of the Principles of Medical Science, &c. &c.* By T. MORRISON, M.D. Second edition. London: H. Washbourn, 1830. 12mo. pp. 165.

THE object of this treatise, as the author informs us, is to "exalt the dignity of the science of medicine," and to "induce educated persons to take a general view of the principles of medical science, by removing the veil of obscurity and mystery which has so long been thrown over them!" What Dr. Morrison understands by the "dignity" of the science of medicine, he has not been pleased to define; but he certainly takes a very extraordinary way of upholding it, when he sets out with a gross and malevolent attack on the majority of the members of the profession, the whole body of English surgeons in general practice. According to Dr. Morrison, the only medical men deserving that title and the confidence of the public, are physicians, or that comparatively small class to which he himself belongs. All the rest, or to use his own words, the persons "who engross five-sixths of the practice of the medical art," are

----- "low pretenders—illiberal retailers of drugs and nostrums—empirical nostrum-mongers—gross and ignorant dabblers in physic, whose only ideas of the profession they presume to follow, are derived from hearsay and precedent, who (incapable of reading in the book of nature) are only confirmed in their errors by the practice of them; who mistake symptoms for causes, and in whose short-sighted views the idea of an ailment and a nostrum are so inseparably united, that the one uniformly follows the other in their bungling and self-interested practice."

Although it is sufficiently evident that it is the general practitioner who is here attacked, yet we should have been almost unwilling to suppose that such abuse could have been heaped upon so respectable a body, did not the author afterwards express himself in still more unequivocal terms. He there expressly mentions "the apothecary," represents him as "destitute of the power of understanding disease or temperament, thus making the body of his patient a thoroughfare for his whole shop," &c., and as, consequently, aggravating, instead of alleviating, the disease which he is called upon to remedy; and concludes by lamenting the general ignorance respecting the medical profession, which induces the unfortunate patient to trust his life in such hands. The foregoing extracts we have taken from the preface, which is of considerable length; but the author takes every opportunity of returning to the subject in the body of the work; thus, when speaking of the use of cold affusion in fever, he observes,

"I regret to say, that this practice has of late fallen into much disuse, and I have no hesitation in attributing this to the arts of the ignorant and interested nostrum-mongers, whose practices I have glanced at in the introduction. Cold water is a remedy that is not *chargeable*; it is also a powerful and a *quick* means of curing disease: two circumstances sufficient to excite a *hydrophobia* or dread of water among the vile mercenaries I am speaking of. Accordingly they have left no means untried to bring this salutary practice into disuse," &c.

Considering that such language as this could not have proceeded from a person of liberal education and enlightened understanding, our readers will not be surprised, when we inform them, that though ushered in with such high pretensions, the treatise itself is utterly unworthy the "scientific physician," and would almost disgrace the "miserable dabbler in physic," the "des-

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picable" apothecary. The first part, or that which professes to give a brief account of the anatomy and physiology of the human body, is far inferior to some, and certainly superior to ~~most~~, of the already-existing popular works on the subject; the second part, which contains an imperfect classification of diseases (somewhat upon the Brunonian theory, viz., on the principle of accelerated or retarded action of the different systems), and purports to give a general illustration of their nature and treatment, is in part almost unintelligible to the general reader, in part calculated to mislead him, and serves only to exhibit the ignorance of the author and his incapacity for the composition of such a work. We may venture, therefore, to affirm, that no one after perusing it would have his knowledge of medicine increased; or be at all more capable of discriminating between the enlightened and the ignorant practitioner. When we read that "the muscular system is developed, to a certain extent, in the lungs;" that "the motions of the diaphragm are alternate with those of the muscles which elevate the ribs;" that "one of the most important actions of the muscular system is the power that it exerts of moving the blood in its course towards the heart in the veins, which are themselves passive organs incapable of exerting any power over their contents;" that "the tortoise and the crab have alike an entirely external skeleton;" that "the pelvis contains all the floating bowels;" that "the nerve of the sense of taste is distributed over the tongue, palate, lips, inside of the cheeks, throat," &c.; that inflammation terminates only in three ways, and that the "purulent matter is always contained in a bag;" that "all the diseases called dropsies originate either in a debility of the extreme vessels of the lymphatic system, or from some tumours which press on the main trunks of it, and thus offer a mechanical resistance to the passage of their contents;" &c., &c., &c.—we know not which to admire most, the ignorance or the assurance of the author, and without occupying our time and space any further with his miserable performance, we consign it and him to the well-merited contempt of all the respectable part of the profession.

*A Practical Treatise on Glanders and Farcy in the Horse, &c.* By RICHARD VINES, Vet. Surg., Teacher of Anatomy at the Veterinary College. Coloured plates. London, Longman and Co., 1830. 8vo. pp. 208.

GLANDERS and farcy are among the most important, because they are the most destructive, chronic diseases to which the horse is liable. If we but consider the prevailing opinion respecting the incurable nature of glanders, such a work as that which is before us, professing to advocate new views on these subjects, and proposing more effectual methods of treatment and cure, would at least have pretensions to the notice of all who take an interest in the most noble of our domestic animals. If it be also admitted that medical science, or rather human surgery, is susceptible of illustration or improvement, by conclusions drawn from experiments upon brutes, perhaps the diseases under consideration are those from a true knowledge of which we may derive the greatest advantage by analogical reasonings, especially when these are not carried beyond that proper and limited point to which the sister sciences of human and comparative pathology may safely go.

These objects also are best attained when diseases are considered separately, and more at large than is usual in veterinary works, which, with a few exceptions, profess to explain the treatment and cure of all maladies whatsoever, and thereby conceal a want of knowledge on particular subjects. But Mr. Vines's publication, while it is free from this charge, has also other uncommon circumstances attending it. He holds a situation as "teacher of anatomy and physiology at the Royal Veterinary College," a place whence no publication of any kind or character has emanated since the commencement of our journal, nor, we believe, for many years before, and even now, not only is this work not to be regarded as an official production of the united labours of the teachers, but it must be inferred from many parts of the work, that the author's superiors "in office," Messrs. Coleman and Sewell, so far from assisting or concurring in his experiments or views, were, rather, directly opposed to them. Whatever may have been

their motives for this conduct, the circumstance only affords another reason for examining the opinions of Mr. Vines more closely, while it does not in itself impeach their value.

The work commences with a short summary of the opinions of various writers respecting farcy and glanders, from the earliest times to the present; and we find Mr. Vines differing from a long list of veterinary authors, who, he says, page 2,

"Have fallen into great error, by imagining that glanders and farcy are caused or produced by a poison contained in the blood, and that on the effects of this poison depends all the alteration in the structure or disease of those parts which are generally affected,—as the membrane lining the nostrils, the lungs, and skin. This is the doctrine now maintained and taught by Mr. Coleman, and that the mode of action is by its attacking such parts of the body as are most susceptible of its action, constituting glanders when the membrane of the nose, or substance of the lungs, is affected, and farcy, when the skin and lymphatic vessels are diseased; and I apprehend this is the most generally-prevailing opinion even amongst non-veterinarians, farriers, and others; and it is this notion of a poison, it appears, that has given rise to glanders being a *specific disease*, and consequently to practitioners endeavouring to discover a medicine which would unite with the supposed *specific poison* in the blood, to neutralize and destroy it by its *specific effects*."

At page 3, we find his own opinions expressed as follows:—

"All the symptoms of disease which constitute glanders and farcy, invariably depend upon the unhealthy state of the system into which it is reduced or brought, and not, as is generally supposed, from a *specific poison* contained in the blood; and these symptoms of disease are found to depend on and arise from a variety of causes, whether they occur at the latter states or stages of common healthy inflammatory diseases, which take place either directly or indirectly, in different parts of the body, such as strangles, common colds, distemper, inflammation of the lungs, grease, dropsy (anasarca or œdema), injuries, &c.; or whether they arise independently of such diseases. For when the system is brought into an unhealthy and a more or less debilitated state from neglect, or by the improper treatment of any of these diseases, and the following symptoms occur, they then constitute glanders or farcy." — "Under this view of the subject, then, it must appear that glanders and farcy are nothing more nor less

than terms indicating unhealthy disease of certain parts of the body, particularly those of the mucous membrane which lines the nose, the substance of the lungs, the cellular membrane underneath. Veterinarians and farriers, from not having made a distinction between the healthy and unhealthy state of the system when inflammatory disease appears, or from being totally unacquainted with the fact, have been in confusion, and fallen into many errors respecting glanders and farcy. For some contend that the symptoms of disease in one horse indicate glanders or farcy, and others that they do not, and consequently they have been obliged to make use of various auxiliary terms to express what they meant, such as *suspected*, *bordering on*, or *approaching to*, glanders or farcy, words of little or no import beyond that of showing that there are degrees of unhealthy appearances, and which appearances constitute the symptoms of disease."

We shall forbear to quote from the chapter on the "symptoms which constitute what is termed glanders and farcy," because they are confessedly liable to so much variation; and we apprehend most of our readers are sufficiently acquainted with the popular opinions on the subject. The author next proceeds to describe these symptoms, when they are the "result of common inflammatory diseases, as strangles, common colds, epizootic disease, inflammation of the lungs," &c., and also when occurring independently of these diseases.

He subsequently enters separately into a description of the diseases which are liable, if badly treated, to terminate in glanders or farcy, beginning with that affection of the throat and neighbouring glands commonly called strangles, in which he denies the propriety of the depletive system so generally followed, although we think that his mode of treatment will not be novel to the observant practitioner. He endeavours to draw a distinction between the common, regular, suppurative, form of this complaint, and that in which it is suppressed and terminates unfavourably, sometimes in glanders; but we see no occasion for dividing this part of the subject into so many chapters on the confusing repetition of "*true* and *false* strangles," when all that is meant might have been expressed by pointing out the varieties of phenomena, and symptoms, which occur in a healthy and a debilitated subject.

Distemper or epizootic disease he considers is not infectious or contagious, and is to be treated in most instances with tonics, rather than by large bleedings and purgatives, making allowance for the state of the horse and the season of the year, to which he always appears to ascribe particular influence.

In inflammation of the lungs our author reprobates the common practice of bowelling and blistering as more likely to irritate and weaken the horse, than to produce good effect by their counter-action, and thinks that the debility thus induced is frequently the cause of glanders and farcy supervening, but sometimes also from the animal's being taken to work, or turned out to grass, before they have sufficiently recovered strength. Violent bleedings are disapproved of.

Having gone through his description of the diseases which sometimes terminate in farcy and glanders, which is not the least interesting part of the work, we come to the nature and causes of these affections under all circumstances, and when they arise independent of other complaints. The author throughout appears to believe that the symptoms conjoined, or separately, which constitute glanders and farcy, are considered as essentially indicating a debilitated, or, as he terms it, an "unhealthy" state of the system in general. When the skin only is affected, as with buds or ulcers, or œdematous swellings, the symptoms are called "farcy," but when the mucous membrane of the nostrils and lungs partake of disease, and become ulcerated with discharge of "unhealthy" matter from the nostrils, and swelling and induration of the submaxillary lymphatic glands, it then takes the name of "glanders," but without any real difference being necessary in their treatment, although one set of symptoms may exist independent of the other.

Tubercles, vomicae, and hepatization, &c., of the lungs, as being frequently found in conjunction with the external symptoms, are all separately considered, and at great length. The first of these, "tubercles in the lungs," has been the subject of much speculation and difference of opinion among medical as well as veterinary writers; but even though "Laennec, Dupuy, and others, consider them as the product of an unknown cause," we see no reason for such a

lengthened dissertation as our author gives; he describes them as nothing more than "cellular abscesses in a chronic state." Vomicae are "larger abscesses" produced from the same cause, but occurring in stronger animals; and he adduces the following experiment, to show that these affections of the substance of the lungs are the consequences of irritation and inflammation, and an effect, not a cause, of the other symptoms of glanders and farcy.—p. 85.

"If the windpipe (or trachea) of a healthy ass is laid open, and an irritating fluid, as a solution of blue vitriol (sulphate of copper), be introduced, acute inflammation of the whole system would be the immediate result, and if the animal has sufficient strength to withstand the effects for a few days without death taking place, which in most instances is the case, tubercles of the lungs containing matter or pus is almost certain to follow, and a quantity of water will also be found in the chest; and these results are commonly to be observed at the end of eight or ten days, when death mostly takes place. The same results will be found to occur, if an irritating fluid is introduced into the jugular, or any of the other large veins, and thus conveyed through the circulation to the lungs, or by inoculating the skin of the nostrils, or any other part of the body, with the matter of glanders or farcy, or any *unhealthy* matter taken from horses labouring under such diseases as grease," &c. We find a further statement at p. 160, that he is prepared "to prove that *unhealthy* blood taken from an animal not glandered, will produce similar effects as blood taken from a glandered horse. In the course of my experiment," he says, "I have produced glanders and farcy, with a considerable tuberculous disease of the lungs, and water in the chest, that ended in death in the course of ten days, by introducing half a pint of blood, taken from a rabid dog, into the jugular vein of a five-year old healthy ass."

Passing over a number of chapters which contain some unnecessary reiterations, mixed with some good remarks, we come to the section where he treats, p. 150, of "the predisposing and exciting causes of glanders and farcy," which are thus described:—

"The causes which produce glanders or farcy, as well as the different diseases that they are found to follow, are, sudden changes of temperature, of clothing, of food, of air, and of exercise, as well as the improper treatment of diseases.

"Unfortunately a great many persons suppose they possess sufficient skill and judgment to prescribe bleeding, physic,

diuretics, &c., for their horses, but they are often deceived, and generally suffer severely for their presumption. For when these remedies are too frequently, or otherwise improperly, administered, they become the cause of both glanders and farcy equally when the animal is in health as when he is labouring under disease, by producing a general debility as extreme as if they had become diseased from impure air, bad food, musty hay or oats, hard or excessive work, exposure to wet and cold, poor keep, &c. p. 157. "Much has been said about the infectious or contagious nature of both glanders and farcy. Mr. Coleman attributes the infection or contagion to a *specific poison in the blood*; and he also asserts, that a similar poison exists in those animals where glanders or farcy is generated; that it is formed in the atmosphere of stables by the secretions and excretions of the animal, and that it is a *compound of dung, urine, breath, and perspiration*. But, in my opinion, any impure air which may be thus formed, only tends to render the system debilitated and unhealthy; and that from this cause, as well as from a variety of others, the blood and fluids which are formed are rendered vitiated or unnatural, and of an infectious or contagious character, and capable of producing general derangement or disease if introduced into the system of some other animals, especially the ass, which is almost naturally predisposed to disease from bad feeding, and the weak texture of its skin."

Our author is very severe upon this doctrine of Mr. Coleman, considering it the "very height of folly to rest satisfied with so idle and ridiculous a notion as that of a *specific poison* having crept into the blood;" and we are certainly surprised that the professor should be found advocating and teaching such an unscientific opinion, exploded, as it certainly is, by the most experienced in the veterinary profession. Both here and on the Continent, even the contagious nature of glanders has been made a matter of doubt by many writers. Mr. Vines attributes much to predisposition: he says, page 167, "If horses were not so treated as to be brought into a predisposed state, inoculation with morbid matter would be much less capable of producing those symptoms of disease than it is in many animals; and it is a well-known fact that there are some horses which resist disease by inoculation, and that there are others which are quickly affected." \*

\* "From my own experience," says M. Dupuy, "and that of my colleagues, it would appear that

In an important section, on the treatment of glanders and farcy, let Mr. Vines speak for himself, p. 169:—

"At the commencement of most inflammatory diseases, excepting those in which the system is very weak, as in many cases of subacute inflammation, the circulation requires to be moderately reduced or lowered, but as soon as this has been accomplished, and the inflammatory disposition checked or subdued, the time very soon arrives when the system again requires to be gradually restored to its natural tone. Similar restorative treatment to this is required for horses much out of condition, whether from predisposing or exciting causes; for if, instead of further reducing the system by hard work and diuretic medicines, &c., an opposite course was pursued, that of giving tonic stimulating medicines, the discharge from the nasal membrane, as in colds, &c., would continue healthy, and quickly subside, and the dropsical swellings of the extremities gradually become diminished as the strength of the animal returned, and those diseases would not end in glanders and farcy near so frequently as they do at present."—p. 171. "That mode of treatment, therefore, which I am about to recommend both as a preventive and cure for glanders and farcy, and especially for horses very much out of condition, is, medicines of a tonic, stimulating nature, and such as by their effects, conjointly with good food, air, and exercise, are capable of invigorating the whole system, and ultimately of bringing it into that healthy state for which every other remedy has been tried in vain."

Then follows an enumeration of those remedies, chiefly vegetable, stimulants, and tonic barks, which the author considers calculated to aid in producing the above effects, but he says, p. 172,—

"The medicine which I have found of the greatest service, whether it has been given alone or in combination with any of the others, has been *cantharides*."—p. 174: "The action of this medicine, when given internally for the relief of those symptoms of disease produced by debility of the system, and when the animal is unhealthy, is by increasing the appetite, and giving tone to the circulation, and promoting all the different functions of the body, and bringing them into a healthy state, changing the unhealthy discharges of the mucous membrane of the nostrils and the ulcers, as well as the ulcers of the skin, and causing healthy

glanders is rare in very cold countries, and absolutely unknown in hot climates. From and about Poland to about the middle of France glanders is frequently seen; it is not common on the other side of the Pyrenees; it is unknown in Africa."—*Note by the author.*

granulation in those cases of glanders and farcy which are recoverable."

It appears that "with regard to remedies for glanders either in its acute or chronic form, Professor Coleman has nothing to offer. He has prescribed, by way of experiment, almost or quite all the mineral and known vegetable poisons: preparations of arsenic, antimony, copper, zinc, mercury, &c., hellebore, aconitum, digitalis, hyoscyamus, cicuta, belladonna, &c. &c., have been in various condemned subjects internally administered, but all without any *specific* or *curative* effect on this awful and obstinate malady."

"Mr. Coleman has also kept horses that were glandered, for a time on *sheep's blood*, without allowing them any kind of food, and I understand that some have also been crammed with balls of meat, but with no happier result than the before-named drugs." Mr. Vines tell us that he was "first induced to give cantharides a fair trial in glanders at the suggestion and persuasion of a professional acquaintance," whose name is not made public, and it seems that his earliest experiments were undertaken about three or four years ago.—p. 177: "On my inquiring into the history of the internal use of cantharides, I found that a very able surgeon of the name of Robertson had published an excellent practical work on the use of cantharides in the human subject, recommending it for the cure of gleets or affections of the mucous membrane of the urethra, and unhealthy sores in the skin. I also learnt that a Dr. Greenfield, from whom Mr. Robertson acknowledges he was first led to try cantharides, had been in the habit of using it more than a century ago, and that his success with it had been so great as to have excited the envy and malice of his professional brethren, who carried their *in-trigues* to such an extent as actually to procure his committal to Newgate on a charge of prescribing dangerous remedies for the removal of disease."—p. 178: "Mr. Sewell has informed me that about twenty years ago the same intelligent surgeon, Mr. Robertson, suggested the internal use of cantharides in the horse, for the cure of glanders and farcy, to the supreme of the College, and that a trial of it was made but without success, the reason of which, I shall be able to show, arose from its having been given in too large doses."

It seems they gave a *drachm* at a time, which amounts to nothing short of poisoning.

To the talents and investigation of Dr. Robertson is certainly due the greater part of that which we at present know respecting the action of cantharides on the system, and a perusal of his work on the "Diseases

of the Generative System," in which he employed this substance with remarkable success, will afford a high idea of his candour and industry. Mr. Vines takes several extracts from this author, descriptive of the effects of cantharides on the human system, and the *modus operandi* respecting it, and afterwards gives an account of his own success, and the doses in which he has employed it in veterinary practice. These have been from six to twelve grains per diem, never more, combined with ginger, pimento, and other stimulants. The patient requires watching, and the medicine occasionally to be discontinued; and it sometimes happens that untoward symptoms arise from its use. At page 204, he says,—

"The proportions of cantharides which I have set down will, in nearly every instance, be found to effect what is required; that is, when the animal is in a recoverable state; and the only mode of effecting it is by beginning with a moderate dose, and very cautiously increasing it, and by continuing it a sufficient time; and on no account resort to such large doses as drachms, or even a scruple, as they invariably destroy the animal's appetite, and produce a high degree of inflammation in the intestines, kidneys, bladder, and general inflammation of the system, and frequently death."

Such consequences, however, could only occur from ignorance or neglect, or perhaps intention. On the whole, however, it would appear that cantharides is a most valuable medicine, and the author gives an account of several horses completely cured by its regular administration.

As far as regards the novelty of our author's views, it must be remarked, that he has nowhere laid claim to *discoveries*, but simply to having investigated and described glanders and farcy with more precision and success than his predecessors. It is not, therefore, to correct our author, but to show what had been done before, that we have searched the pages of other writers, and we find there that cantharides was prescribed internally for horses, even as far back as the time of Solleysel, or in 1717.

After this our reading does not furnish us with any evidence of this substance being given medicinally to horses, until Mr. Robertson suggested its use to the college teachers, who abused it as Mr. Vines describes.

On turning to Mr. B. Clark's *Pharmac*,

copais, p. 27, we find it prescribed to the extent of seven grains, in a ball with pimento, and also in both drenches and powders, as the principal means of suppressing glanders and farcy. So that it was only with Mr. Clark that Mr. Robertson's "suggestions" were productive of any good effect, and this invaluable medicine, it appears, was subsequently brought under the notice of Mr. Vines, who has not been more successful than his predecessors in giving a sure diagnostic symptom of glanders, unless it be by his favourite phrases, "an unhealthy discharge," "unhealthy appearances, &c.," and how far this is calculated to shed light on the subject we must leave to his readers to determine. It must not be denied, that there is a certain morbid virulence, and a great risk of contagion, in many cases of slight discharge from the nostrils, which are almost unattended by other unhealthy indications, but how are we to distinguish between these and what Mr. Bracy Clark calls "a nasal farcy gleet," our author terms "an unhealthy nasal flux."

In closing our review of this work, we must observe that the subject of glanders has lately become more interesting to the medical profession, and we may add to the public, in consequence of the well-marked cases brought forward by Dr. Elliotson of its appearance, in the human subject. A notice of these cases was given at p. 234 of the present volume, and the identity of the diseases, or rather the fact of a most horrid and fatal disorder having been in several instances propagated by contact with the matter of glandered animals, seems to be so clearly established as to demand serious attention.

We conclude by saying, that Mr. Vines shows a spirit of engrossing interest in his subject, and exhibits evidence of persevering industry—qualities which seldom fail to effect their object; and, on the whole, we must congratulate him on having produced a work which is calculated to benefit the profession. The plates which accompany it are executed in good style, and are well adapted to illustrate the subject to which they refer.

## PERIODICAL LITERATURE.

### AMERICAN MEDICAL JOURNALS.

SEVERAL of the American Journals are before us; the dates of some of them, however, are not very recent, in consequence of a delay which occurred in their transmission across the Atlantic. Amongst them we have four Numbers of the *Maryland Medical Recorder* (a publication recently started, and the existence of which will not probably be of very long duration), the *North American Medical and Surgical Journal* for July 1830; and the *American Journal of the Medical Sciences* for August 1830. Of these the latter is by far the better periodical; it is, indeed, the best of the transatlantic medical publications; and, to make a comparison nearer home, is in most respects superior to the great majority of European works of the same description.

The most remarkable of the articles in the present Number of this latter Journal are, a case of trismatic tetanus, produced by the passage of a large rough triangular piece of clay from the intestinal canal into the vagina, which was cured by tobacco injections; a case of rupture of the uterus, successfully treated by Dr. Hendrie; and a very clever paper on the Pathological or Abnormal State of the Circulation, by Dr. Jackson, one of the Pennsylvania professors. The second of these demands our more especial notice.

### RUPTURE OF THE UTERUS.

The female was 33 years of age, pregnant with her eleventh child, and all her previous labours had been rendered difficult by a small exostosis situated on the projection of the sacrum, lessening the antero posterior diameter of the pelvis at least one inch or one inch and a half. The secule cornutum was given, as had been the practice in her previous labours; vehement contractions ensued, and the uterus burst. In this condition she was first seen by the narrator of the case. He immediately proceeded to deliver by the natural passages, and this, with the assistance of the crotchet, was soon accomplished; the operator's hands during the awful extrication being, while he sought for the placenta, in contact with the naked intestines. After the operation, antiphlogistic remedies were assiduously



applied, and in four weeks she retained little more inconvenience than a urinary fistula, which in the course of a few months was also completely cured.

We quote, at full length, the description of the operation and the subsequent progress of the patient, as a curious specimen of the "*nil desperandum*" cases which are occasionally met with.

Having placed her in a favourable position, the hand was introduced, (the bladder being previously evacuated,) the feet were readily obtained, and the body of the child delivered with the utmost facility; some difficulty was experienced in getting the head through the superior strait of the pelvis, owing to the exostosis already mentioned; this was finally accomplished with the aid of the crochet; the hand was again introduced, for the purpose of extracting the placenta, which was found in the left side of the abdomen. Some large concula were brought away entangled with the secundines. In searching for the placenta, my hand was in contact with the naked intestines, from which circumstance, no doubt can remain of the rupture being complete. After ascertaining that none of the bowels protruded from the laceration, she was placed in bed in a very exhausted condition—a cordial anodyne draught was given—two hours afterwards she expressed herself as feeling quite comfortable.

18. 6 o'clock A.M.—Has rested very well since 12 o'clock. System appears to be reacting; pulse remains small and frequent; complains of some soreness but no pain; yet the abdomen is quite tender to the touch, and is somewhat distended. Directed fomentations to be applied to the abdomen, and a cathartic mixture. 6 o'clock P.M. Abdomen greatly distended, and extremely painful, exquisitely so on pressure; pulse frequent and tense; skin dry and hot, cathartic has not operated. Ordered, *v. s. ℥xviii*, cathartic medicine to be repeated, and its operation solicited by an occasional enema—fomentations continued.

19. Passed a very restless night, bowels freely opened this morning, since which the pain and distension of the abdomen very much diminished; pulse less frequent, yet somewhat tense. Ordered, venesection, *℥xij*; nitro-antimon. pulv. every two hours.

20. Is much better—no pain, and very little tenderness on pressure; pulse soft; skin cool; countenance lively and cheerful.

21. et seq. She is still improving, thinks herself able, if permitted, to sit up and have her bed adjusted. Rest and a low diet were enjoined, and persevered in for several days; her convalescence was rapid and uninterrupted; four weeks after the accident, she

was able to attend to her domestic affairs; complains of no particular uneasiness, except that resulting from a urinary fistula.

January 20, 1830. Enjoys at present remarkably good health; has menstruated regularly since August. In July an apparatus was procured, for the purpose of obviating the inconvenience arising from the fistulous opening in the bladder; it has been worn till within the last few weeks, and has effected a radical cure.

The main strength of the *N. A. Med. and Surg. Journal* lies in its analytic and critical notices, and in its judicious and extensive collection of intelligence in the several branches of medicine. The original communications are few in number; we may remark, however, that the interest of the several articles is precisely in the inverse proportion to their miniature dimensions. We especially particularise Dr. Gerhard's excellent paper on

#### ENDERMIC MEDICATION,

of which the following are useful extracts. We wish some of the British Rochesterers, who write against space, about nothing or nonsense, would condescend to take a lesson from the scientific condensation of facts contained in the paper, from which we make the annexed quotations.

We may premise that Dr. Gerhard's experiments were performed on 200 patients, and embraced several classes of medicines. To his theoretical points many objections may be started, it is true, and these have not escaped the acumen of several American journalists. On his practical statements, however, there can be but one opinion,—that they are in the highest degree creditable to his general acquirements and professional skill.

"*Tonics.*—Endermic application of cinchona. My observations have been confined to the preparations of cinchona, as affording the best examples of the most concentrated and powerful tonics. The sulphate of quinia has been very frequently administered as an endermic remedy. When applied to the inflamed cutis, it powerfully stimulates the surface, causing pain which may continue for a few minutes, or for a much longer period, according to the susceptibility of the individual. The pulse of the patient is excited, and if examined a few hours after the application, it will be found more full and frequent, but rarely rising of a febrile character. The permanent tonic effects do not differ from those usually observed; the

appetite increases, the health of the patient becomes more vigorous; and, in fine, the dry red tongue rarely follows intermittents, if treated by quinia externally administered. In the alms-house, it has for a long time been the established practice, to dress the blisters of patients exhausted from severe disease with the sulphate of quinia, and the permanence of the practice sufficiently attests its apparent efficiency. The quantity in which it should be applied as a mere stimulant is large; from four to twelve grains. Upwards of twenty cases of intermittent fever were treated by the sulphate of quinia applied externally, and with the most perfect success, except in three or four cases, where, from accidental causes, its use was discontinued before the period of the paroxysm. Of this number nine were tertian, the remainder quotidian, including all the cases of which a connected history could be obtained. In twelve instances, there was no return of the chill after the first applications; the others were rarely attended by more than one paroxysm, and never by a third, excepting in a single instance, where severe attacks supervened before the entire removal of the disease. In every case, however, each succeeding paroxysm was marked by a great diminution of its intensity and duration. The average quantity of quinia applied before the chills were arrested, was about twenty grains; although it varied in the different patients from eight to one hundred and twelve. Some absorption appeared certainly to have taken place, for only a small residue of the quinia remained at the subsequent dressings, and sometimes no trace of it could be perceived. The quinia was generally used in powder, either alone or diluted with some mild substance, and sprinkled upon the surface; sometimes it was incorporated with cerate, by which less pain was produced. It was remarked by most of the gentlemen who adopted this practice, that the quinia cured more speedily in this form than when given internally, and that the permanence of the cure was at least as great.

The author illustrates and supports these assertions by the detail of five satisfactory cases. The important class of narcotic remedies most engages his attention.

“**NARCOTICS.**—The application of these to painful ulcers, as well as other diseased parts covered by the cuticle, has long been familiarly known in medical practice; solutions of opium are also sometimes employed to relieve excessive pain or inflammation of blistered surfaces; but although no one could be ignorant that a narcotic effect was sometimes produced, the local disease was the only object of treatment. The endermic administration of narcotics is

admissible in nearly every case of disease where a long continuance of their use is requisite, and frequently in acute affections; in this manner exhibiting its powers, after all the ordinary forms of exhibition have been exhausted, and permitting an irritated stomach to regain its susceptibility to remedial impressions. Narcotics, when applied externally, produce their specific action with much greater promptitude than most other medicines, a few minutes being generally sufficient to exhibit a marked effect; this may arise from their action being in part directed to the nerves of the surface with which they are in contact; for very little local pain is suffered, except in the cases where a large dose has been improperly applied to a blistered surface highly inflamed from some accidental cause. The phenomena which result do not differ from those usually observed when the same remedies are given internally, excepting that the drowsiness which follows the slight local sensation is less suddenly excited, but of much more permanent duration. Narcotics have been applied to all parts of the body, and in all the cases in which I have witnessed their use, they acted with the greatest energy when placed nearest to the central organs; but in painful local diseases a directly sedative action seemed to be exerted upon the nerves of the part; hence, if the pain arise from an organ easy of access, it is always better to apply the remedy in its immediate vicinity. The average dose, if the remedy be placed immediately in contact with the cutis, is about double or treble the ordinary quantity; but if it be incorporated with cerate, or mingled with a poultice, we cannot be sure that the absorption will be as perfect as in the former instance. Allowance is then of course to be made by adding a larger quantity.”

“**OPIMUM.**—The acetum opii, or black drop, is added to many liniments, as the most powerful liquid preparation of opium, and, with the exception of the salts of morphia, it is, when pure, the best form for administering this narcotic as an endermic remedy: it may be spread upon the surface without any admixture, or, which is preferable, diluted with thick mucilage. From the cases which fell under my notice, I should think that the endermic dose of black drop is from fifteen to twenty minims upon the epigastrium, but half a drachm if applied to the extremities.

“**SULPHATE AND ACETATE OF MORPHIA.**—These salts may be taken as the type of all the other combinations of morphia; the sulphate especially, from its greater solubility, is far preferable to any other of its class. The morphia may be formed into a cerate, or, what is generally to be preferred, the powder may be directly applied: the

necessary quantity varies from half a grain to three or four grains, and its operation is generally perceptible a few minutes after its exhibition. Other narcotics were used with frequent advantage upon blistered surfaces, as the extracts of belladonna, cicuta, stramonium, &c., a smaller quantity sufficing for the relief of any pain than if the epidermis had not been detached."

Two cases are also detailed in which digitalis was used in this manner with excellent effect. Though we have not space to insert these, we subjoin the remarks which Dr. Gerhard advances on the subject.

"The result of these cases is very gratifying, and affords great reason to believe that the proper method of administering digitalis in the diseases of the heart, is by applying it to an external surface. In a very large majority of patients the stomach will be found so much excited that the direct gastritis, which the internal use of a powerful irritant produces, will counterbalance any ultimate effects that may be desired. No one now controverts the declaration of Broussais, Andral, and all other practitioners, that "la digitale ne ralentit le pouls qu'autant qu'elle n'irrite pas l'estomac;" and in a large number of diseases of the heart and other affections which have fallen under my observation within the last two years at the Philadelphia Almshouse, *this statement was amply verified*. The endermic dose of digitalis should, I think, be about two grains, repeated three times a day in the commencement, and of course gradually increased; care, however, must be taken to avoid great irritation of the blistered surface, which might in some cases counteract our object."

Dr. Gerhard has also used squill in powder as an endermic medicine, and its action was completely established. Of the mineral emetics, the irritating nature of some entirely interferes with their use. Of the vegetable class, emetine and the oil of tobacco have been successfully used. The author does not seem to have had any experience of the agency of mercury in this way; he however informs us of a case treated by another practitioner in which the local use of *red precipitate* induced salivation; and we find, in Dr. Mackintosh's *Practice of Physic* the extraordinary statement, that the application of the black wash almost invariably induces the constitutional symptoms, at least so far as tenderness of the gums.

Before we conclude we have a remark to offer on one point, which appears to us

strange and unaccountable. Dr. Gerhard speaks of the local endermic application of croton oil to the extent of ten minims at a time. Not long since we had occasion to notice Dr. Short's proposal and manner of its application, as a powerful external irritant, capable of inducing a pustular eruption. Either one or other of these gentlemen must be wrong, not to speak more harshly, and our own knowledge of the external action of croton oil induces us to believe that Dr. Short is perfectly correct in his several assertions.

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*Edinburgh Medical and Surgical Journal.*  
No. CVI.

We have just examined the present number of the "Blue Journal," and we feel pleasure in stating that it is replete with valuable matter. We subjoin an ample and very interesting extract from a paper by Dr. Bryce, on "the state of medicine in Constantinople," in which city the author resides. In our next we shall advert to an article by Dr. Christison on the mutual action of blood and air, which, as is the case with all Dr. Christison's writings, evinces great ingenuity, and is aptly calculated to increase the author's eminent reputation.

*"Sketch of the State and Practice of Medicine at Constantinople." By C. BRYCE, M.D.*

"The influence which Islamism exercises over the minds of its proselytes, explains the reason why medicine should have retrograded, or at least had its progress arrested, in Turkey, and why its native medical science is only the remains of former times, disfigured and disguised under a thousand forms. - - -

"The chief source of medical practice amongst Turkish practitioners, springs from that spirit of charity which so largely pervades Islamism, and of which the foundation of hospitals and the establishment of schools forms a prominent feature. Of the former there are several at Constantinople, either endowed by revenues from Mosques, or directly supported by government, of which the medical attendants are Turks, under the appointment and control of the Hakim Bashi, or first physician to the sultan. Their internal economy and medical management are, it is true, alike defective, if judged by the double object we propose in such establishments, a charitable institution

and a school for instruction; but their immediate general usefulness is not less conspicuous, and their existence affords the ready means at any future period of extending their advantages. The mad-houses, although disgustingly kept, and offering the most deplorable objects to the curiosity of the stranger, show how wisely the Prophet made his scheme of legislative religion subservient to the calls of humanity. Of the schools at Constantinople, one is particularly dedicated to medical science, or, more correctly, was,—for, if actually not altogether abandoned, its object is entirely superseded by the new school lately opened, of which I shall afterwards speak. The only previous preparations for this study required of the students, who on an average amounted to thirty, was a competent knowledge of the Arabic, in which language, under the direction of Turkish teachers, they read, and learnt to explain the ancient Egyptian and a few European authors. In this course of instruction, which occupied two hours daily, little if any reference was made to anatomy or chemistry; and even attendance at hospitals was not comprised. Six or seven years were thus employed, when, without any form of examination, and by a simple license or permission from the Hakim Bashi, the doctoral bonnet might be assumed, and the person was held qualified for the first professional employments of the state. The present Hakim Bashi and his brother, physician in chief of the army, are from this school.

“From my observations and inquiries amongst this class of practitioners, the study of medicine is reduced to the knowledge of a few doctrines; and the practice thence promulgated accords with this simplicity. The leading principles are to recognise only three classes of diseases; depraved humours, sudden cold, and great heat; and accordingly, to admit three forms of cure; purgatives, heating medicines, and refrigerants. Other Turkish nosologists adopt a different system, in which all diseases are distinguished into three orders,—namely, *neva-zil*, *mayazil*, and *yel*. To the first, which answers to the genus *catarrhus* of the ancients, belongs almost every disease which has its seat in the head, throat, and thorax. Diseases of the abdomen and affections of the skin are ranked in the second order, which may be translated *hemorrhoidal*. The *neuroses*, whether or not accompanied by *pyrexia*, affections of tendinous parts, &c., are placed in the third class. *Yel* signifies wind; and to its presence and inordinate localities are ascribed the most severe and the most opposite complaints. Other incongruous ailments, not assorting easily with these genera, are implicitly believed to be the effect of Satanic influence; and

the treatment of these is, as it should be, entrusted to churchmen, who make, as in other more enlightened countries, a lucrative business, by offering prayers and employing exorcism for the deliverance of those affected.

“In prescribing, vegetable preparations are usually preferred, which, as indeed every quality of drug, is administered in the simplest form. It must, however, be said, that if their drugs are subjected to few alterations in the laboratory, yet in the physician's hands they are compounded in the most ignorant manner, medicines of very opposite virtues being combined in a prescription of fifteen or twenty different drugs; and the more lengthy the writing, the more complex the remedies, the more highly are the skill and learning of the prescriber estimated. Solid purgatives of the strongest kind are freely administered, the more so as Moslems have a great repugnance to enemata. Syphilis has been long successfully treated by purgatives and sudorifics, joined to the use of the vapour-bath, continued during twenty or thirty days, or until the patient be much exhausted; and this condition is considered as indicating a speedy cure. Emetics are little used, from a great aversion to vomiting. An opinion of a vitiated state, or false course of the blood, enters largely into their explanation of the cause of diseases; and bleeding, either general or local, fortunately is abundantly pursued; though much of the efficacy of the former is deemed to depend on the nicety with which the physician distinguishes what vein should be opened.

“But it is not to the application of rules, or the exhibition of drugs alone, that the Ottomans confide in their treatment of maladies. Ignorance makes them reverence a variety of superstitious remedies; and Turks holding the highest posts of learning and rank are not ashamed to employ openly these productions of fanaticism and charlatanism. Of this credulity religion is the common basis; and it is matter of daily occurrence to find the Iman supplant the physician, or at least his mediations sought to aid the virtue of the prescription. The practice is varied according to the caste of the Dervisch, and qualified with pomp and ceremony corresponding to the quality of the invalid or price paid. To some the practitioner prescribes a course of several days' reading from the Koran, with certain forms of breathing on the patient by one or more of the initiated; while others are ordered to combine the swallowing of bits of almonds, or of pork, eating off particular plates, having words written on them, and in fevers to tie knotted threads on the wrists and ancles.

“These simple plans of empiricism, or of

gross superstition, are frequently abandoned by the people, especially in lower complaints, for a treatment that so closely resembles magnetism, that, were it not for its more distant origin, it might be pronounced a variety of that process. The operator consulted listens to the case with the utmost seriousness, refers to his Koran, and having chosen and written an appropriate passage, folds it in a mysterious manner, and prescribes this to be worn in contact with the part affected; after which, the fingers smeared in saliva are stroked over the supposed seat of disorder, and prayers are recited at three intervals. As Dervishes and Imans are the privileged in this function, it is not to be wondered at if it exercise some influence over Osmanlies; but Christians and Jews likewise have recourse to these magnetizers, who change nothing of their spiritual remedies in regard to Greek, Armenian, or Jew. It is singular enough that the saliva and breathing are used in imitation of Christ resuscitating the dead child, and restoring hearing to the deaf man by anointing with spittle. Patients are often directed to swallow, several times a day, slips of paper on which the name Allah or Mahomet has been written by some venerated priest or hadgi. Much faith is also placed by Mussulmans in the efficacy of water sanctified by holding in solution passages of the Koran, which an Imam has traced with ink on the inside of the cup; and, incredible and absurd as it may seem, it has happened to several European practitioners in Turkey to find, on their second visit, that the true believer has deemed swallowing the prescription left him more advisable than sending it to the apothecary. In further illustration of this spirit of fanaticism, I may add that I saw in Egypt, and the caste may be traced throughout Turkey, Arabian conjurors, whose name corresponds to Messiah, from whom they pretend to derive their science as chief of the sect. Their peculiar province is to neutralise by charms the venom of serpents and scorpions, and render innoxious the bite even of the *Abushabat*.

" Besides the drugs prescribed to alleviate sickness, many more are used in health, from the influence of climate or education, rendering people unsatiable of voluptuousness. Some are used to acquire plumpness and beauty of the skin, as mucilages, feculent fruits, and seeds; others, as cosmetics, composed of fine oils, the fat of animals, odorous resins, alkaline and metallic soaps, prepared with great care and by difficult processes. But the virtue of these remedies, and the chief cause of their being sought after with such avidity, proceed from their being always mixed with various excitants and stimulants. The most valued

variety, however, of this class of drugs and compositions is that used with the intention of affording enjoyments, whether real or ideal. The common sort is that formed from opium, hellebore, and strong aromatics. The more rare and expensive is the *philonium*, consisting of fine opium with ambergris, musk, essential oils, and saffron, and the *theriac*. - - -

" The second class of foreign practitioners at Constantinople, consists of Greeks who have passed a year or two at the university of Padua or Pisa. This circumstance, which give a more formal authority to their pretensions, is further used to force their practice by a display of technical terms and uncomprehended doctrines. But as their residence abroad is too limited to ensure those acquirements in medicine which depend more on study and experience than endowments of genius, it is natural to suppose that these students must, for the most part, enter on practice with little less acquired knowledge, and infinitely more dangerous hardihood, than the less favoured tribe of Dragomans and druggists; yet it seldom happens that these, by perseverance and the use of certain arts of chicanery, elsewhere reprobated, but which here pass current without opprobrium, fail to gain independence and even reputation.\* It would be not less invidious than unprofitable to disclose the minute details of the practice pursued by the one and the other branch of these men. Suffice it to say, that in acute cases the system of Broussais, as prescribing bloodletting, diet, and simple remedies, has been happily pretty generally adopted, to the exclusion of drugs, the efficacy of which, under the most prudent administration, is doubtful, and which in this climate, in the hands of ignorant adventurers, would be useless; and that in chronic cases patient and doctor are alike satisfied to alleviate urgent symptoms, and trust to circumstances to decide the result. A novel and most despicable feature of this routine should not, however, be unnoticed, namely, the avowed alliances, offensive and defensive, established betwixt bands of these individuals whose twofold object is to support each other's merits and doctrines at their chosen apothecary, and to approve and ratify each other's practice in the presence of the patient at consultation; and, secondly, to oppose all collision of science with quackery, by attacking, with the vilest subtuges, the character and skill of the regular practitioner. - - -

\* It would be insulting the good sense of many Greeks of Constantinople, who by a regular course of study, and by their talents and character, have deservedly obtained a well-merited distinction, to offer any assurance that this criticism cannot reflect on them.

"The practice of surgery is considered by the people a department of science very distinct from, and inconsistent with, the dignity of the physician; and although able surgeons have, by their skill and respectability, distinguished themselves, and been honoured by the Turks as general practitioners, yet, until the present day, the prejudice against the custom is such, that few Europeans profess to be Gerats, although, with two or three exceptions, all would operate. Surgery has, therefore, from this imaginary opprobrium, been abandoned to certain adventurers, and has fallen into disrepute. The probable cause of this disparagement may be ascribed to the ignorance of anatomy among native practitioners, and their consequent necessity to appear superior to an art, the dexterity and success of which may be appreciated by the commonest capacity.† Capital operations are unknown at Constantinople, partly from this cause, and partly from the few accidents occurring in civil life; and it is a notorious fact, that in the last war there were not five surgeons capable of performing the most common operations on the field of battle attached to the Ottoman army. Particular branches of the art, as bone-setting, hernia, and eye operations, are exercised by Persians and Moreats, with a success and celebrity similar to the like people with us. Midwifery is almost exclusively practised by Jewish and Turkish women; and it is worthy of remark, that the obstetric art forms a very small portion of their adroitness or employment. All pretend to possess, and some have become famous and wealthy by their pretensions to certain means, not only to obviate sterility, but also to produce abortion by administration of drugs,—a practice avowedly tolerated and frequently resorted to by Turkish females, both from their dislike to frequent pregnancy, and from command of their lords, when their harem threatens to become too numerous.

"These facts, without further comment, exemplify the degradation of medicine at Constantinople; and the character might, with equal justice, be extended to the empire at large. Our regret and indignation are, however, somewhat assuaged in referring to the conduct and character of several European and Greek medical men here. With equal truth and pleasure we bear testimony to the integrity of those whose principles and talents redeem in some measure

the honour of their profession, and recover a portion of that distinction and credit conferred on it in Europe. Without fear of being accused of national prejudices, it may be said that Englishmen have always enjoyed a flattering station amongst the most distinguished practitioners of the place; and, at the present day, the humanity and skill of my friends, Dr. McGuffog and Dr. McCarthy, are rewarded by the confidence of the higher ranks of the empire, and a reputation amongst every denomination of people, perhaps never surpassed at Constantinople.

"From these disagreeable details, sketched with as much leniency as fidelity permits, we turn with gratification to the improved prospects of medical instruction offered by the institution lately established at Constantinople.

"We have seen the inefficiency of the former means of attaining this object, and its consequent evils; and we are therefore disposed to receive with satisfaction, and judge favourably of the endeavour, with all its defects, to bestow on this department a portion of those ameliorations developed in the scheme of military organization and general instruction planned and prosecuted by the Sultan. The groans and murmurs of the wounded of the last war have touched the sensibility of the divan, and shown the Moslem legislators the great necessity of yielding to the calls of humanity, and, by this establishment, of remedying the terribly augmented destruction of their troops from absence of surgeons. This medical school, at the expense of government, was opened three years ago. It is under the direct control of the Hakim Bashi, whose talents and liberality fully qualify him for this important charge, and by whom teachers are appointed and students selected. It is at present composed of four professors, two for the Arabic and French languages, and two for medicine and surgery, and 140 scholars from fourteen to thirty years of age, divided into these several classes. By an ill-advised economy, the salary of the first is too small to encourage any competition of respectable talents for the appointment; and, where the honour and influence thereto attached is questionable, this circumstance must affect the interests and utility of the seminary. But, on the other hand, the pay, rations, and prospects held out to the students, have excited a great eagerness on the part of the better classes of the people to ensure their children these advantages.

"The first period of this course of education is spent in obtaining a competent knowledge of the Arabic and French languages, the object and utility of which are alike conspicuous. The second is devoted to

† The abandonment of surgery in the capital cannot be better illustrated than by the fact, that a successful case of formation of the nose from the integuments of the forehead has acquired to the writer more fame and applause than the tying the subclavian would have done. The Sultan himself and his ministers sent to express their interest in the case, and had the man subsequently exhibited in full divan.

medicine; but unfortunately the means of imparting or acquiring this knowledge are so imperfect, that it is quite impossible for teachers, however talented or zealous, not to compromise themselves, or for pupils, whatever their capabilities and application, not to be disappointed by the event. From the limited time of study, the non-appointment of additional lectures has not yet been so severely felt as the want of those means of practical instruction which are indispensable to the acquisition of useful medical knowledge, namely, anatomical demonstrations, chemical experiments, and hospital attendance. The latter defect was most manifest on my first visit to the institution, on witnessing the eagerness of the young men to impress a favourable opinion of their application, and the interest and pride with which they listened to inquiries and remarks on showing their manuals of anatomy, physiology, and *materia medica*, a new preparation of the blood-vessels of the head, some plates, and a skeleton, as if these, their library and museum, evinced and ensured their acquirements, and unfolded the mysteries of medical science.

"The lecture attended fully exemplified this. The person was surrounded by students in an oriental posture, with a French epitome of anatomy in their hands, from which he was labouring to explain, by translation and reference to a skeleton, one of the most intricate points of surgical anatomy, that of the shoulder-joint. The result of his utmost exertions was to store the learner's memory with technical words, of the import of which they could form no precise or useful application.

"This pitiable abuse of time, industry, and genius, on the part of teacher and scholar, must be speedily redressed in the system of education, or experience will effectually support the malevolent ridicule of those opponents, whose selfish motives desire its failure; for, besides the positive harm done by teaching nothing, its continuance on the same plan must destroy all habit of reflection or reasoning, and implant false comprehensions of the extent and importance of the study.

"These faults, into the origin of which it is useless to inquire, but which are in part inseparable from a system of instruction so little understood and appreciated in Turkey, may be alleviated, if not entirely removed, by the simple authority of the head of the institution, without encroaching on the prejudices of the people, or doctrines of the Koran. The only point which has entered into discussion is that of dissections. My attention has been directed to this question by inquiries amongst native practitioners, people of the church, and others capable of knowing; and their uniform answer is, that

there exists no law of the prophet, nor decision of his commentators, against anatomical demonstration, and, therefore, that a decree from the Mufti, or order from the Hakim Bashi, would be sufficient to authorise their performance." It is already fully sanctioned by the precedent of the school of medicine near Cairo. My friend Dr. Clot, who has done himself distinguished honour by that establishment, had influence to obtain from the Pasha an unqualified order to employ the dead of the military hospital for this object. No moment can be more propitious than the present for establishing the custom, when the marvellous changes affecting the manners and opinions of the people, and acts of the government, hinder too severe examination of particular measures and prepare men's minds for every innovation. It is, moreover, believed that the spirit of the Turkish religion, which is stript of much of its former fanaticism and intolerance, would be easily reconciled to the matter, and would overcome any scruples which the Der-visch or Iman might oppose to this concession."

## CONVULSIONS.

CASES OF THE "PECULIAR SPECIES OF CONVULSION" DESCRIBED BY THE LATE DR. JOHN CLARKE, OCCURRING SIMULTANEOUSLY IN TWINS, WITH REMARKS.

By MARSHALL HALL, M.D., F.R.S.E., &c.

[*London Medical and Phys. Journal.*]

"THESE cases of the 'peculiar species of convulsion' described by the late Dr. John Clarke, are quoted and sketched, rather than described, in this paper, chiefly for the sake of the opportunity thus afforded me of presenting a few cursory remarks on this interesting morbid affection of infants. The two little patients were twin brothers, aged nearly nine months. They became affected, nearly simultaneously, by restlessness during the night, and with a hooping or crowing noise in the breathing, three weeks before any symptom occurred which gave alarm.

On the 27th of February, 1824, Master F. I. G. was observed to be indisposed, it was supposed, from cold. The medical friend of the family was sent for in the evening: meantime, however, the infant had fallen asleep, and seemed composed. On the next day, at eleven A.M., the little patient was again visited: it was perfectly lively. All on a sudden it gave a slight hoop. The gums were promptly lanced; three grains of the hydrargyri submuriæ were prescribed to be administered immediately, and to be repeated in four hours. In the evening it was found that the bowels

had been moved freely three or four times, and that no hooping or crowing noise had taken place during the day. It was reported, indeed, that the little patient was quite well. On examining the hand, however, it was found that the thumb was firmly drawn to the palm. In a short time, too, the crowing returned, and it gradually increased. The gums were again freely lanced, and leeches were applied to the throat, which bled sufficiently to induce a little faintness; the hydrargyri submuriæ was prescribed in the dose of two grains every two hours, and enemata were administered. About two o'clock in the morning, the little patient was attacked by a violent fit of convulsion. He was put into a warm bath immediately, and cold water was dashed into the face until he was restored. I saw this little boy at four o'clock A.M. There was no return of convulsion until the 2d of March. At eleven o'clock on that day a fit took place, which much exceeded the former one in duration and violence. No return of fit took place until the 5th of March, on which day he had the last. At this time two incisors appeared in the under jaw. The little patient seemed to be better; but the bowels were still torpid.

"Each fit was preceded by the crowing noise; but this frequently existed without being followed by a fit. The crowing was attended by a spasmodic action of the muscles situated at the upper part of the throat, and by a difficulty of inspiration. Throughout there were a clenched state of the hands and a contraction of the feet and legs. Sometimes there was difficulty in swallowing, at others not. The bladder was not freely evacuated, except by the aid of emollient clysters.

"For a few days before March the 18th this little boy appeared somewhat better. The bowels had acted, and the motions were tinged with bile. The contraction of the hands and feet was relieved. On the 19th, he became restless and tossed his head from side to side. He was relieved by a free evacuation of the bowels. On the 20th, this little boy was obviously very uncomfortable, and there was again a difficulty in swallowing. The 21st was passed comfortably, and he appeared better. The legs were observed to be a little swollen. He passed a good night, was cheerful when he awoke on the morning of the 22d, but died suddenly two hours afterwards, whilst the nurse was giving him a little tea.

"On examination post mortem, the general surface of the body was found pale. In the upper jaw there were four teeth (incisors), which pierced the alveolar processes, but were still covered by the periosteum and gums; or at least a probe pushed along the teeth under the membrane was arrested at

their edge, though this might be by cicatrix, as the teeth had been many times very completely lanced. There were no teeth appearing on removing the soft parts of the under jaw, except the two which had been cut during life. The scalpel, in all other parts of the jaw, passed down to the bone. On raising the dura mater, the tunica arachnoidea was seen extremely distended by subjacent transparent fluid, and interspersed with large arteries and veins, which were very distinguishable by the colour of the contained blood. The tunica arachnoidea was perfectly transparent; on cutting through it, and applying a sponge to remove the subjacent fluid, four drachms by weight were collected. On cutting into the substance of the brain, more red points appeared than usual, and altogether perhaps more fluid exuded. The ventricles contained much serum; at the least an ounce and a half. There were no other morbid appearances in the encephalon: no tumour either in the dura mater or substance of the brain; no abscess. On tracing the spinal marrow three or four inches down, no fluid or other morbid appearance was observed. On making an incision into the thorax, all the viscera were found perfectly healthy, except the pericardium, which contained much more fluid than natural, at least two drachms by weight. The heart was completely empty. The lungs and cavities of the pleura were free from morbid appearances. There was certainly more redness than natural, and that from enlarged vessels, of the pharynx, epiglottis, and the rima glottidis; very marked when compared with the adjacent parts; none, however, of the trachea and œsophagus. The viscera and cavity of the abdomen were perfectly healthy, except that the latter contained a very small portion of effused serum."

Dr. Hall, probably, now, thinks that his treatment would have been more effectual had it embraced the application of leeches to the temples, and had he administered small doses either of opium or henbane. A recurrence of the fits must certainly have led to the engorgement of the vessels of the brain, and caused, beyond all question, the effusion into the ventricles, and that found under the tunica arachnoidea. A narcotic, judiciously given, would, unquestionably, have lessened the excitability or susceptibility of the system, and the abstraction of blood from the vessels of the head would have obviated much of the remote danger caused by the state of congestion. Few, indeed, are the cases of convulsive fits in infants in which the abstraction of blood, by



means of leeches to the temples, can, with safety or propriety, be omitted. The following is, we think, rather a curious paragraph.

"What is remarkable, the twin brother of this little patient went through a similar indisposition at the very same time; so similar, indeed, in every respect, that I do not think it necessary to enter into any detail of his symptoms. Under similar treatment he recovered."

The doctor's notions of analogies are unique. If two fingers had received an injury from the same instrument, by means of which one had been severely bruised and the other completely struck off, would the doctor have said that they had been similarly affected in every respect? But in the present instance, the only difference, rather a material one certainly, was, that one child recovered, and the other did not! The effect in the one case is death; the effect in the other is restoration;—a very great similitude! That the children were affected by a similar complaint at the early stages of their indisposition, there can be no doubt; but the mode of expression adopted by Dr. Hall is not only clumsy, but in reality inaccurate. We may extract the following from the doctor's remarks on the cases. They are not without practical value. In lancing the gums of infants in cases of dentition, we cannot too strongly enforce upon the minds of young practitioners, the propriety, nay, the absolute necessity, of making large and deep incisions. The bag or periosteum should be completely divided, throughout its whole extent. It is not enough that the instrument be carried *down* to the tooth; it should be carried *down and along* the tooth until the operation of dividing the periosteum is entirely and completely effected.

"Remarks.—I now proceed to make a few reflections upon this singular simultaneous concurrence of fits in twin brothers. I would, in the first place, observe, that the cause of this affection must have been one that was common to the two infants. It might be, 1st, the diet; 2nd, the local situation; or 3rd, teething. The first causes had, however, obtained, without change, for months previously to the attack; it could scarcely, therefore, be any one of these which should operate so decidedly upon two infants at the same time in so peculiar a manner. The only common cause, the operation of which began at the period of the

attack, was teething. To this cause, then, the attack was chiefly referred in the first instance. The conjecture was subsequently confirmed by the prompt appearance of the two incisors in the lower jaw of each infant, and by appearances of dentition on the post-mortem examination of the one in whom the disease proved fatal.

I think it important to bear in mind that dentition may be a source of irritation, long before there is any tumour of the gum perceptible to the finger. When the gum begins to be irritated, and stretched, by the advancing teeth, the injury may be propagated along the nerve to the brain.

"It is also important to remark, that, even after full relief given to the gum by lancing, the injury may continue. Tetanus from a wound does not necessarily cease even after amputation: we have the effect to treat.

"It is important to observe, in the next place, that one single fit induces a state of the brain which disposes to the recurrence of the fit. The nervous system does not at once recover from its state of irritation; it remains more susceptible than before.

"It is, further, the effect of every kind of fit to induce a gorged state of the blood-vessels of the brain, similar to that observed in the countenance; this condition augments the susceptibility of the brain to further attacks of fits, and may lead to effusion. Even fits of whooping-cough have this effect, and thus frequently lead to fits of other kinds, and to hydrocephalus. I have more than once known a fit of whooping-cough become a fit of convulsion.

"Convulsions are, indeed, a multiform affection. The usual form is one which attacks the muscles of ordinary voluntary motion. The species of convulsion described by Dr. J. Clarke, is only remarkable from involving a part of the respiratory system of muscles, especially those about the larynx, and those of inspiration in general. Its best designation would be the *croup-like convulsion*. Another form is that described by the late Dr. Kellie, of Leith, as affecting the hands and feet. I have seen convulsive motions almost confined to the eye, or to some part of the face; but I never thought it worth while to give them a distinct name or epithet.

"It is also necessary to keep in view, that there are other sources of convulsion besides irritation. Teething, and a deranged condition of the alimentary canal, are certainly by far the most usual causes of convulsion.

"London, Dec. 13, 1830."

## THE LANCET.

*London, Saturday, Jan. 15, 1831.*

Every succeeding day affords some fresh proofs that our predictions of the ultimate triumph of Medical Reform are fulfilling, and furnishes additional motives to exertion in the cause. It is not exclusively to the efforts of the profession, however deep may be the determination of the members to obtain their rights, that we look for the accomplishment of this great national object; we trust, equally, for its consummation, to the omnipotent will of a people who have at length been taught, by necessity and the labours of the press, to understand the nature of their grievances, and have resolved on their removal. Medical, in fact, must stand or fall with political reform; for it is because the vices of our professional corporations have formed a part of the system by which we are oppressed, that they have hitherto escaped correction. That the dissolution of the state monster which vitiates whatever it touches, and the birth of a better order of national government, is at hand, no one who appreciates the present condition of the public mind can for a moment doubt, since there is not an individual in the empire, unblinded by ignorance or prejudice, who is not convinced of its expediency, the attention of the public being at length directed to "measures," instead of "men." The camelion of diplomacy may, therefore, vary its hues to suit the tints of prevailing parties, as often and as rapidly as it pleases;—may pass through the intermediate shades from the saintly jet of Toryism, in which every ray of philanthropy is absorbed in the darkness of self-aggrandisement, to the more luminous but less permanent colouring of Whiggery, in order to preserve its integrity at the slight expense of consistency of external appear-

ance; but there is a spirit abroad too all-seeing and intelligent to be longer deluded from its purpose by mere *semblances* of amelioration. However tardy in its march, it is at least consolatory to be certain that this philosophic spirit of reformation is on its way to our medical institutions, and it is the duty of every medical reformer, at this particular period, to hasten its progress by every means in his power.

With this view we proceed with our outline of the constitution of the medical school of DUBLIN, whose absurdity has long given its EDINBURGH contemporary so decided a superiority over it. This labour might be indeed completed with a few lines of the pen, by stating that it was the almost complete antithesis to the system which prevailed in the capital of SCOTLAND. We prefer, however, to enter somewhat more into detail, without encumbering the draft with minute particulars. In the first place, the professors of the University, half of the Irish school of physic, were appointed by the Board of the University; and as an exemplification of the efficient manner in which they performed that important duty, we may state, that not a single individual, in the long course of their administration of this trust, with the exception of the present professor of anatomy, ever left, or is likely to leave, any important record of his labours or professional existence. The election of the other moiety of the school of physic in IRELAND, the professors of Sir PATRICK DUNN's establishment, which is vested in the College of Physicians, must be either defective in theory or grossly absurd in practice, since the system has never secured to the school of DUBLIN a man of any celebrity in science. Yet though the power of appointment has been unfortunately confided to medical men, we should be sorry to see it transferred, as in Edinburgh, to the "Worthy Corporation" of DUBLIN, for in all probability, instead of an anatomical teacher, "their

Honours" might fill the chair of anatomy or chemistry with some well-fed Alderman of their own body. Along with being thus in part appointed by the tainted suffrages of the profession to which they belong, the additional incentive to indolence of a salary independent of exertion, has been granted to them. The sum is certainly small, but even that little appears to be too much, since it must only tend to lessen the attention to their pupils. If they only discharged their duties with common ability, they would be amply remunerated by pupils' fees; the professors, therefore, have not been fairly dealt with, by throwing this temptation to idleness in their way, while they have been endowed with the fatal power of regulating what the pupils are to pay. With the certainty of a salary without labour, and the means of compensating for its deficiency by extravagant fees, it is no wonder the professors of the school of DUBLIN should exhibit an example of idleness and extortion unprecedented in the records of any scientific institution. To complete the folly of these arrangements, it was required that previous to graduation in medicine in the University of DUBLIN, the student should have also graduated in arts. The time and money spent in the acquisition of this preliminary to graduation in the University of DUBLIN, fully equalled, or perhaps exceeded what was required by the University of EDINBURGH, for obtaining the full degree of doctor of medicine. But when to these are added the expenses and time required for the medical degree, we have an obstacle to the success of the DUBLIN school, which no local advantages could possibly overcome. Besides, if such a sacrifice of time and money were to have been made by the Irish student, the degree, when secured, afforded him no advantage whatever (if we except the eligibility to certain medical situations in DUBLIN alone) over the Edinburgh graduates, who consequently monopolized the whole practice,

we may say of medicine, in the Irish provinces.

From the brief sketches which we have given of the schools of Edinburgh and Dublin, the superiority of the former over the latter must be manifest to every unprejudiced mind, preferring practical utility to the useless refinements of a theoretical system of education. We do not however propose it as a model for unqualified adoption by the other schools; faults it certainly committed; but with every allowance for its imperfections, it has done more for the advancement of medical science, and has consequently conferred more benefits on the population of these countries, than all the other universities put together, simply because it accomplished what they merely professed. It is surely better to communicate some instruction, than to exclude persons from obtaining it by impracticable laws, as was ridiculously done in the University of DUBLIN. The great defect of its system was its facility of being abused; for it is more than probable, that the mercenary spirit of its professors too often accommodated the examination, which was always private, to the capacity of the student. This privacy of examination was, in fact, the weak point of the EDINBURGH system; for as none could be cognizant of the nature of the examination but the parties concerned, the examiner's fame was safe, however their sense of justice might be wounded. As to the aristocratic outcry raised against the cheapness of its degree by the other schools, so far from approving of this jealous and vulgar complaint, we deem the moderation of expenses in the EDINBURGH school one of its greatest advantages. The attempt to establish an aristocracy in science has met with the fate which so odious an enterprise justly deserved, and principally, we must all admit, through the instrumentality of the EDINBURGH University. Hence the graduates of OXFORD, CAMBRIDGE, and the DUBLIN University, do not bear the

proportion of one to fifty to those of EDINBURGH.

What, therefore, would be the state of society, if left to the care of these few pre-eminently educated practitioners of the English and Irish universities? Neither the circumstances nor the profits of practice among the mass of practitioners in this country, can afford a compliance with such a system of education. Such a scheme of instruction in medical science is, in fact, not more irreducible to practice than it is unjust in principle. The poorer orders constitute the great mass of the population of every country; to them health is, of course, of still greater importance than to their superiors, as they are called, but they are unfortunately unable to procure medical assistance when required, at the rate it is meted out by these aristocratic doctors. Are the poorer classes then to be deprived of the aid of medical men, who, from the cheapness of their education and unassuming habits of life, are willing to afford it at an accessible price? Or are there to be two sets of physicians and surgeons, one to cure the rich, the other to kill the poor? As there is no profession for the exercise of which there is so general a demand, or for the practice of which such an equality of information is necessary, it is fortunate that both objects may be attained without the tedious and expensive process of these impracticable plans of education. Every thing, in fact, that these systems promise, can, and has been accomplished by leaving the student to acquire information where and at the cheapest rate he can. To society it is a matter of perfect indifference where the practitioner's knowledge is acquired; the possession of it is the only thing in which they are interested; and that he *does* possess it, may, it is now universally conceded, be ascertained by examination alone. From the comparison which we have drawn of these two schools, we conceive that it may be fairly concluded that the appointment of professors by medi-

cal men has not been followed by such salutary consequences as election by unprofessional persons; that permanent salaries, instead of inducing men to advance the boundaries of science, and to promote the interests of their pupils, have an opposite tendency, atleast in these countries, however the example of others may be cited against such an inference; that there cannot be two prices for medical instruction in contiguous establishments, any more than there can be two prices for labour for any length of time in neighbouring provinces; and lastly, that to have a practical and well-attended school of medicine, the means of the pupils and the profits which they are likely to derive from the exercise of their profession should be a fundamental consideration.

What may be done to remedy the existing regulations of the Dublin school, we know not; but we conceive that we have shown that it is impossible it can ever become a great school of medicine, or compete with the school of Edinburgh, while it adheres to its present pernicious code of laws. Of this truth we are also aware, that all its professors are thoroughly convinced, and that some of them at least are as anxious as we are, that these laws should be forthwith repealed. We have already alluded generally to the cause of this adherence to a vicious system of instruction; on some future occasion we shall consider it more in detail, and hope to be able to show that it has been the misfortune of MEDICINE to be taught under the same roof with "STATE RELIGION," and that it is time this connexion, which has so materially injured the interests of science in Great Britain, was effectually and for ever dissolved.

In another part of our Journal will be found a scale of fees which has lately been arranged by the medical gentlemen of the "NEWCASTLE and GATESHEAD Association." Of the policy of attempting to carry into effect, or to act upon, any such

arrangement, we entertain very strong doubts. Similar schemes have been tried in numberless places, over and over again, but they have failed to accomplish the desired object in every instance. In principle such an agreement is unsound, as it is the foundation of the very essence of monopoly; and, further, it is unsound in its being an endeavour to estimate the value of mental acquirement and skill, by the gross, inefficient test of a metallic standard. Besides, it will be said by young practitioners, and probably with some degree of justice, that such a measure would effectually deprive them of the opportunity of making their way amongst the poorer classes of society. But the range of the scale itself proves, beyond all question, that no endeavour of the kind can prove in the least degree successful; for where the highest sum ought to be adopted by a practitioner, he may often select the lowest, and thus defeat the object of the association at the broadest portion of the principle the measure was designed to establish; for there might be much greater injury and impropriety in a member of the association making the charge of one guinea where he had the opportunity of charging two, than an individual, not a member of the association, charging two shillings and sixpence, where a member of the association might have an opportunity of charging five shillings. We are aware it may be replied, that this arrangement ensures profitable payment; but this is a great error; for the payment, in every instance, must be contingent upon employment, which neither this plan, nor any other, can long secure in the absence of professional talent. With barristers there are no regulations for fees. With attorneys there are, to be sure, certain fixed three-and-four-penny and six-and-eightpenny charges; but then look at the bills of these land-sharks after they have been taxed, and as they come from the hands of the Allocator—generally cut down one-fourth, often a third, and sometimes one

half. It cannot, however, be admitted, that these men have any claims to rank with medical practitioners, having no pretensions to the characters of men of science, except the science of extortion, in the practice of which they are surpassingly persevering and skilful. With physicians, Dubs and all, "dignity," "importance," and all that sort of thing, the tax of pernicious interference is fixed at one pound one. ("Gold-headed canes," pray forgive us.) Craftiness, meanness, shuffling, underhand dealing, fraud, deception, quackery, and humbug, in the shape of "Doctors," "Graduates," "Dubs," "Inceptors," and even "Fellows,"—aye, the hugg'd and beloved of the royal dame in PALL MALL EAST,—have sold their mental filthiness, compounded with jalap, fundungus, asafetida, and other such horrible drugs, at two shillings and sixpence. For further particulars, apply at the per-centage hells in OXFORD STREET, HOLBORN, and half a thousand other places. Oh these vilifiers of surgeons in general practice! Oh these abusers of the sound and well-educated physician! Oh the hypocritical wretches, who have the insolence not to fear the keenness,—and the ignorance not to admire the polish,—of this little instrument. Alas! how uncertain are human opinions and feelings! *Presto*; a few touches, and they will display most agreeable sympathy—admirable wonder.—The knaves! We will pierce them to the hilt, and in order to aid us in this object, we solicit all good men and true, to convey to us at our office in the Strand, by all and every description of messenger, whether *DUB* or *PURE*, quack or impure, cyclops or haggler, *OWL* or *BAT*, the religious christian name, and the filthy surname, of every Fellow, *DUB*, or *Pure* Chirurg., who is in the habit of "prostituting" at the stews of their per-centage partners with open doors, accommodation rooms, (lights in the passage,) on Mondays, Wednesdays, and Fridays, or Tuesdays, Thursdays, and Saturdays, from 10 till 12 at noon, and 8 to

9 of the evening of each day. A new college, Master Brooke, will clear these pest houses, but a little, a *leetel*, phlebotomising will prove a salutary preparative to the worthy inmates.

#### CHOLERA MORBUS.

ACCORDING to the last reports of the Medical Society at Moscow, the number of patients, from the 21st of September (old style) to the 3d of November inclusive, amounted to 5390, of whom 2849 died, and 1718 recovered. From the 4th to the 8th of November, there were 154 new cases, and 88 deaths.

In the Russian provinces on the other side of the Caucasus, the epidemic had entirely disappeared; from the 23rd of August to the 21st of September, the number of patients was 1224, of whom 902 had died. From most of the statistical reports on the different districts on this side of the Caucasus, it appears that in general more than half of the cases were fatal. In the Ukraine, of 213 patients, 124 died; in the district of Novgorod (where the disease broke out just at the time of the fair), 1863 cases were observed, 968 of which proved fatal.

#### HYDROPHOBIA.

In one of the late numbers of the "*Journal des Hôpitaux de Lyon*," a M. Chardon proposes a new method of treating hydrophobia, which, however, we are afraid will not be very acceptable to "hydrophobes," as it consists in nothing less than drowning. He relates that a rabid dog, after having been apparently killed by drowning, had recovered, and was subsequently found to be quite free from the disease. This fact, of which M. Chardon was an eye-witness, induced him to try the effect of asphyxia in hydrophobia, and he says, that of five rabid dogs, two were actually cured in this manner. Shortly after these experiments, he met with a female who had been bitten by a rabid dog, and offered all the symptoms of confirmed hydrophobia. He immediately proceeded to try his new method, and, after having bled her, placed her in a warm bath, which, however, unfortunately did not con-

tain a sufficient quantity of water to make the immersion complete; moreover, she became so violently agitated, that she was soon taken out of the water in a very alarming state, and died in a few minutes.

#### PRACTICAL OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF DEAFNESS.

By JOHN FOSBROKE, M.D., M.R.C.S.,  
N.R.P.S. Edinb., &c.

My essay on the Pathology of the Kidneys, having been favourably received by the profession, I, in compliance with a wish, which has been very generally expressed, that provincial practitioners should make known more frequently the results of their practice, offer these observations, which were announced as the next in succession of my inquiries. They formed the subject-matter of an inaugural thesis at Edinburgh; but to have published them in that form, would have been to throw whatsoever was useful in them into a vault.

In the first announcement of this essay, five years ago, I stated that it was my design "to show most disinterestedly the degree of dependence which is to be placed on the treatment of deafness according to real experience, for which purpose I have gone into the inquiry." I have endeavoured always to place the stability of my own character and professional communications, humble as they may be, upon the foundations of actual observation, and the unsophisticated and independent avowment of the plain truth. No bias of interest has induced, or ever shall induce me, knowingly, to exaggerate the favourable, or conceal the discouraging results of my inquiries. An old writer observes, "I always, thank God, look upon it as most injurious, and one of the worst of wickednesses, in serious things, to impose upon the living, but much more to banter and hand down a falsehood to posterity; a fault, I doubt, too many of our physic-observers have been guilty of." I endeavour also to draw my pictures and colourings from nature, that those who trace the same path may find their own observations the picture and reflection of mine.

I am not what is called an "aurist." The interest which I have taken in the subject was casual in its origin, and the objects which I have in view in publishing this essay, both in relation to the profession and to the public, are as follow:—

As respects the *profession*, deafness and diseases of the ear generally, have formed a field in this country for an absurd and superfluous subdivision of the profession, and the public themselves have been brought in a great measure to conceit that as requiring division of labour and exclusive attention to ensure the perfection of skill, they should not be attempted by the practiser of general surgery. A more interested or ideal absurdity was never advanced nor received; it has too much, it is to be feared, opened a way for extortion and impositions, for which no return could ever be made, or be pre-supposed, by the interested party; in other words, nine out of ten of what are called *aurists* are but swindlers under another name—impostors getting money under false pretences. An important purpose of the discussion of this subject will be, to show that the diseases of the ear should no more be resigned to a particular class of pretenders than the diseases of the eye, which form a far wider and more difficult field than those of the ear, embracing a great variety of practice and many very nice “surgical manipulations.” Ever since Lawrence, Travers, Green, Guthrie, and a number of other surgeons in town and country, have taken up the eye and added it to general surgery, there has been an end to the charm and attraction of the *pure oculist*. It does not require more than one month's application to teach the practitioner of general surgery all that can be known of the causes and modes of treating deafness, and to show him, that from the constant connexion of this affection with constitutional causes, he is best qualified to give attention to it in practice. The men who have added really to our knowledge of the ear in this country have not been *professed aurists*, but general surgeons and pathological physicians, among whom the names of Saunders, Bell, Earle, Sym, Parry, and Abercrombie, are conspicuous. On the continent, in Germany and France, as the references in the course of this essay will prove, the matter has stood exactly the same. The exclusive treatises of the day, written by professed *aurists*, have been got up chiefly from materials furnished by anatomists and surgeons. One of these books, which it seems is a leading work in England, and has passed through several editions, though I am pretty sure it would not bear the light anywhere else, is a bold and miserable compilation from Ball's Elements of Anatomy and Mr. Saunders' Essay. I have seen others affecting a pretended acuteness and depth of observation, full of refinements in theory and practice, minute distinctions of seats and causes, and a parade of difficulties which I am certain, from the cases which I have myself investigated,

could never have existed, and have been invented solely to impose false notions of the necessity of “*aurists*” upon the public mind, whilst, in the same popular treatise, the descriptions and treatment of the different cases are so artfully dijoined and discussed, that the reader can get no clue to rules of practice. The article on the ear, in Mr. Cooper's dictionary, which is the most scientific account of the diseases of that organ which I have seen in our language, treats of the diseased action in this and that portion of the auditory tract, with the signs characteristic of it in each particular situation, as if the diseased action were always so bounded and limited, and always to be so distinguished, which is nonsense, and not true in nature.

There are two classes of *aurists* in this country, *stationary* and *sham*, or *vagrant aurists*. This last class is part and parcel of the numerous miscellaneous and irregular vagabonds under various medical denominations, who are tolerated by law and custom in this island. The *vagrant aurist* punnues exactly the same system as the *vagrant oculist*. The plan of both is to cure slight cases for the lower orders, draw up gross exaggerations of the cases in whole columns of the newspapers, and make the patients pay for them in return for the benefit received. By this method these swindlers lay hold of numerous and even respectable dupes from all parts of the surrounding country, whilst they silence the provincial press, which, for the most part, has reached the lowest pitch of infamy, servility, and venality, and prevent the publication of exposures by the indirect bribery of the advertisements. I offered Mr. Wright's very proper “caution to the public” respecting these vagabonds to a provincial paper, in a neighbourhood where one of them was prowling about; but the newspaper people refused to insert it, because they considered exposures of quackery offensive to the public taste. The announcement of their extraordinary cures by *coup de main* generally runs under the title of Doctor, or Mr. So-and-so, in sundry great towns, “where he intends to delay his stay for a few weeks longer.” &c. Among these tramps is a *woman-aurist*, who heads her advertisements with a wood-cut of a large ear and its organs. To reason against such rank imposture is superfluous; since of all derangements, universal experience has proved that none, under the most able individuals who have given particular attention to the subject, are more immovably stubborn, and less frequently treated with success, than cases of deafness. It is part of the admirable system of medical legislation in France, which is an example to every other country, and which, ere long, in the pre-

spent day of rational reform, I trust, will be copied in all its leading points in this country, that all quacks, under the denomination of aurists, or any denomination whatever, are seized by the police, and shopped up in jails by no means so comfortable as our voluptuous houses of correction. Moreover, no encouragement is given by court appointments to any superfluous subdivisions of the profession. Whoever takes upon him as aurist or oculist must have been regularly educated previously as physician, surgeon, or *officier de sante*. But the assumption of such appellations as "surgeon-oculist," "surgeon-aurist," is considered in that case extremely degrading, and whoever assumes them is excluded by law from the concours for the election of *agreges*, and from all public appointments. None but *officiers de sante* grace their sign-boards with these names, and they are denounced and repudiated body. In England there is no means of extirpating quacks, whether rogues, vagabonds, strollers, or otherwise, except only the London press, which, by promulgating such remarks as these in their columns, can always accomplish a great deal for the public safety.

To speak again of this subdivision, there is, it must be acknowledged, another and a reasonable cause of prejudices in the public mind against the interference of the practisers of surgery in the diseases of the ear, viz., the mischief and blundering which many of them commit, from wilful and disgraceful ignorance of the most common principles upon which they ought to proceed. If a man, upon the strength of his general reputation, and the confidence which it has acquired for him with his patients, venture to take a dangerous liberty with particular parts like the ears, without first acquainting himself with the diseases and special treatment of them, as he may do with a little application, and as he would do with any other part of surgery and medicine, he is not only a rash blockhead, but he deserves every punishment which public opinion, and even the laws of his country, can inflict. It is an idle excuse, under such circumstances, to call mutilation, and perhaps eventual murder, "a venial offence," "a mere error of judgment." It is downright wilful ignorance, and criminal self-conceited temerity. Such a man undertakes the case voluntarily, and knows at the time whether he is qualified to undertake it or not. He has no right to go creeping round his patient, and pouring his leperous and poisonous distillments into his ears.

With respect to the public, the information which I shall convey will not be so valuable for its novelty, or for the successful cures it shall hold out, as for giving them

the means of forming a correct judgment of their own cases, and for its helping to place the unsettled mind upon a rock, instead of every-where alluring it with flying fancies and fallacious promises. It will serve to warn those who have itching ears, how they commit them, in cases without help or hope, to promises and suggestions as hollow as the wind and deceitful as a stair of sand. He who deems these descriptions barren in false temptations, may bethink him that to know in what manner of cases treatment may be of service, and in what not, and how much may be rationally obtained from such means as we actually possess, are grand points. The reader may rise from these pages confident that the whole truth has been told him, that nothing is magnified or diminished, that his hopes are not raised to be disappointed by his histories of cure never performed, by means that could never perform them, a species of quackery which, unprincipled as it is, is more general and successful in this country, than in all the other countries of Europe together, from the susceptibility to every bubble and imposture among the people.

Men like Heberden, Baillie, and others, who have occupied the highest pinnacles of the profession, instead of boasting their hundred cures, knew by experience that they had a hundred cases every day of their lives, for which they had no cure at all, and could do nothing. Their occupation in great part, and the application of their influence over medical practice, consisted as much in preventing men of inferior knowledge and experience, and downright ignorance and charlatanism, from going too great lengths and committing mischief, and in preventing the folly of patients themselves, than in working miracles and taking a trading advantage of credulity. The last pages of Heberden and Baillie, written in the deep set of their lives, when they had nothing more to fear or to hope from the world, are amulets against quackery, teaching men, according to the most extensive experience and the best in its kind, how little in chronic diseases can be done by the most competent skill of the physician. The temple is not to be made perfect and whole when the principal supporting columns are shaken and rent.

74, Sudeley Place, Cheltenham.  
November 2, 1850.

OTORRHEA IN CHILDREN.—Dr. Amelung states in *Graef's and Walther's Journal*, that he has employed with great success in this disease, especially when the discharge is fetid, an injection of a weak solution of corrosive sublimate.



## MEDICAL AND SURGICAL FEES.

SCALE ADOPTED AT NEWCASTLE.

*To the Editor of THE LANCET.*

SIR,—At the time when I communicated to you the resolutions which had been passed at a meeting of general practitioners in this place, the table of fees was not finally agreed upon. Indeed more difficulty was experienced in drawing it up, so as to accommodate it to the views and wishes of different practitioners, than was in the first place expected; and it will be seen that it has been found necessary to allow much latitude in the scale of charges, as well as in its practical application; but we trust it has been constructed in such a manner as to admit of the practitioner receiving an ample compensation from the rich and liberal, while it will also admit of his attending the poorer classes on terms at once easy to them and honourable to himself. It goes to the acknowledgment of a principle whereby he will make his demand of compensation, whether large or small, on a straight-forward, honourable, and intelligible basis, instead of exacting it under false pretences, as if his professional knowledge were a thing not to be named to his patients, and fit only to be buried in the mystery of a black draught or calomel pill.

It is our anxious wish to induce the members of the profession resident in other places, to co-operate with us in this great measure of reform, whereby we confidently hope, that the character of the general practitioner will be elevated in the estimation of the public, and his services valued in proportion. It is with this view that we are desirous of laying our proceedings open to the profession, and shall be glad if you will make your journal the medium of accomplishing our wishes. Your pen is also an able advocate, and we shall rejoice to see it earnestly engaged in the cause. If once the profession could be induced to tread in our steps—to pursue a line of proceeding analogous at least to the example we have set before them (let them improve upon it as they please, and we shall be most happy to attend to suggestions of improvement from any quarter), I am satisfied that the work must proceed prosperously, and must issue in much good to ourselves and to our patients.

I remain, Sir,

Your very obedient servant,

T. M. GREENHOW.

Newcastle, December 28th, 1830.

[The annexed document accompanied the letter of Mr. Greenhow.]

The following table of fees and charges for professional services, has been drawn up with strict and impartial attention to the proper interests both of the public and of the medical profession, by the "Newcastle and Gateshead Association of General Practitioners in Medicine and Surgery;" and is respectfully submitted to public consideration, with the view of obviating the embarrassment which has hitherto been so frequently experienced in recompensing the services of medical attendants.

The table is calculated to exhibit the amount of fees adapted to all classes of the community, altogether independent of profit on medicines; and it is thought more judicious to offer it as a guide to be adopted wholly, or in part, according to the wishes and feelings of the public at large (trusting to the manifest justice and reasonableness of the measure for its gradual, but in the end, universal adoption), than to impose it as an invariable rule of practice. Besides, it is undeniable that many difficulties must be encountered in providing fixed rules for individual cases. While, therefore, the great principle of compensation being made for professional services actually rendered, and of medicines being furnished to the public at a moderate charge, is held in view, it is evident that on many occasions, especially in their attendance on the families of the less wealthy and labouring classes of the community, practitioners must be considered in a great degree at liberty to make such arrangements with their patients as may be found most convenient to themselves.

## FEES FOR PROFESSIONAL ATTENDANCE AND THE MORE ORDINARY OPERATIONS OF SURGERY.

	£.	s.	d.	£.	s.	d.
Consultation.....from	2	2	0	to	1	10
Visits in town .....	0	5	0	to	0	10
Dressing wounds, &c., per week .....	2	2	0	to	0	10
Visits in the night ...	1	1	0	to	0	5
Visits in the country,— Within five miles....	1	1	0	to	0	5
From five to ten miles	2	2	0	to	0	7
Bleeding .....	0	10	6	to	0	2
Cupping .....	1	1	0	to	0	5
Opening temporal artery	1	1	0	to	0	5
Drawing a tooth .....	0	10	6	to	0	2
Introducing a catheter	0	10	6	to	0	2
Vaccination.....	2	2	0	to	0	5

The more important operations of surgery, as well as attendance in child-bed, will be recompensed according to the principles already well understood amongst the members of the profession.

## CHARGES FOR MEDICINES.

Mixture, from 3 oz. to 2 s. d.	£. s. d.
8 oz. .... from 0 2 0 to 0 1 6	
Ditto a pint .....	0 2 6 to 0 2 0
Pills, single dose or bolus	0 0 6
Pills, per dozen .....	0 1 0
Powders, per dozen ....	0 2 0 to 0 1 6
Single powder .....	0 0 6
Draught .....	0 1 0 to 0 0 6
Blisters, plasters, and other medicines not specified, to be charged in the same proportion.	

## ACETIC ACID AS A COUNTER-IRRITANT.

*To the Editor of THE LANCET.*

SIR,—The numerous advantages that are derived in affections of the thoracic viscera, from the application of counter-irritants to the surface of the chest, have induced me to call the attention of your readers to the employment of what I consider to be a *new* remedial agent in these diseases; at least, I never heard of its application prior to using it myself. It is exceedingly safe, and can be used almost without any of those precautions which are given with other counter-irritants. Having had some considerable experience in its use during the last three years, I can speak of its efficacy, and strongly recommend it to the notice of my professional brethren, particularly as I have employed it on persons of all ages and constitutions. The medicine is exceedingly simple; it is merely the aromatic or camphorated acetic acid, which is to be rubbed on the chest, with the corner of a coarse towel, until the surface of the skin assumes a deep reddish hue, and a slight smarting sensation is felt. The instant relief which this simple remedy affords is astonishing, and unless witnessed would hardly be believed; in incipient cases, the effect is very striking. When employed on infants and very delicate nervous females, it requires to be diluted with an equal part of distilled water, otherwise it will destroy the skin; an object not intended unless in very severe cases. I was first led to adopt it in my own case, from having laboured twice severely under inflamed lungs, the first occasion of which nearly proved fatal, and where, it was to be observed, the mildest blister that was applied, produced always the most agonising stranguary. Accidentally witnessing the effects of the aromatic vinegar as a counter-irritant in removing the skin from the face of a young lady, who had incautiously used it as an errhine, I was led to the idea of adopting it as a counter-irritant in my own case, and subsequently, as I have already stated, in many patients with the most de-

cided success. I think that if medical men will only employ it, we shall not witness the unpleasant and even fatal effects which sometimes follow the use of blisters; the tartar-emetie ointment, &c. &c. in infants, and highly irritable subjects.

I am, Sir,

Yours, very obediently,

H. W. DEWHURST, Surgeon.

December 20, 1830.

## OPERATION FOR CRURAL HERNIA AT ST. GEORGE'S HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—I trust you will excuse this short note, the object of which is to correct an error in the relation of a case of strangulated femoral hernia, sent from this place to St. George's Hospital on the 27th of December, and published in your valuable pages on the 8th of January. I feel myself called upon to make the following statement, because the case, as it stands in the pages of *THE LANCET*, makes the surgeons of St. George's cut but an indifferent figure, and calls in question the propriety of the operation itself. The following is what I wish to correct:—"It may be remarked there was no vomiting, nor was the abdomen at all tense." Now, Sir, this is a most important remark in a case of questionable strangulated hernia, and it is right for me to state that she had incessant vomiting from the time it became strangulated on Friday the 24th of December, till eleven o'clock at night on the 26th, when I paid her my last visit, at which time I saw her eject from her stomach at one time more than a quart of matter, as completely stercoraceous as I ever saw from the rectum in my life. At this time I should have considered her case hopeless; she had constant hiccup and vomiting, with an extremely small pulse, and very anxious countenance. I directed her husband to take her to St. George's Hospital at six o'clock the next morning, if she had strength for the journey, at the same time I informed him how little hope I had of its being of any service, in consequence of the delay occasioned by the patient's neglecting to go to the hospital, or to submit to the operation twenty-four hours earlier, the necessity of which had been very strongly urged.

Her symptoms appear to me to have been such as most fully to have justified the operation, the only doubt being the state in which the intestine would be found from the length of time it had been suffering from the stricture, and I have no doubt that the intestines had been strangulated, although it

was not found so at the time of the operation; indeed so certain did I feel of this, that after bleeding and the tobacco enema, which together produced a most alarming degree of faintness, and, finding the taxis of no avail, I pressed the operation very strongly, or her immediate removal to the hospital.

My attention was called to the account of the case in *THE LANCET* by Mr. Cattle, surgeon, whose patient the woman was while here, and by whom I was called to see the case; and it immediately occurred to me, that it would be right to inform you that the early symptoms were most unequivocally those of strangulated hernia; and this is my excuse for troubling you with this hasty letter, and I beg to remain,

Your most obedient servant,

JAMES SMITH.

Richmond Green, Jan. 10th, 1831.

#### ABUSES AT ST. THOMAS'S HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—I have been a constant reader of your Journal from its commencement, and its volumes are now bending the very shelves of my library. It is with much pleasure that I have followed you from the first number that was published to the present time, and find you still walking in the same path, and unflinchingly attacking every species of medical monopoly. The rights of "students" are also under your especial protection, and "God help us" poor devils, were it not for the acute touches which the "big wigs" of the hospitals occasionally receive from your *LANCET*. Compare us with students twenty years ago. They were literally trampled upon, and were compelled to put up with insults even from the porters and other underlings of the hospitals, but the reign of terror is now over, and to whom are we indebted for the change? Every student who has a spark of gratitude or a grain of common sense, must acknowledge the source whence these benefits have sprung.

But to my complaint; you will agree with me that it is an essential point for lecturers to keep their faith with pupils, and it is with regret that I say, this has been broken by one of our midwifery lecturers at St. Thomas's. The prospectus held out, that Drs. Ferguson and Ashburner would deliver Midwifery Lectures alternately, but after pocketing their fees, we find that Dr. Ferguson has discontinued lecturing, and accepted an appointment in the London University; this course (and I suppose the next) will be finished by Dr. Ashburner, who is, in fact, no lecturer at all.

The demonstrations are also conducted in a very careless manner. The different parts are shown in a very hurried manner, and not so as to impress the student's mind with the subject. The prospectus mentioned that demonstrations would be given "every morning," yet on Thursdays we have none; the reason assigned is, that the pupils may be able to attend the "taking in," but if demonstrations were going on, it would be found that more would attend these, than the "taking in." It also happens, that the dissecting room is left occasionally without a demonstrator, or with a very inefficient one, and at a place where fifty or more are dissecting, you will, Mr. Editor, see the propriety of having at least one competent person *constantly* in the room, not for *an hour or two*, but from nine or ten o'clock in the morning till the commencement of the anatomical lecture. Last season, I understand, two very competent demonstrators were generally there, but perhaps it is now thought that from the great reduction which has taken place in the price of lectures at St. Thomas's this season, we are to put up with this deficiency. Many students have complained of there being no demonstrations from the beginning of the present week, because the demonstrator chose to announce that there would be none till January 3d, as he could "get through the course without." If they were conducted in a less hurried manner, it would be found that there was not a day in any week to spare, neither could a fortnight be wasted at Christmas.

It has been said, Mr. Editor, that you are not impartial in publishing complaints from the Borough Hospitals, but that the abuses at St. Thomas's are let off very easily, compared with those of Guy's. I have denied this strongly, and it remains for you to decide whether you will allow this a place in your Journal.

I remain, yours respectfully,

A PUPIL OF ST. THOMAS'S.

London, Dec. 24, 1830.

#### SUBSCRIPTION FOR THE LATE DR. NUTTALL.

*To the Editor of THE LANCET.*

SIR,—I addressed a letter, a fortnight ago, to the Editor of *The Medical Gazette*, inclosing my mite towards the subscription for the family of the late much-to-be-lamented Dr. Nuttall. I begged the insertion of that letter, because, as an old pupil of Dr. Nuttall's, I knew something of his habits and character; and I conceived that what I stated would promote the subscription for the family; being, moreover, deeply impressed with gratitude for his kind and

assiduous instruction, I was desirous of paying some tribute, however small, to the memory of my revered preceptor. I regretted that the Editor had allowed a contemporary to take the lead of him in a work of charity, in aid of the family of his late colleague; as I felt assured that all who knew him would willingly assist so good a cause, and then stated some of the merits of the individual, and his claims on the profession. I have now to express my surprise at the refusal to insert that letter, and to request you, who first started the subscription, to afford me space in your Journal in furtherance of the object so handsomely promoted by yourself. I think it right, Mr. Editor, that every worthy public character should be held up as a beacon, whereby we may direct our course; and to those who knew not the late Dr. Nuttall, I would say that a more deserving man was not in the profession. Enthusiastically devoted to all its most arduous duties, he neglected those means calculated to constitute the successful practitioner; and while he was constantly engaged in the cause of science and suffering humanity, he despised the trickery too often practised to sail on the surface of popularity; no man could be more regular, or attentive in his duties at the dispensary; none more anxious to convey instruction to his pupils, or relief to his patients. In him the poor have indeed lost a friend! Passionately fond of his profession, and of morbid anatomy in particular, he traced all diseases to their source, taking notes of their symptoms during their progress, and comparing them with the post-mortem appearances; he was particularly interested in diseases of the chest, especially of the heart, always having recourse to percussion and the stethoscope, and scarcely a death occurred in his practice, that he did not personally perform the post-mortem examination to as many of his pupils as chose to accompany him, commonly giving some pecuniary recompense to the poor relatives for the trouble he had caused them; so that I will venture to say that no man possesses a more abundant record of cases or facts relative to diseased heart, than did the late Dr. Nuttall. He sent many fine specimens to Mr. Brookes. It is to be hoped that, at this time, when those diseases are so much discussed and so little understood, that some judicious friend of the family may be induced to "sink a shaft into this rich mine" of unsecured ore, and, selecting the gold therefrom, produce it for the benefit of the medical world. I could, Sir, enlarge much upon the virtues and amiable character of the deceased, who was one of those who did not receive his reward in this world, but I will sum up his private character by saying, with Mr. Tucker, that a

kinder or warmer hearted man did not exist, nor one more devoted to every christian duty. I would also, in conclusion, bear my humble but hearty testimony to the equally amiable character of his distressed widow; and I do sincerely trust that, in her affliction, she will experience the generous sympathy of that profession to which her late husband was so bright an ornament.

I am, Sir,  
Your obedient servant,  
WILLIAM MOSS.  
Eton, Jan. 10, 1831.

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#### MR. GUTHRIE'S LECTURES.

*To the Editor of THE LANCET.*

SIR,—The Christmas holidays being over, and Mr. Guthrie having resumed the arduous task of lecturing two, or occasionally three, hours a week, will you allow me, through the medium of *THE LANCET*, to inquire, if he intends fulfilling the promise made in his prospectus, of delivering clinical lectures at the Westminster Hospital, or occasional lectures at the Ophthalmic Institution in Warwick Street. The promises and performances of lecturers have long been proverbially at variance; but never has there been a more palpable breach of contract than in the present case, not a single lecture having been delivered at either institution since the commencement of the anatomical season. Mr. Guthrie is very fond, when seated in the professor's chair, of stigmatising his class as idle, lazy, fellows, &c. Pray is not this something like seeing the mote in his neighbour's eye, and overlooking the beam in his own?

Since writing the above, I have been informed by a student, that Mr. Guthrie certainly did one day say something at the hospital, but what that something was about, he, the pupil, was entirely guiltless of knowing! At any rate, I shall trouble you with another notice on the subject towards the termination of the course, for the benefit of those who are on the point of commencing their studies.

I am, Sir, your obedient servant,  
A PUPIL.

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#### CHARGES AGAINST THE PIGS.

*To the Editor of THE LANCET.*

SIR,—I have been lately perusing a pamphlet upon *National Dietetics*, written by Mr. G. Warren, surgeon, Manchester Street, the purport of which appears to me

to be of importance to the healing art. He has endeavoured to prove that the exciting cause of phthisis, scrofula, gout, mania, &c., *et hoc genus omne*, has been produced by a non-observance of the Mosaic law with regard to diet, and that hence all the humours of the body have become vitiated, and handed down from one generation to another in this very impure state. Now, Mr. Editor, I am a plain matter-of-fact man, and do not wish to attract public attention through the wild mazes of hypothesis, but merely state that I have resided in a large parish for twenty years where nine-tenths of its inhabitants have lived upon this obnoxious food—swine's flesh; yet I do not find that any of us are more subject to the diseases alluded to by the author, than those who have paid peculiar attention to the laws of Moses. I hope some one more capable than myself will examine the principles upon which the luminous author has founded his arguments, and lay before the public the result of his examination, whilst the knights of the sty are grunting with indignation at the charge.

I am, Sir, yours respectfully,

AN INQUIRER.

January 11, 1831.

## ST. BARTHOLOMEW'S HOSPITAL.

### STRANGULATED VENTRAL HERNIA.

ELIZABETH SHAW, *ætat.* 72, a stout and healthy-looking woman, was admitted into President's Ward, on Thursday the 9th of December, under the care of Mr. Vincent. She has a tumour of the abdomen, about the size of the two flats, on the surface of which, a little below its centre, the umbilicus is situated, and a considerable impulse is given to it by coughing. There is no distension of the abdomen, and pressure produces a sensation of uneasiness, but which does not amount to pain. Her countenance is tranquil; pulse frequent, and rather full; tongue dry and brownish; bowels not open since Tuesday night. Nausea exists to a slight extent, but there is no vomiting.

She states that she has had a rupture *forty* years, that it has frequently protruded, but that she has in every instance returned it with facility, and retained it in the abdomen by means of a truss. She says, that though she has returned the intestine on every occasion, a tumour of considerable size has always remained, but from which she has not experienced the slightest inconvenience. On Tuesday night the bowel protruded, and she endeavoured to return it, but could not. Finding her efforts at reduction unavailing, she had immediate recourse to an active dose of aperient medicine, which produced

three copious alvine evacuations. Yesterday she suffered severely from nausea, and in the evening vomited several times. Mr. Vincent happening to be in the hospital at the time of her admission, had recourse to the taxis immediately, but not being successful, ordered her to be put into a warm bath, to be bled from the arm whilst in it, and then to have the taxis employed again.

Eight o'clock P.M. She remained in the bath twenty-five minutes, and was bled while in it to sixteen ounces, but no syncope was induced. The taxis was also employed for ten minutes, but no portion of the hernia could be returned. As soon as she left the bath, a purgative enema was administered, but it returned immediately, unmixed with fecal matter. She is in every respect the same as when we saw her at noon.

10. In the early part of last night she vomited frequently, but slept soundly in the intervals. Towards this morning the sickness increased, and she vomited a large quantity of stercoraceous fluid. The tumour is now rather painful to the touch, the abdomen slightly distended, but pressure on it is not productive of pain. Mr. Vincent to-day had a consultation with his colleagues, who agreed with him as to the propriety of operating. The patient was immediately removed to the operating theatre, and the operation was performed in the following manner. An incision, parallel to the linea alba, and about three inches in length, was made over the front of the tumour, by which the skin was divided, and the fascia superficialis exposed. This fascia was next raised by means of a forceps, and the apex of the elevated portion divided with a knife held horizontally. The aperture was enlarged with a probe-pointed bistoury, guided by the finger to the extent of the external incision. A large quantity of omentum was now brought into view, which being drawn towards the left side, a portion of the jejunum of about fourteen inches in length, and of a dark rose colour, was seen. It was now ascertained that the linea alba had given way a little above the umbilicus, and the finger could be easily passed into the abdomen. The intestine was drawn out a little, and appearing perfectly healthy beyond the stricture, was, together with the portion that had been strangulated, returned without much difficulty. The omentum was united to the edges of the aperture by numerous strong and old adhesions, and consequently could not be returned. Mr. Vincent wishing to lessen the bulk of the tumour which the protruded omentum formed, removed a considerable portion of it; two of the divided vessels bled rather freely, and were secured by ligatures. The severed edges of the

skin were approximated, and retained in contact by means of sutures and strips of adhesive plaster, and the patient was removed to Sitwell's Ward. Mr. Vincent then observed, that though the aperture was sufficiently large to allow the bowel to be returned without enlarging the opening, yet the large mass of omentum that lay in front, rendered it impossible to return the gut without an operation. The patient was ordered to have an enema administered in two hours, to take a saline draught containing two drachms of the sulphate of magnesia every two hours, till the bowels should be freely purged, and to have milk diet.

11. The enema was administered, but returned immediately. She took four of the draughts, which produced five stools, three of which were very copious, dark-coloured, and highly offensive. She slept well all night, and appears now very cheerful; her tongue is clean, but rather dry; slight thirst; pulse 80, and sharp; abdomen rather tense, but not tender to the touch. Mr. Vincent thought it advisable to procure one or two stools more, and ordered her to take two drachms of the sulphate of magnesia in an ounce and a half of spearmint water every four hours, till that effect should be produced.

12. Appears very much dejected; countenance expressive of great anxiety. Slept badly last night; bowels freely purged after taking two of the draughts. Tongue brown and dry; skin hot, but rather moist; pulse the same; hiccup has come on within the last few hours. No pain in the abdomen, but the tension remains. There is a thin discharge from the wound. Ordered to apply a linseed-meal poultice to the wound, and to take the following powder three times a day:—

R *Hydrarg. c. creta*;  
*Pulv. rhei*, aa gr. v;  
*Pulv. aromat.*, gr. ij.

13. Countenance tranquil, and she appears more cheerful than yesterday; slept but indifferently last night. No pain in the abdomen, and the tension is much diminished; bowels not opened since the evening of the 11th instant. She is in other respects the same. The ligatures were removed from the wound to day; the discharge is just the same. Ordered to continue the poultice and the powder, and to take half an ounce of the sulphate of magnesia directly, which is to be continued in drachm doses every four hours till the bowels shall be freely open.

14. She is much better to-day. She took two doses of the sulphate of magnesia which purged her *twenty* times. No pain or tension of the abdomen remains; tongue

brownish and rather dry; skin cool; hiccup not so troublesome as it has hitherto been; purging continues, and she is much annoyed by flatus in the intestines; discharge from the wound is thicker and more like pus. Ordered to discontinue her medicine, but to continue the poultice, and to take five grains of the hydrarg. c. creta, with an equal quantity of Dover's powder every six hours, and twenty minims of ether in an ounce of camphor mixture three times a day.

15. Purging stopped; has an appetite; hiccup nearly gone; the wound discharges healthy pus; pulse natural. Continue the medicines.

18. Hiccup has ceased; appetite good; sleeps well; pulse 70 and soft. Wound continues to discharge healthy pus. She says she feels perfectly well.

23. Going on well.

30. The wound has nearly healed; bowels open, and the several functions are regularly performed.

## WESTMINSTER HOSPITAL.

### LICHEN SENILIS.

JOHN BALL, aged 52, a journeyman baker, came in with a papular eruption of a pruriginous character, which he had had nearly a month; it affected almost the whole of the anterior surface of the right leg, and the seat of flexure of both elbow-joints; the itching was very intense, and disturbed his rest; the appetite was good; there was no inconvenience after eating; tongue clean, soft, and smooth; habit of bowels regular; pulse 75, full, and forcible. To take a pill every night composed of *blue pill, compound extract of colocynth, of each two grains and a half, and two table-spoonsful of the following mixture every four hours:—Aromatic confection, three drachms; sweet spirits of nitre, four drachms; camphor mixture, eight ounces. Mix.*

4. Bowels have been freely opened, but the itching is undiminished; in other respects he says he is as well as ever he was in his life; pulse 78, and strong. To continue the mixture, substituting a *decoction of elm bark for the camphor julep.*

6. The eruption is better in the arms; the legs are exceedingly rough and hot; they are to be washed with warm water; bowels open once since yesterday; tongue clean.

8. The lichenous eruption is redder, but less itchy. Bowels confined; tongue clean. To have a purging pill immediately.

9. The eruption is less vivid; bowels well opened twice since yesterday; tongue clean; pulse 64, soft, and full.

10. Eruption is evidently getting better; bowels twice open; tongue clean.

11. The itching is undiminished to-day. To have a warm bath, and repeat medicine.

12. Relieved by the bath; the itching is less; the legs to be sponged with warm water. To take *one-sixth of a grain of the oxymeriate of mercury in two ounces of a decoction of elm bark, three times a day.*

15. The pruriency of the eruption is still great. To use *a weak ointment composed of simple cerate and red precipitate.*

16. The ointment has considerably diminished the irritation.

19. The eruption is dying off; bowels open; appetite good. He sleeps well, and there is no irritation whatever.

20. Convalescing. The eruption has disappeared from the legs, but has made its appearance at the bend of the left elbow; to be treated with the ointment again.

27. The eruption has entirely gone.

29. He is dismissed quite well.

This was a good case of the lichen of old age; its cure was entirely ascribable to the stimulation of the red precipitate.

### HOTEL-DIEU.

#### FRACTURE OF THE OS SACRUM AND THE HORIZONTAL BRANCH OF THE OS PUBIS.

M., of a strong constitution, received a violent contusion from some bricks falling from the height of about 20 feet on his loins; he was taken up insensible and carried to the Hôtel-Dieu in the following state; his features were altered, the countenance pale, extremities cold and covered with sweat, and the pulse small and quick; he was quite senseless, but slightly recovered soon after his admission, and complained of violent pain in the abdomen, particularly in the region of the os sacrum and at the loins; there was much tenderness of the hypogastrium, which also exhibited distinct fluctuation. The extreme pain which was caused by any attempt at a close examination, rendered it impossible to form any certain diagnosis, but from the great mobility of the pelvis it was suspected that it was fractured; there was no sign of any lesion of the spine, the patient could make water, and the lower extremities were not affected. About four hours after the accident some reaction seemed to take place, the temperature of the skin was increased, and he complained of headache; he was bled, but two ounces of blood had scarcely been emitted when he was seized with syncope, difficulty of breathing, all of which continued, and proved fatal within a few hours. On examination of the body, the skin and muscles at the loins and

sacral region were found infiltrated with blood; the peritoneal cavity also contained about a pint and a half of blood, part of which was in the cavity of the small pelvis; the horizontal branch of the os pubis, and the sacro-iliac apophysis were fractured; the heart and larger vessels were empty; the origin of the hæmorrhage could not be discovered.—*Lanc. Franc.*

#### CASE OF GENERAL HYPERTROPHY, IN CONSEQUENCE OF SUPPRESSED MENSTRUATION.

The "Journal Hebdomadaire" contains the following interesting case, by M. de Claubry:

N., of a robust constitution, had been in the enjoyment of good health up to her eighteenth year, when she, at the time of her menses, experienced a fright, in consequence of which the menstrual discharge was suddenly suppressed. From this period up to her twenty-ninth year, she has suffered from the effects of increasing tendency of the blood towards the head, but in all other respects felt quite well. The state of amenorrhœa, in which she continued during this time, has, however, caused a very remarkable change in the nutritive process, which has increased to such a degree as to produce hypertrophy of most of the soft parts of her body, and in particular of the muscles and subcutaneous tela cellulosa. The osseous system does not seem to have partaken of this change; the stature is not changed, and the skull is of natural dimensions; but the skin, eyelids, lips, nose, cheeks, and all the soft parts of the face, have undergone such an extraordinary development, that, at first sight, they appear to belong to a colossal frame; and the countenance is almost become similar to that of patients affected with the species of lepra Arabum, which is called leontiasis. The tongue is also so much larger than usual, as to cause impeded articulation, and a continual flow of saliva. The neck is remarkably thick and fat, particularly at its posterior part; the breasts are so large as to touch the chin. The abdomen is not very prominent, but the muscles and skin of the back and loins are very much developed. The clitoris and external genitals are also unusually large; the extremities seem at first sight very short on account of their increased volume, which does not only result from the large quantity of subcutaneous fat, but also from the morbid development of the muscles, as appears from their prominence under the skin. The heart evinces likewise all the signs of hypertrophy, both to the touch and the stethoscope, the brain also is in a morbid state, for the patient is almost in a state of idiotism; the digestive organs appear to be healthy.

## ATTORNEY CORONERS.

On the night of the 22nd of December last, the person of an infirm woman, 67 years of age, was horribly violated by five monsters, on the Manchester and Bolton road, who each participated in the infamous crime, and left the poor creature dead, or nearly so, by the road side. The half-naked body was found the next morning frozen to the ground, when the *clerk* of Mr. Milne, the attorney-coroner for the district, held an inquest upon it, and a verdict of "Died in a fit" was returned!! A few days after, the crime was confessed by one of the parties concerned, and the matter is now under magisterial investigation.

BIRMINGHAM SCHOOL OF  
MEDICINE.

The following students obtained the prize medals offered by the lecturers during the last session.

**ANATOMY AND PHYSIOLOGY.**—First silver medal, Mr. Betts; second silver medal, Mr. Palmer. *Examiners*—J. B. Stewart, M.D., G. Pilcher, Esq.

**MEDICINE.**—First silver medal, Mr. Hammond; second silver medal, Mr. Heeley. *Examiner*—E. Johnstone, M.D.

**SURGERY.**—First silver medal, Mr. Palmer; second silver medal, Mr. Hammond. *Examiner*—G. Pilcher, Esq.

**MIDWIFERY.**—First silver medal, Mr. Williams; second silver medal, Mr. Hall. *Examiners*—J. Darwall, M.D.,—Wickenden, Esq.

**MATERIA MEDICA.**—First silver medal, Mr. Binley; second silver medal, Mr. Hammond. *Examiners*—J. Darwall, M.D., J. Eccles, M.D.

**CHEMISTRY.**—First silver medal, Mr. Hammond; second silver medal, Mr. Binley. *Examiner*—R. Phillips, Esq., F.R.S.

Three guineas and two guineas for the best essays on the Varieties of the Human Species and the Incubated Egg, proposed by Thomas L. Parker, Esq., were awarded to Mr. Northall and Mr. Heeley.

INJECTION OF AIR INTO THE PLEURA FOR  
AN AFFECTION OF THE HEART.

"At the Royal Society, Edinburgh, on Monday evening, a curious paper by Dr. Duncan was read, on the injection of air into the cavity of the chest. The patient had suffered much from an affection of the heart, and was led to think that the pressure of a small volume of air internally might be substituted for an external pressure, which afforded him relief. The idea occurred to himself, and he was his own operator. He employed a fine silver tube, about as slender as a common pin, to which a bladder was attached, containing common air. The point of this was thrust through the skin and other integuments till it reached the cavity, and the air was then squeezed through it, by compressing the bladder. Relief was always experienced at the time, and a lasting improvement was effected in the patient's health. Very full details were given of the experiments, which were continued through two or three years. Dr. Lizars stated that he had performed the same operation upon four or five patients in cases of aneurism, always with some immediate benefit, and in no case with any ultimate injury. The apparatus with which the first patient operated was shown, and all doubts as to the perforation of the tube were removed, by blowing air through it into water. The experiment is physiologically curious, for if air can be conveyed into the chest in this way, other elastic and inelastic fluids may be injected in the same way. And may it not be possible to extract pœcant liquids from the interior of the body by reversing the process?"—The above paragraph is from the *Scotsman*.

## THE GUACO.

The following notice on the subject of the *guaco* is appended to the last number of Stephenson's and Churchill's *Work on Medical Botany*:—"We have had information that Sir R. K. Porter, the British resident at Caraccas, in South America, who first introduced the knowledge of the *guaco* plant (a nondescript species of *mikania*), with some of its seeds and extracts into this country, has liberally shipped off a large quantity of the plant from South America, entirely at his own expense, for England, so prepared as to enable our medical men to give full experiment to its alleged virtue as an antidote to the poison of venomous reptiles, and as a preventive or cure of that terrific malady—the hydrophobia."



TREATMENT OF A SERIOUS WOUND BY  
"WATER DRESSING."

CORPORAL TANN, of the 64th regiment, while doing duty in a country town; accidentally discharged a musket loaded with large shot "through his left hand;" a large hole was made quite through the palm, the integuments were much lacerated, scorched, and thickly studded with grains of gunpowder. Many small vessels and nerves were divided, and several splinters shot from the metacarpal bones of the index and middle fingers. The treatment consisted in removing the loose fragments of bone, after which it was found necessary to tie one or two bleeding vessels. The wound was carefully sponged with cold water; the ragged edges pared, and brought together by sutures, and a few strips of adhesive plaster; the fingers were kept extended by a piece of moistened pasteboard, and the hand was covered with pledgets of lint kept constantly wet with cold water. This treatment being continued for three weeks, the patient was able to leave his bed, and at the end of five weeks the injury was so well repaired, that a slight depression only was observable; he was afterwards enabled to do duty in Dublin. It was remarkable that in this case, the prognosis of which must have been most unfavourable, the slightest constitutional disturbance never occurred; the only medicine administered was an occasional purgative. Surely a less serious accident, under other treatment, has often caused the loss of a limb—aye, even of life.

Dublin, Dec. 1830.

P.

## LITERARY INTELLIGENCE.

THE work on Medical Botany, by Dr. Stephenson and Mr. Churchill, which has been publishing in monthly parts during the last four years, is now completed with the 48th number, forming four handsome royal octavo volumes, price about 8l. 8s. There are altogether nearly a hundred and fifty plates, presenting very faithful and correctly-coloured delineations of the medicinal plants of the London, Dublin, and Edinburgh Pharmacopœias, with those lately introduced into medical practice. The descriptions are written by gentlemen well qualified for the task, and although we cannot say that we think the publication is a cheap one, yet to those members of the profession who are in want of a good work of this kind, we cordially recommend it as an excellent library of our medicinal plants.

## BOOKS RECEIVED.

The Beadles', Headboroughs' and Constables' Guide, as to their Duty in respect to Coroners' Inquests. By Thomas Bell, clerk to Thomas Stirling, Esq. London: Shaw and Sons. 1831.

Observations on Mental Derangement: being an application of the Principles of Phrenology to the elucidation of the Causes, Symptoms, Nature, and Treatment, of Insanity. By Andrew Combe, M.D. Edinburgh; J. Anderson. London; Longman. 1831. post 8vo. pp. 392.

Lecture Introductory to the Course of General Anatomy, delivered in the University of London on Wednesday, Oct. 6, 1830. By James R. Bennett, A.B., one of the professors of anatomy. London. Taylor. 1830. pp. 23.

## TO CORRESPONDENTS.

THERE are, we understand, besides the BAT CLUB, several medical associations now in existence in London,—one of which is called the St. Alban's Club. We are anxious to communicate to the profession some account of the principles upon which these associations were founded, and the names of the members by whom they are at present supported. Particulars, therefore, on any of these points, will be thankfully acknowledged in this place.

P. L. O. U. A master is not liable, unless the medical practitioner attended by his orders.

The Surgical Prize of the Aldersgate Street School was awarded on the 7th inst. to Mr. W. J. G. Wilton, of Greenhithe.

The work on Botany, forwarded to us from Dulwich, was received and will be noticed.

The letter beginning "Dear Smale," and dated from Red Lion Square, is not calculated for publication.

The cases by "the late surgeon of the Waterloo," one of which has been forwarded and others promised, must be authenticated before they can be inserted.

The "privilege" to which our correspondent *Homo Fortis* refers, is not customary.

The communication on the subject of Sir Gilbert Blane's gold medal, which was sent under a frank, has been received, and will be inserted next week.

The case to which *Mr. Knowles* refers shall certainly appear next week.

We stated our intention, a short time since, not to receive any letters for the future; the postage of which was not paid; and this notice we are compelled to repeat, in consequence of the very heavy and unfair expense to which we are so frequently put.

# THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 22.

[1830-31.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

#### ARSENIC—(concluded).

IN our last article we dwelt at sufficient length on the chemical properties of the metal arsenic and its combinations; we pointed out the manner in which a knowledge of these might be applied to the recognition of the nature of any white powder suspected to be arsenious acid, and which by the simple mechanical process of agitation and subsidence might have been collected from vomited matter, or the contents of the alimentary canal. We now propose to investigate the method by which Dr. Christison proceeds to the examination of these substances, when arsenious acid cannot be separated mechanically, but when it either remains in solution in the mixed fluid, or is intimately mingled, whether chemically or mechanically, with the solid and complicated ingredients of the contents of the alimentary canal. We must again remind our readers, that Dr. Christison's directions appertain to the arsenious acid alone, and do not comprehend any of the other arsenical poisons, such as the Scheele's green, the arseniates, or the sulphurets. To the arsenious acid, therefore, we are at present restricted; but before we conclude this notice, we shall avail ourselves of the occasion to inquire, whether a more general process may not be devised, which would comprehend all these individuals in the evidence of one series of experiments. The various falsacies too, to which the demonstrations afforded by

the several individual reagents are exposed, shall also be examined with adequate attention. We shall also have to notice cursorily, some insignificant processes devised by Dr. A. T. Thomson, Professor Orfila, and others, and to remark, at greater length, on the very superior method which Berzelius employs.

The first step in Dr. Christison's process he thus describes:—

"The first step of the process for detecting arsenic in organic fluids is to procure a transparent solution. For this end it is sufficient to boil the suspected material for half an hour, distilled water being previously added if necessary, and any solid matters being cut into small pieces. The arsenic is thus entirely taken up, even from the contents and tissues of the stomach: I have proved elsewhere that none is left behind when they are cut into small shreds and well boiled. The coarser solid particles being then separated by a gauze filter, the fluid is to be filtered through paper. In the case of the contents or tissue of the stomach, the filtration is slow, occupying at least thirty-six hours. If greater despatch is necessary, it is useful to boil with it a little caustic potass previous to filtering through paper."

Any arsenious acid which may have been present in the more solid contents of the stomach is now brought into a mixed solution, which we may presume to contain also various animal and vegetable principles, such as albumen, mucus, tannin, or caseum. To separate the arsenious acid from this heterogeneous admixture, it is necessary to cause it to form some of its insoluble combinations, such as with silver, copper, lime, or sulphur, from any of which the metal itself may be subsequently disengaged. Of these Dr. Christison prefers to procure the last, which he obtains by passing sulphuretted hydrogen through the suspected solution, previously prepared in a manner we shall presently describe. Before doing so,

however, it is necessary to state briefly what was the usual mode of proceeding adopted by experimentalists, before Dr. Christison examined and elucidated the subject.

Before that addition had been contributed to the information of the British toxicologist, we almost invariably found the analyst applying to this impure and highly animalized solution, the nitrate of silver, or the sulphate of copper, and other reagents unnecessary to be mentioned. A solution of the sulphuret of potash was also occasionally employed. The history of criminal trials has also further shown, that if any one of these produced a coloured precipitate similar to that which it would cause in a pure solution of arsenious acid, the examiner remained satisfied, and very rarely even took the additional trouble of applying more than one of the "tests" to the suspected solution.

Dr. Christison, however, investigated the subject at length, in a manner which has conferred the most signal benefit not only on his profession, but on the public at large. He showed that if nitrate of silver were applied to a solution containing nothing but animal matter, a similar yellowish precipitate might be occasioned to that which arsenious acid would produce. He further proved, that a similar effect followed the use of the sulphate of copper. Before Dr. Christison's experiments, it was indeed known that the phosphates caused a yellow precipitate with nitrate of silver, and the carbonates a greenish one with sulphate of copper; it was also known, that both these salts were liable to be present in the alimentary canal; but the practical lesson suggested by these facts was neglected in the majority of cases, and evidence was given on such vague and reckless data, that it still remains a matter of doubt, whether in this country more culprits convicted of poisoning have fallen by the hands of justice, than by the ignorance of the *soi-disant* chemist. That the reader may convince himself of the truth of this observation, he need only mix a grain or two of phosphate and carbonate of soda with broth, and then apply to separate portions the nitrate of silver and the sulphate of copper, when he will have from the first a yellow, from the second a greenish deposition. Let him also add a little of the solution of the sulphuret of potash, and in a few

minutes he will have a yellow precipitate. No arsenic is present, yet from these data a few years since, its detection would have been sworn to without the slightest hesitation.\*

Besides these facts, which constitute insuperable objections to the mode of analysis by the liquid re-agents, it is further necessary to remark, that animal fluids, more especially the contents of the human stomach, invariably contain the muriate of soda, which causes, with the nitrate of silver, so abundant a white precipitate, that it might completely obscure the presence of the yellow arsenite of silver, though actually formed. Another difficulty also arises from the colour of many animal or vegetable mixtures, such as porter, wine, various medicines, &c., by which the action of the tests would be altogether rendered indecisive. It is unnecessary to proceed further on the subject of fallacies arising from animal or mineral admixture.

We shall proceed, therefore, to the continuation of Dr. Christison's method; it is needless to quote his own words, as perhaps they admit of a desirable condensation, and an arrangement more convenient to our present inquiry.

His object is, in the first place, to procure a sulphuret of arsenic; this he accomplishes by transmitting sulphuretted hydrogen through the solution. A double precaution, however, is necessary; in the first place the sulphuret of arsenic is exceedingly soluble in alkalis, and the fluids of the stomach are not unfrequently alkaline; secondly, the sulphuret of arsenic is very apt, when precipitated, to bring down with it considerable quantities of solidified animal matter, which, in the subsequent reduction of the sulphuret to the metallic state, would be a source of great inconvenience and probable failure. Both these disadvantages Dr. Christison proposes to counteract by the use of acetic acid, by which, when added in moderate excess to the suspected liquid, various animal principles, such as albumen and caseum are, at the same time, coagulated and thrown down, and any alkali is completely neutralized. Filtration is now to be performed, which,

\* The testimony of Dr. Neale, on the celebrated case of Mrs. Elizabeth Downing, forms a creditable exception to this general imputation.

after the addition of the acetic acid, takes place with sufficient rapidity. The filtered fluid is next to be submitted for a quarter of an hour to a current of sulphuretted hydrogen gas, when, if arsenious acid be present in a moderate proportion, a lemon yellow-coloured precipitate is thrown down, or if the quantity be very minute, it is occasionally suspended in the fluid; in either case it is necessary to boil the fluid, in order to expel any excess of sulphuretted hydrogen, which would otherwise retain the sulphuret of arsenic in solution. The method of obtaining the precipitate which the author recommends,—filtration through paper,—we cannot approve; on the contrary, we would prefer the mode of collecting and drying with a watch-crystal, which we have already so frequently advised.

The advantages of this process are very great. In point of delicacy, the sulphuretted hydrogen acts on the oxide in one hundred thousand parts of water. Further, it does not occasion in animal solutions any precipitate of the same colour; and though, in mineralized fluids containing a mineral acid in excess, it will cause by itself a pale yellow deposition of sulphur, yet this accident may be effectually provided against, by first ascertaining with litmus or turmeric paper, whether the fluid be acid; and if so, by adding a little caustic potassa till turmeric paper is reddened, and then re-acidulating with acetic acid.

The sulphuretted hydrogen will occasion in solutions of cadmium selenium, or the persalts of tin, a precipitate of a yellow colour. These salts, however, are exceedingly rare; and, moreover, the ultimate object of procuring the sulphuret being the reduction of the metal, these similar sulphurets constitute no fallacy whatever. A great deal of trash has been talked and written, about the similar precipitate said to be caused by sulphuretted hydrogen in solutions of antimony, say of tartar emetic. It happens, however, that the sulphuret of antimony is *orange red*, and the sulphuret of arsenic is *lemon yellow*; and any one who can distinguish the two fruits will have little difficulty in ascertaining the nature of the precipitate in question.

In a great majority of cases, these manipulations are amply sufficient for obtaining a pure sulphuret of arsenic free from animal

matter, which is of the utmost consequence. The sulphuret is next to be mixed with a little recently-ignited charcoal and carbonate of soda, and reduced in a tube in the manner already described.

As far as arsenious acid is concerned, this process is only liable to one difficulty, which, with a mode of remedy, Dr. Christison thus describes.

“Animal matter in solution is very apt to be thrown down along with the sulphuret; and a very small quantity of animal empyreuma will render the reduction precarious. —The removal of animal matter may sometimes be sufficiently accomplished by acetic acid alone, which coagulates some animal principles, such as casein. In order to ascertain whether, after this addition, the fluid is ready for the sulphuretted hydrogen, neutralize it with ammonia or potass, and test a small portion with ammoniacal nitrate\* of silver as a trial-test. If it gives a characteristic precipitate, the oxide is pretty abundant, the fluid is free enough of animal matter, and the process for converting the arsenic into sulphuret may be proceeded with. If the silver test does not act characteristically, another step will be required for removing the animal matter.—The simplest and most effectual way of accomplishing this is to throw the animal matter down with the nitrate of silver. The fluid being first rendered neutral (by means of potass or acetic acid, according to circumstances), or feebly alkaline, it is then to be faintly acidulated with hydrochloric acid; it is next to be precipitated with an excess of nitrate of silver; the excess of silver is then to be thrown down by a slight excess of muriate of soda; and the fluid is finally to be filtered. A short account of the reasons for these manipulations may be useful to the learner. The fluid, before the addition of nitrate of silver, must not be alkaline, otherwise the arsenic is apt to be thrown down in the

\* The ammoniacal nitrate of silver was originally recommended by Mr. Hume of Long Acre, and Dr. Marcet, as a reagent for detecting minute quantities of arsenious acid. It is prepared by precipitating the oxide of silver from a solution of the nitrate of silver by the addition of ammonia, and then redissolving the precipitate by the addition of more ammonia. Care should be taken not to add more ammonia than is barely necessary to redissolve the precipitate. In pure solutions this reagent answers very well, as it contains just enough of alkali to form a neutral salt with arsenious acid, and enable it to decompose the nitrate of silver; but in animal mixtures we entirely agree with Dr. Christison when he declares (p. 192), “that it is no use whatever in a moderately diluted solution of the oxide of arsenic; if vegetable or animal matter be present, either the colour of the precipitate is essentially altered, or no precipitate is formed at all, the organic principles in the solution having a solvent power over it.” It is useful however as a trial test, because the phosphate of silver is not precipitated by it, and the arsenite is.

form of arsenite of silver. It may be well enough to render the fluid quite neutral; but it is much easier to acidulate faintly with hydrochloric acid, and it is equally correct, for the excess of hydrochloric acid is thrown down by the nitrate of silver. By observing these directions a fluid will be procured, which filters rapidly, and is either colourless or nearly so."

In the hands of a practised and accomplished chemist, such as Dr. Christison, there is no doubt that the complicated process just quoted will be entirely successful, but if the experimentalist be of an opposite character, unaccustomed to manipulation of this kind, and perhaps not over-fraught with theoretical acquirement, the chance, nay the certainty, is, that amidst these multifarious neutralizations and testings, and additions of acid after alkali, and alkali after acid, the arsenious acid will be precipitated without his knowledge, and lost altogether. We have over and over again witnessed this occurrence; we have known students, by no means devoid of chemical skill (who, for example, had prepared morphia successfully but one day before), fail entirely in following the elaborate directions just quoted. A distinction, therefore, requires to be drawn in our opinion of the process. In the hands of such a master as Dr. Christison it will succeed, but the inexperienced analyst will as certainly fail in the attempt.

On this account we believe that the indications of the trial-test of the ammoniac-nitrate of silver are of great importance. If it show a decidedly yellow precipitate, the objectionable process just alluded to is not required. If it do not, another method becomes absolutely necessary for the tyro in analysis. We believe we can suggest a mode by which this desideratum can be obtained, but we must reserve it until we notice some other processes which require attention.

Professor Orfila some years since proposed to decolorise suspected solutions with chlorine, and he then believed the liquid tests would act characteristically. In this, he was completely mistaken, for, as Dr. Venables of Chelmsford some time since explained, chlorine converts any arsenious acid into arsenic acid, and consequently the reagents suitable to the former can be no longer made use of.

Dr. Venables avails himself of this fact,

and after transmitting chlorine applies the nitrate of silver, which causes a brick-red precipitate, the arseniate of silver. It is much to be regretted that this precipitate is even more apt than the sulphuret to associate itself with solid animal matter as it falls down, otherwise its simplicity would have been strongly in its favour.

We have next to notice two processes which form a strange and striking example of the truth of our observations in the first article respecting the trifling degree of respect which should be paid to "*authorities*" on this subject. The first process was recommended by Mr. Phillips, the second by Dr. A. T. Thomson, professor of materia medica, and joint lecturer on medical jurisprudence in the University of London. The former of these gentlemen proposed to decolorise suspected solutions by digestion with *animal charcoal*, and then that the liquid reagents should be applied to the *solution*. The latter, Dr. A. T. Thomson, acting on the property that animal charcoal possesses of absorbing some salts from their solutions, recommends that that substance be digested with the suspected fluid; and he asserts that the *arsenious acid will thus be removed from the solution, and may be detected by heating the dried charcoal, which will evolve a garlicky odour!* This method he declares will detect arsenic in any solution capable of acting as a poison.

The only comment we shall offer on these extraordinary specimens of medico-legal analysis, is to observe, that though Mr. Phillips is correct when he observes, that the solution will be decolorised, he is entirely wrong when he believes that the liquid reagents are preferable to the reduction process. As for Dr. A. T. Thomson, we cannot express ourselves more appropriately than in the words of Dr. Duncan, of Edinburgh, who thus writes, speaking of the preceding curious process in his Supplement to the New Edinburgh Dispensatory, page 29: "No person at all acquainted with juridical medicine, would rest satisfied with such a mode of examining liquids suspected to contain arsenic, nor indeed would he have recourse to it as a corroborative testimony, as without other evidence it would prove nothing, and by other evidence, certainty is more easily obtained." With this opinion we entirely coincide, and there does

not exist an individual better competent to advance an opinion on the subject, than the Edinburgh professor. To a method recommended by Dr. Paris, Dr. Christison thus alludes:—

“Dr. Paris has proposed to throw down the whole arsenic by the ammoniacal nitrate of silver, and to reduce the precipitate in a tube. To this proposal two weighty objections exist. The arsenite of silver often remains in solution; and it is thrown down along with so much vegetable or animal matter, that the reduction of the precipitate is very precarious.”

The next process is one of great importance; we quote it as described by Dr. Christison, with his observations:—

“The next process to be mentioned is by far the best of those now under consideration, but it has no advantage in point of delicacy or certainty over that which I have adopted, and is much more complicated. It was proposed by Berzelius in his *Arsberrättelse* for 1825, as a modification and improvement upon the one published by me in 1824; to which, as formerly observed, he objects that the sulphuret is not at all decomposed during the reduction. The suspected substance is boiled in potash, and the solution is then neutralized with hydrochloric acid, treated with a stream of sulphuretted hydrogen, boiled and evaporated till the precipitate subsides. The precipitate is then collected, dried, mixed with nitre in large proportion, and deflagrated in a tube. The product is next dissolved in an excess of lime water, and the arseniate of lime so formed is collected and reduced with charcoal. The inconveniences of this process are the following. The whole sulphuret is not always separated from the solution, because animal matter, as formerly noticed, possesses a solvent or suspending power over it:—The deflagration of the sulphuret, although, as Berzelius mentions, it takes place without flame when the proportion of nitre is large, I have found to be a precarious operation in the hands of the unpractised, who should never lose sight of, at least in Britain, where nineteen-twentieths of medico-legal analyzers are of this description:—The arseniate of lime is partly retained in solution and washed off the filter; for it is by no means insoluble:—As formerly mentioned, the whole of the arsenic in the arseniate of lime is not sublimed, but only about one-third of it, even with the full red-heat of the blowpipe.”

With Dr. Christison's objections here we fully agree, with the exception of that part which relates to the difficulty of the deflagration. We believe, however, that this

difficulty may be easily obviated, and that by a slight modification, the idea of the process may be made use of for the construction of a method by which all the inconvenience detailed in our notice of Dr. Christison's treatment of the animal fluid may be completely avoided. As to the mode of deflagrating the sulphuret, it will be found that it can be accomplished with perfect facility and success in the following manner: About a scruple of powdered nitre should be melted by the heat of a spirit-lamp in a green glass tube about six inches long and half an inch in diameter; the impure sulphuret of arsenic should then be dropped into it in minute particles, one by one; in this manner the decomposition of the organic matter usually takes place without flame, or at most with minute scintillations, and the sulphuret of arsenic is converted into the sulphate and arseniate of potash; the tube should then be allowed to cool, and boiling water added to dissolve the saline mass; the solution should then be filtered. Instead of lime water, we would now add the nitrate of silver, which causes a brown red precipitate of the arseniate and sulphate of silver, which is exceedingly insoluble in water. Finally, this precipitate should be dried, mixed with recently ignited charcoal, and reduced in a tube.

We feel confident that this method will succeed in inexperienced hands in many instances in which the complex precipitations of animal matter by the nitrate of silver, would frustrate the analyser's expectations.

Such are the several modes of proceeding in our search for arsenious acid. As we before observed, however, there are many other arsenical poisons which would elude this mode of analysis: we may particularize the arsenite of copper (Scheele's green), and the yellow sulphuret of arsenic, orpiment: or King's yellow. The two last, being entirely insoluble in water, remain undissolved in the solid contents of the stomach; it will be recollected also, that the arsenious acid, on the one hand, is liable to be converted into the yellow sulphuret by sulphuretted hydrogen in the stomach and alimentary canal; and, on the other, that the orpiment of the shops almost invariably contains the arsenious acid.

After the boiling and filtering, therefore,

which constitute the first step in Dr. Christison's process for the arsenious acid, the solid matter should again be collected, introduced into a stoppered phial, and some weak ammonia added, which will take up either orpiment or Scheele's green. After a few hours the mixture should be filtered, and acetic acid added to the fluid which passes through, when, if it contain the arsenite of copper, a green precipitate is slowly formed; if it contains the sulphuret of arsenic, a yellow precipitate is soon deposited. If the precipitate be green, we have to seek for two metals in it, arsenic and copper. The first is recognised easily, by mixing the powder with charcoal and dried carbonate of soda, and heating it to redness in a tube, when the metal is reduced and sublimed, leaving behind it the copper, which may be detected by dissolving the residuum in dilute nitric acid, evaporating to dryness, mixing the dried mass with an equal quantity of borax, and acting on it with the blowpipe on charcoal. In the exterior flame, it forms a globule of beautiful green glass, which in the interior flame is coated with metallic copper, though the quantity be not more than the 500th part of one grain. For directions on the use of the blow-pipe, see the article on lead.

If the deposition from the alkaline solution be yellow, it should be reduced in the manner already detailed, which it is superfluous now to repeat. It is here, however, necessary to redissolve the residuum in the tube, in water, and add a drop or two of a solution of the acetate of lead, which becomes blackened, both experiments indicating that the yellow precipitate is the SULPHURET of arsenic.

The arsenical poison may also have been the arseniate of potash. Orfila has besides very recently asserted, that the arsenious acid is liable to be converted into the arseniate of ammonia, when the body in which it is contained has long been exposed to decay. A portion of the fluid prepared with acetic acid, according to Dr. Christison's plan, should, therefore, before the transmission of sulphuretted hydrogen, be touched with nitrate of silver, which in any solution will show the presence of the arseniate. Should a brown precipitate occur, it is to be collected for reduction with charcoal. The remark, however, applied to Dr. Væ-

nales' proposal, must be remembered here. Great difficulty, arising from empyreuma, will occur in the reduction; a difficulty which, as yet, we have not been able to overcome.

How far the additional step of examining the solids is actually necessary in this country, it may be difficult to determine. Dr. Duncan has seen one case of poisoning by *Scheele's green*, which he detected in pills, and a second of poisoning by *orpiment*, which had been mixed with tea. At any rate the additional experiment turns the solid substances to account, which in Dr. Christison's analysis are altogether neglected.

It may, perhaps, seem singular, that we have not yet alluded to the old experiment of the formation of a white alloy, by heating a suspected white powder in contact with copper; that we have not dwelt on the difference in appearance between the phosphate and arseniate of silver; and that we have not expatiated on the diagnostic powers of the garlic smell. We have not space, however, to bestow on these obsolete minutiae. One sentence suffices for their consideration; they should either be banished altogether from the memory of the experimentalist, or else remembered, like the pathology of Galen, for their absurdity alone.

To conclude; we may notice an extraordinary fact recently announced in the continental journals, namely, the detection of large quantities of arsenic in common salt, brought to Paris from Sezanne, department of Marne. In some parcels, from the use of which dangerous symptoms had arisen, MM. Latour de Trie and Lefrançois detected  $\frac{1}{2}$  grm. of arsenious acid in each ounce of salt. The source of the contamination has not been revealed, but the circumstance is, we believe, under investigation, and we shall not fail to communicate the result of the inquiry.

We have before us Orfila's lately published treatise on judicial exhumations, made for the purpose of detecting poisons at long or short intervals after death. We delay publishing any extracts from it, for a short time, as the work, amidst a variety of highly important information, contains some erroneous views, which it is our purpose to point out and endeavour to correct.

## ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Jan. 3, 1830.

## IMPETIGO.

On Thursday week, Gentlemen, eight patients were admitted into the hospital under my care, five of them women and three men. Among the women was a case of impetigo of the hands, which was rendered particularly interesting from the resemblance it bore at first sight to pustular itch; this was so great, that any person who had seen only two or three cases of the latter affection would, I am satisfied, have concluded that it was of the same nature. The hands were both rather swollen, but particularly one of them—very hot, and covered with scabs, in a state of discharge, and there were a few pustules here and there. The case, however, differed from that which you saw a few weeks ago in William's Ward, in the circumstance that this was confined to the hands, whereas in the case of pustular itch the feet and hands were both affected, as were also some parts of the body; in the next place there was heat, burning, and smarting, rather than itching; in the third place, although there were a few large pustules—a few phlyzacia—the chief part of them were of that kind which is called *psyrdracium*; not large, flat, full, circular, pustules, with hard, inflamed, and elevated bases, which I stated to be the qualities of phlyzacia. In this case the base was not elevated, and the pustules themselves were not elevated, but flat, and by no means full. Two or three of the pustules certainly exhibited very much of a phlyzacious character, but the great mass of them was *psyrdracious*—that description which occurs in impetigo. In the next place, I observed none of the vesicles which occur in itch. In the other case, besides the pustules of the ordinary phlyzacious character, and its being attended by great itching, there were a large number of minute vesicles, many of them with merely watery heads; many of them too had lost their heads, and had become slight elevations with black summits, such as you see in common itch; in other words, there was common itch united with pustular itch, which is generally the case when the affection assumes the pustular form. In the present instance, however, there was nothing of this

kind; the root of each thumb was clear, as were also the wrists, and therefore I had no hesitation in pronouncing the disease to be impetigo. In itch you almost always see the true little itching vesicles (many with black summits), at the roots of the thumbs, and on the wrists. Itch, too, is rarely confined to the hands; the feet, ancles, axillæ, and breast, at least, also suffer in most cases; and had the characters of the eruption not decided the point in my mind, all difficulty must have vanished when I heard her say that no one with whom she lived had caught the disease; that she had experienced it before; and that for many years, when younger, she had been plagued with an eruption on the head, and nothing more. In the former case I employed sulphur ointment immediately, but in this instance I did nothing of the kind. I bled the patient in the arm, and the blood proved *very buffy*. I applied cold water to the parts, and sprinkled them with oxyde of zinc. The patient at once improved, and is now mending very rapidly.

## LEPRA.

Another case was one of *lepra*. It was a very fine specimen of *lepra* in a young woman, and had only occurred about five weeks. Some of the patches were very large—of the size of half-a-crown; they were all circular or oval, and the largest of them occurred chiefly on the extremities. I found that, in her case, there were *drowsiness, heaviness, pain of the head, and giddiness*. She has been bled twice, and feels herself considerably better. No medicine has yet been given to her, as I intend to observe the effect of bleeding, as there are decided phlogistic symptoms about the head. The blood was *not buffed*, but notwithstanding that, the inflammatory symptoms about the head were quite sufficient to indicate the necessity of a loss of blood.

## BRONCHITIS.

A case of bronchitis also was admitted, characterised by sonorous rattle in various parts of the chest. There was merely soreness of the chest, without further pain; and there was, likewise, rapid respiration; the patient got well simply by bleeding; the case was not so severe as to excite any apprehensions of danger, or induce me to give her mercury. I bled her twice, and put her on low diet, and she is already well; the blood was buffed.

## EPILEPSY.—PRACTICE OF MASTURBATION.

Among the men, the first was a case of epilepsy; it occurred in William's Ward, in a young man *atat* 24. I think of all the diseases of the nervous system that we have



to treat, in which sense or motion is disturbed, epilepsy, next to paralysis, is the most common; it is infinitely more common than shaking palsy, St. Vitus's dance, tetanus, insanity, or chronic hysteria. It occurs much more frequently in males than in females, while St. Vitus's dance occurs more frequently in females, and it occurs particularly in young persons; whereas palsy, the other disease, which equals or surpasses it in frequency, occurs chiefly in middle-aged and old persons. You will always find a number of patients in the hospital labouring under the disease; indeed, we might fill many wards with them; there are several cases now in the house illustrating the disease exceedingly well. There is a case in William's Ward, which I admitted some time ago, of a young man in whom the disease appeared to arise from violent muscular efforts. I have several times seen the disease take place after violent muscular efforts, which drove the blood violently to the head, and likewise prevented its return. Violent muscular efforts are proved, by experiment, both to drive the blood more forcibly along the arteries, and to impede its return into the heart by the veins. From both these circumstances an accumulation of blood takes place in various parts of the body, and some persons suspect that one use of the spleen is to furnish a diverticulum for it, to receive an accumulation of blood when all parts do not thus admit of their usual supply, thus preventing the blood from accumulating in parts where an excess might be dangerous. I believe that Dr. Rush, of America, first proposed this theory; it is certainly true that the spleen is a very quiet organ in the economy, and will distend, under a dilating force, to a considerable size. However this may be, the accumulation of blood in the head from muscular efforts, is one cause of epilepsy, and was the principal cause in the present case, though perhaps the disease likewise arose, in some measure, from the practice of masturbation. It is said by writers, that this practice has a tendency to produce the disease, and, if so, it is very probable that the predisposition might thus have been acquired by the lad, and that the muscular effort was only the exciting cause. Whether this be true or not, the patient confessed that he had been addicted to the vice. He complained of nocturnal pollutions, and when a person complains of these to any great extent, you will generally find that he has been addicted to this vice. Of course all persons, even those who are perfectly chaste, are liable to this effect at intervals; but when an individual has them to great excess, and not from a debilitated state of body induced by other causes, you will generally find that the practice has produced a morbid irritability of the

parts, and a habit of inordinate secretion. This case illustrates a fact which you will frequently observe in epilepsy and other diseases of the nervous system, namely, that it is united with other nervous diseases. What we call *nervous diseases*, are really so many symptoms of certain affections of the nervous structure. A little increase of the intensity of the affection, or a little extension from one part of the nervous system to another, or the occurrence of it in some other parts of the nervous mass, will produce different symptoms; so that if chronic inflammation, or organic change, affect two or three parts of it, you will have two or three nervous diseases.

Now this instance of epilepsy is attended with hypochondriasis. The patient is only two or three and twenty years of age, and yet he is in a state of complete hypochondriasis. It is quite amusing to hear him talk, and he has sometimes really frightened the sister of the ward. He imagines that he is going to die; he says that he cannot get out of bed; that if he attempts to stand, his knees go from under him; and when he comes down stairs he creeps along. He says at one time that he has dreadful suffering from a tingling of the scrotum; at another time he has dreadful suffering from twitches about the ankles; and at another time he suffers dreadfully from a quivering of the lips. If you ask him seriously, and in such a manner that he does not suppose you are laughing at him, whether his finger aches, he says seriously, "Yes." He has no fixed fancy in his mind, but is in continual apprehension. He speaks so gently that you can scarcely hear him, mopes all day in a corner, and informed me with a very piteous look, at the last visit, that, for the first time these three weeks, he had almost had a nocturnal pollution, having awakened only just in time to prevent it. You cannot make an inquiry respecting any part of the body, without finding that some sensation or other exists there, which is a source of great anxiety to him. I have no doubt that these symptoms arise from some part of his brain being affected; and as the affection which has produced the epileptic symptoms has yielded to repeated local bleeding, the other affection is also probably inflammatory, and I shall persevere with the same measure to reduce that also.

The case of epilepsy which was admitted on Thursday week, occurred in a young man *ætat.* 24, and had only existed three weeks. The cause I could not ascertain, but the case is useful, as one which points out a thing which it is very important to know, but which, I believe, is by many persons passed over or mistaken. Before he had his epileptic fits, he had what he called fainting fits. I know that many persons are

said to have fainting fits when they have imperfect epileptic fits. In complete epilepsy a person loses all power over the body, loses his consciousness, and has convulsions. The loss of consciousness alone will sometimes happen before epilepsy is fully formed; before there are any convulsions. Power and consciousness are lost; and if this state last for a minute, or half a minute, of course he drops down senseless. If the epilepsy be still less perfect than that with the absolute loss of consciousness, the patient will suddenly fall, but he will be only half senseless; or, with still less impairment of consciousness and power, he will be only *about* to fall, and be still able to support himself by means of any thing near him,—afterwards immediately recovering. Here the loss of consciousness and power is not entire; the patient almost forgets where he is, but still is conscious of existence; and though unable to support himself alone, he does the best he can, and if near an object, may succeed in saving himself from falling. Now this is called fainting, though there is no affection of the heart whatever in the case; the face does not become pale, there is no quickness of respiration, no diminution of the force of the pulse, and nothing at all in appearance that looks like fainting, excepting that he cannot support himself, appears lost, and loses a certain degree of consciousness and voluntary power. This is a circumstance continually occurring in individuals who, after a time, lose their consciousness more and more in these attacks, lose it at length perfectly; then lose it for a longer and longer period, and finally have convulsions in addition.

It is stated by this youth, that he was formerly subject to what he called fainting fits, and that now he has regular epilepsy. He loses his consciousness completely, foams at the mouth, bites his tongue, and is universally convulsed; he has all the marks of the disease. What he calls fainting fits were no doubt imperfect attacks of epilepsy. You will see this most frequently in elderly people. They will fall down in a moment, and be completely lost. These cases have by many been called apoplexy; but there is no danger at all from them; and you are not under the necessity of bleeding, for the patient will come round spontaneously, even though he have a great number of attacks. I have seen persons who have said they have been subject to these attacks for many months, and even years, and where the affection had not been followed by paralysis, or any other disease except the perfect form of epilepsy; that is, complete loss of consciousness and convulsions of the body. It is important to know this, because otherwise you might suspect that such a person was labouring under apoplexy, and you

might give an unfavourable prognosis; besides, if you treated the patient in the attack as if he fainted, you would keep him horizontal, while the nature of the case would demand the elevation of the head and shoulders. I think the best information upon the subject, is contained in Dr. Pritchard's work on Diseases of the Nervous System, a book which is full of very sound information, and one which contains accurate views of the diseases of the nervous system. It is curious to observe the different degrees which occur in the loss of consciousness, from falling down, apparently in an apoplectic state, only that there is no stertor, nor great turgescence and blueness of the face, or these only in a minute degree—to the slightest attack of the affection. When these patients thus fall down from apparent apoplexy, they will come round of their own accord, without any measures being adopted; but if the person be of a plethoric habit it may be necessary to bleed him, because epilepsy will sometimes end in apoplexy. This is by no means a rare occurrence in old persons, and therefore sometimes it may be necessary to bleed them in the arm, or to cup them; but the case does not call for those vigorous measures which real apoplexy for the most part does, and though the course of treatment required may be antiphlogistic, it may be milder than that demanded after apoplexy.

In the last clinical lecture, I mentioned a case which illustrated another circumstance in epilepsy, and to which I then sufficiently alluded: I mean the occurrence before the fit, or at its commencement, of an odd sensation along the skin, which is called *epileptic aura*. The case spoken of to-day illustrates a variety which may occur in the fit, and there is now in the hospital a case illustrating another variety, that of partial epilepsy. Epilepsy is *imperfect* when there are no convulsions with the loss of consciousness, or when there is no loss of consciousness with the convulsions, or when either of these takes place only in an imperfect degree, such as the convulsions, for example, being mere tremors. And it is *partial* if the convulsions affect only a part of the body. There is a little boy labouring under diseased bone and anasarca, in a horrible state, in Jacob's Ward, who has partial epilepsy. I believe it affects only one half of the body; one half of the face is convulsed, and the corresponding half of the body is agitated—shaken—but hardly agitated so much as to deserve the word convulsed; still, however, the motions are of a convulsive character. Sometimes you see epilepsy more partial than this—affecting only an extremity. I have seen persons subject to epilepsy of this description, who, after a time, have had full

epilepsy. They will be seized with a violent shaking of the arm, and the paroxysm is nothing more than epilepsy occurring in a partial degree, exactly as paralysis may affect nearly the whole of the body, excepting the nerves of the muscles of respiration, till these also become affected, and death ensues: or it may affect only half of the system, or only a leg or arm, or part of the face.

#### REMITTENT FEVER—TRIAL OF SALICINE.

Of the two other cases admitted, one appeared to be remittent fever. It was very difficult to get an account of the man, I could not learn that he had been in an aguish district, but only that he had been ill seven days. He, however, resided in Thames Street, and had been some way along the banks of the river, though hardly into the country. He was seized on the Thursday before with violent shiverings, violent heat, and afterwards sweating, and he had also pain of the head. When I saw him he was shivering; his account, however, was imperfect as to the period of the day at which the attacks came on, but it appeared that he was affected with rigours at different parts of the day. Under these circumstances, I considered the disease to be remittent fever. Remittent fever will frequently occur insidiously, and unless you are quite up to it, you may as easily pass it over as some forms of epilepsy. I have had many cases of remittent fever which, in addition to the symptoms of continued fever, were merely characterised by excessive sweating; and other cases, in addition to the symptoms of continued fever, characterised by shivering at different times of the day. But there are other cases, again, in which the disease is perfectly clear from the train of shivering, heat, and sweating, taking place violently at certain periods in the twenty-four hours, or at certain more distant periods, besides the continued fever. In other cases there is no shivering nor sweating at intervals, but occasional, and, perhaps, periodical exacerbations of the heat, quickness of pulse, &c. That these diseases have been remittent fever has appeared from the rapid way in which they have yielded to the free exhibition of bark, after the failure of the ordinary remedies of continued fever. In the case of this man the remittent fever was becoming continued fever; his tongue was brown; he was constantly more or less delirious; his mind wandered, and was more or less in stupor; he was very deaf, and it was necessary to combine the treatment demanded by the two species of fever. It was requisite to apply blisters at the back of the neck, and to give him mercury. He took five grains of hy-

drarg. cum creta, and he also took the new French remedy, *salicine*. A remedy has been discovered by the French, procured from the willow, which is said to be as effectual in the cure of ague as quinine. This man took the remedy in the same doses; that is to say, he took five grains every six hours, and he is now doing remarkably well. I have, in fact, in typhus fever, given the sulphate of quinine with considerable benefit, several grains every few hours. The debility of this man would have induced me to give him this remedy, even had he not had the remittent form of the disease. When I found him shivering in bed, and ascertained that he had lived at the water-side, and had been near the tower-moat, which, for some time past, was a disgraceful focus of malaria and ague, I had no hesitation in giving him a remedy of this description. I am anxious to ascertain the powers of *salicine*, because, when they are once established, so that there will be a demand for it, it will be sold at a cheaper rate than the sulphate of quinine, although, compared with the original price of three guineas per ounce, that is now exceeding cheap. This is what I am told, although, of course, I am not very conversant with these matters. This man took the same dose as is given of sulphate of quinine in severe cases, and it appeared to have the same effect as quinine; that is, it neither sickened him nor heated him; it was as innocuous as the sulphate of quinine *usually* is; he still takes it, and is mending rapidly.

There was also a case admitted which I *fancied* might be remittent fever likewise, but really, from the state of the man's mind, I could hardly comprehend the nature of the affection. The man told me that he frequently had shivering at different periods of the day, and he afterwards told me that he had it at certain hours, and then only at twelve o'clock at night; altogether he could not give any account that at all satisfied me. I cannot positively assert, but I have a strong suspicion that he is a little deranged. He, however, in a few days, showed sufficient signs of inflammation of the chest, to render it necessary to bleed him: and observing the irritation in the functions of the head, I also deemed it requisite to have him cupped at the nape of the neck. He was bled twice for the bronchitis to the amount of sixteen ounces each time, and afterwards it was necessary to take fourteen ounces from the back of the neck. The great thing to be treated was the inflammatory disease of the chest, and from the degree of delirium which existed, and the strength of the pulse, it was necessary to take blood from the head; but whether he had been more or less deranged beforehand, or whether the head was in a state of excitement from the feverish condition into which he had been

brought by the pectoral inflammation, I cannot say; but he could not describe his symptoms to me at all, and therefore I was very much in the dark.

#### EPILEPSY—EFFICACY OF CROTON OIL.

During the week six cases were presented, and among them was one of *epilepsy*, which illustrated the common form of the disease—the simple, perfect, form of the affection, and also the mode of treatment which is the most successful. The affection occurred in a woman, *ætat.* 30, who had been ill two years, and ever since her last pregnancy but one. She was first seized when walking in the garden during the summer, but whether the heat of the sunbeams upon her head had produced it or not, I do not know. She was, however, subject to vertigo, a throbbing in the head, and some hysterical symptoms; but the epilepsy was shown by her being insensible during the fits, foaming at the mouth, and complete loss of consciousness. The epilepsy began during the second month of her last pregnancy but one, and she also lay in seven months ago. There was nothing peculiar in the affection whatever: it was the regular form of the disease, but it was interesting, as showing the use of antiphlogistic measures alone. I believe that by far the most successful treatment for epilepsy is that of keeping down fullness, and an inflammatory state of the head, and she was accordingly twice bled to fainting. She was cupped on the occiput, and after that twenty leeches were applied, her bowels being regularly opened with croton oil; under that treatment she did very well. She never had a fit after she came to the hospital. She was admitted on the 16th of November, and presented on the 23rd of December. She took half a minim of croton oil every day.

I am anxious to impress you with the great use of croton oil in keeping the bowels regularly open. Every practitioner knows the important use of this medicine as a strong purgative, but I am not aware that it is sufficiently used for merely keeping the bowels open. There are some persons who cannot have a motion every day without the aid of medicine. To some persons it is perfectly natural not to have a stool every twenty-four hours, some few have only one once a week, or once in ten days, and instances have occurred where there has only been a stool once a month habitually, and yet the persons have enjoyed perfect health; most persons, however, are better for having one every day, and are uncomfortable if they have not. It is frequently much the best for an individual not to take opening medicine if his bowels are only accidentally confined, for nature will generally relieve herself in a day

or two without any assistance from art, and a habit of taking purgatives is much better avoided. There are many persons, however, who are ill if they pass the usual time without, and nature is not always able to adjust matters herself, while in some cases it is necessary, on account of other diseases, that the bowels should be kept regularly open. This was the case with this woman. I was anxious that she should be a little purged, and for this purpose, as well as for procuring a regular daily evacuation, I think no medicine so useful as croton oil; say the fraction of a drop; the sixth, the fourth, third, or half of a drop, once a day. Some persons may take the eighth or tenth only of a drop every night or morning, mixed up in any aperient pill. This not only procures a regular motion, but the medicine will not lose its effect; I have very seldom, indeed, met with a case of failure. The great complaint against all aperient pills is, that after a time they lose their effect. You find when persons have taken the contents of a few boxes, that two must be taken instead of one, or three instead of two, and at last they will take several without any effect being produced. If you put into any aperient pill a portion of croton oil,—say one, two, three, or more drops into twelve pills, and give one daily, or every two or three days, you generally find the medicine preserve its opening powers. It is a rare thing for it to lose its efficacy. On the other hand, I continually find that less and less of this medicine answers, and that the quantity may be diminished. If you begin with half a drop every night, the patient often will soon require only one-third, and at last only one-fourth. I have known instances of persons who had required half a drop, ultimately come to need only the tenth of a drop, although they had previously been habitually costive for many years; had been tormented, indeed, during the greater part of their lives. I think one of the most valuable properties of croton oil is the effect which results from its being exhibited in minute and habitual doses. Still, however, it is to be remembered that some persons cannot bear it at all; there are some persons whom it will always make sick in any quantity that is sufficient to evacuate the bowels, and there are others whom it always gripes. You will find a peculiarity of susceptibility in different people to all medicines, to sulphate of quinine, iron, rhubarb, and nearly every article of the *materia medica*: indeed every article even of food disagrees with somebody or other. I think you will find croton oil a very valuable medicine when employed in the way I have pointed out. Many persons I have known who have been in the habit of taking calomel or blue pill to open the bowels, than which I do not think

there can be a worse practice, because it produces a constitutional effect, besides the effect it has upon the bowels : it keeps them in a state of more or less debility of stomach, and renders them very susceptible of taking cold : it does more than you desire, and does not act as a mere aperient. If, instead of putting a grain or two of calomel into an aperient pill, you employ the croton oil, you will find it answer perfectly well, and the constitution will be uninfluenced. This woman took a considerable quantity of the remedy ; that is to say, she began with half a minim every day, because her bowels were very torpid (and it was an object with me to purge her to carry on antiphlogistic measures briskly), and she took, likewise, camphorated mixture, or assaefetida mixture, on account of her flatulence and globus hystericus. She had not a single fit while she was in the hospital, and she went out perfectly well, but of course liable to a return of the complaint if she indulge in good living, and drink malt liquor, wine, or spirits.

#### INTERMITTENT PALSY.

There was a case of disease of the nervous system presented of a curious character, the first of the kind I ever met with, intermittent palsy. I have read of it in authors, and you will find it mentioned by Cullen as *paralysis intermittens*. Now among all the patients I have ever seen, and these amount to between thirty and forty thousand, including those in various public establishments and private practice, I had never met with an instance of this description. It was a case of intermittent hemiplegia. The man was admitted into Jacob's Ward some time ago, and I mentioned his admission at the time. I gave him no medicine, because I was desirous of seeing whether his account was true or not. I seldom give medicine in aguish or intermittent complaints till some one in the hospital has witnessed the occurrence of the paroxysms. He staid here three weeks without having a paroxysm. He was, however, a very respectable man, and I did not doubt his account. He then went out of the hospital, enjoined by me to return if his disease reappeared. One day when I came to the hospital, some time afterwards I found him in the courts, and he said he had been seized with a paroxysm that morning, and he actually was then in a state of hemiplegia of the left side. I saw it myself. I made him walk, and he dragged his leg in a semi-circular way, as patients usually do when they are labouring under hemiplegia, and he could not raise his left arm. It began at 10 o'clock, and this was the usual course of the disease. He had told me originally that the paroxysms came on at 10 o'clock in the morning, not every day, but every third or fourth day, and, with a single

exception, never after a longer period than that ; but on one occasion there was an interval of sixteen days. He was 48 years of age, and had been subject to this affection for two years and a half ; and the paroxysm would last from three to four hours. But although it only lasted that time, he was not perfectly clear from it the whole of the day. He never knew the paroxysms begin later than 11 o'clock, or earlier than 10 ; from 10 to 11 was the regular period, till a week before he had been admitted, when one attack came on at half-past 10 in the evening—the usual hour, but in the evening instead of the morning. The affection was not more frequent then than when it first began. The man looked sickly, as if he had had ague, but still more as if he had suffered from a hot climate, and it appeared that he had been in the East and West Indies, and that he had had fever both at Bombay and Batavia. He had suffered from dysentery, and when he was in the hospital he had diarrhoea. I do not doubt that this was the effect of malaria—that his hemiplegia was a form of ague. I will not quarrel about words, you might say it was not ague, because unattended by shivering, fever, or sweating ; but I have no doubt it was as much the effect of malaria as ague is : it was merely a variety of the same affection of the system. Supposing this to be the case, and having witnessed a paroxysm myself, I now gave him the sulphate of quinine, and as the disease was of long standing, I began with a good quantity,—five grains every six hours ; this medicine very soon put a stop to the complaint, but not till I had increased the dose to ten grains every six hours, so that he took forty grains in the twenty-four hours. This is the dose that is often required in quartan ague, and the present was a worse form of the disease than quartan, because it occurred on the third or fourth day, and the longer the interval between the attacks, the greater is the difficulty of curing the affection, which may be considered as so much the more of a chronic character. It is not a matter of wonder that that large quantity was required. He continued in the hospital from his first admission on the 13th of October till the 23d of December,—rather more than three months, without any other attack whatever, and his health became greatly improved. It is wrong to suppose that malaria does nothing more than produce these particular forms of intermittent disease ; it poisons the whole body, and many persons are destroyed by it who never had ague at all, so deadly is the poison. His health, however, regularly improved under the quinine ; he became strong, his countenance was better, and altogether he found that he had received very great benefit from it. However, on the 28th of the same month,

five days after his presentation, he came to me, saying that he had had a slight attack, a very slight one, that morning, but still it was an attack, and it occurred rather later than usual, some little time after 11 o'clock. When I saw him, at about half-past one o'clock, it was then nearly gone off. I increased the quantity of sulphate of quinine to fifteen grains every six hours, and if that be not sufficient I shall give him more, as he is to come to me from time to time. I had a person in the hospital who was not cured of ague with less than a scruple every six hours and therefore I shall not be surprised if that quantity be required in the case of this man; but I have no doubt that eventually he will be perfectly cured, though he may need very large doses.

This is a very interesting case, proving that paralysis is not necessarily an organic affection; that hemiplegia does not necessarily arise from effusion, or from compression of any kind, at least of an organic nature. If any compression do occur in this man, it can only be during the fit, for at other times he is perfectly well; it is entirely, I presume, an affair of *function*, induced by a particular poison. I have at this moment in private practice a very curious case, in which disease has arisen from malaria; it has occurred in a young gentleman about eleven years of age, who lives by the side of the Thames. He had diarrhoea at school, which was allowed to run on; he was, however, taken home, and treated very properly by the gentleman who attended the family, by leeches to the abdomen, and I believe a blister, and all went on very well. He had tenderness just on one side of the umbilicus; he was, however, seized all at once, at a certain hour of the evening, with violent irritation, severe itching, tingling, and redness at the leech-bites, some feverishness, just at the very part where all the leeches had been applied, and every leech-bite became red and swollen. His sufferings were extreme, but after lasting for a certain time, all these symptoms went away. At the same hour the following evening the same thing occurred, the leech-bites became swollen and hot, and he fell into a state of general excitement, from, as it would appear, the itching and tingling. The medical gentleman immediately saw him, and thought the attack was of an aguish character, and, as the family lived in a low spot by the side of the Thames, he gave this lad twenty grains of sulphate of quinine, in divided doses, before the time of the next expected paroxysm. The attack came on the next evening, but at a later period than usual, showing that the remedy had produced an impression. It is common for the remedy not to stop the disease at once, but to cause the fits to be postponed. I,

however, was sent for, and I told the family that I was quite satisfied that the youth was going on right; that the quinine was the only remedy, and that it must be persevered in at the same doses. The fits were very distressing indeed to the family, alarming, and we both agreed that it was better to go on with twenty grains in the twenty-four hours. The next day the paroxysms appeared later and more slightly, and then came on once in two or three days, and still more slightly; he presently became perfectly well. At the end of a month he went out of doors, and was exposed to cold, and from his extreme anxiety to regain the time he had lost from school, for he was a fine boy, a paroxysm came on again, but rather mildly; the medicine was again had recourse to, and the immediate effect was a postponement and alleviation of the next paroxysm, and I have no doubt that if he continue to take the remedy for some weeks, he will not have a relapse. These remedies will not cure the disease unless you give them for some time after the disease has appeared to cease. Sometimes it is necessary to give them for many weeks; sometimes it is necessary to do more than this—to remove the patient from the spot. Just as in syphilis, if a person get cured, and return to the same quarters, the mercury he has taken will, of course, not prevent him from again catching the disease; so a person may be cured of ague, but if he continue to live in the same unhealthy quarters, of course the poison may operate afresh upon him; and as in syphilis mercury must be taken for some time after the symptoms have all disappeared, so must quinine *after* ague.

#### DROPSY—DISEASE OF THE HEART AND LUNGS FROM DRINKING.

I had better speak of the other cases in the next lecture, as our time is exhausted; I will, however, show you the lungs and heart of an old gentleman, whom you must have seen several times in William's Ward. He came to the hospital last spring, with his legs much bigger than his thighs ought to have been, and his thighs nearly as large as his body should have been. By giving him full doses of elaterium, many grains in the course of a day, after he had been here a month or two, he went out perfectly free from dropsy; however, as he had had an effusion into the pleura and pericardium, and a diseased heart, it was clear that his symptoms would all return. He came back some time ago, with his symptoms more or less renewed, and the disease of his heart was then still apparent. There was a violent beating—a strong action of the left ventricle, attended with a bellows sound. The heart beat violently over a great extent, and the bellows sound was loudest at some dis-

tance from the usual part, far to the left side, rendering it certain that he had hypertrophy and dilatation, and a difficult egress to the blood in the left ventricle. It was quite clear that there was hydrothorax besides anasarca; on the right side of the chest there was not the least hollowness of sound on percussion, or respiratory murmur, even up to the clavicle, and to some extent there was the same dulness on the left side. There was no rattle; nothing to show any inflammation of the bronchiæ or air-cells. Now, in opening the heart, you will see that the left ventricle is very much thickened and dilated; you observe that the aorta is much diseased. I cannot show you the narrowness of the mouth, because it is all laid open, but on passing the finger down, it was found to be exceedingly narrow. The roots of the aortic valves are very much hardened, and the whole is constricted, so that, though the plates of the valves are free from disease, the mouth of the vessel was strictured. Effusion into the chest will occur from disease of the pleura. You will find in many chronic cases of ascites and hydrothorax (and, by the way, chronic cases of hydrothorax are very rare, excepting as a symptom of disease of the heart), that the pleura and peritoneum are diseased. You see here that the pleura is much diseased; much thicker and harder than it ought to be; there is a chronic organic affection of the membrane. All that can be done in such a case is to excite absorption from time to time by diuretics, and more particularly by strong purgatives, of which elaterium is the best. The lungs under the diseased pleura were impervious to the air; they were not exactly in a state of hepatization nor of induration, but had become of a very tough impervious character. The liver is more or less diseased; the biliary part is much increased. I believe he had been a hard drinker at one time of his life, and whenever people assume that character, of course they pay the penalty sooner or later. One of the best sermons for drunkards, and for regular and respectable tipplers, would be to exhibit to them the heart, lungs, and liver of a drunkard by the side of specimens of sound organs. It would produce more effect than all the good advice that could be given them. I had just begun to exhibit elaterium as I did when he was here formerly, and no doubt should have succeeded a second time in emptying him. I before found it necessary, after trying small doses, to give him daily a grain, and repeat it every two hours till it purged him thoroughly; and gradually less and less had been required. But, poor man, he had become fretful, and having been in better circumstances, began to be haughty and intolerant to the other patients, and at last put himself into so great a rage about some non-

sense, some fancied want of respect or attention on the part of I know not whom, nor indeed of how many persons, that he suddenly fell back dead while drinking his tea—an event by no means uncommon to patients so affected.

## CLINICAL LECTURE, Jan. 10, 1831.

### VARIOUS CASES.

I was finishing, Gentlemen, in the last lecture, the cases which would have been spoken of a fortnight ago, had it not been Christmas week, and which had been presented during the preceding week, but two or three of them remained unmentioned.

*Fever.*—One was a case of continued fever in a woman, but there was nothing particular in it. It occurred with the usual symptoms, and was cured in my usual way.

*Rheumatism.*—Another was a case of acute rheumatism among the women, with the usual symptoms; it presently yielded to the free exhibition of the *vin. radidis. colch.*

*Asthma.*—A third case was one of asthma among the men, which arose from chronic bronchitis. A great number of cases of what is called asthma, are nothing more than chronic bronchitis; and even when patients have spasmodic difficulty of breathing, in a great number of instances chronic bronchitis is united with it, and is its foundation and groundwork. When the bronchial tubes are in a state of chronic irritation or inflammation, they are often thrown from time to time into spasms, and persons consequently experience paroxysms of dyspnoea. We daily see cases of spasmodic difficulty of breathing united with chronic irritation and excessive secretion of the mucous membrane; and from the disease being so common, I shall say nothing of this individual case.

### OVARIAN DROPSY.

A woman with ovarian dropsy went out of the hospital this week. You will recollect that a woman was admitted a few days before of very large size, who had been twice tapped. Her size was immense, and her health did not particularly suffer. It was evident from this circumstance, as well as from the disease having begun on one side low down, that the dropsy was ovarian. When the dropsy is peritoneal, the health suffers infinitely more than when it is ovarian. The ovary is a part not necessary to life. Indeed it is out of the way of external injury, liable neither to mechanical violence, like the brain, for example; nor to injury of our own infiction, like the stomach, which suffers from improper ingesta; or like the heart, which suffers from violent exercise; nor is it, like the lungs, exposed

to mischief from improper temperatures. It has few morbid sympathies, and a woman, as far as her own being is concerned, could do as well without it as with it. When the dropsy is peritoneal, connected as that membrane is with the stomach and intestines, and other important viscera, so as to form a part of them, great injury is occasioned. Indeed it is usually accompanied by visceral disease. This woman's health suffered but very little. It did not appear in this case that the whole of the ovary was one sac, and for this reason,—that whenever she was tapped, a considerable tumour still remained. She informed me that she had been tapped twice, and after each time she had very soon become as large as she was before.

You may learn from this case, what I think a well-ascertained fact, that when a woman with ovarian dropsy has been once tapped, the tendency to accumulate is increased to a very high degree. A woman, if she be not tapped, may go on for a great length of time. I have known the disease go on for fifteen years, gradually increasing all the time, but very slowly, without tapping. A woman, however slowly she may have increased before, will, if you tap her, increase generally rapidly; and it should therefore be a rule never to tap a case of ovarian dropsy, till the distension is such that the operation is indispensable. You will afterwards have to operate again and again, so great does the tendency to secretion become. Of course it is necessary to tap a patient if there be great pain from distension, which cannot be relieved by medicine of topical means. But you will find generally,—I seldom use the word "*universally*,"—that when the ovary has once been tapped, the fluid accumulates in a ten-fold degree. This woman had never been pregnant. You will find that a great number of women with ovarian dropsy are single women, or if they have been in the way of impregnation it has never answered. The ovaries are generally *disposed* to the performance of their functions, and *disposed* to disease. This woman was thirty-five years of age, and had been married thirteen years, but had never been pregnant. The dropsy had existed fourteen months, and she had been tapped twice. The last time she had been tapped, was three weeks before her admission, and she had been tapped only three weeks before that for the first time. She had gone on upwards of twelve months without being tapped, but having been once tapped, was obliged to undergo the operation again in three weeks, and then in three weeks more she was in such a state of distension, that I found it necessary to have her tapped soon after her admission. She wished to be tapped immediately. I put

her off, however, as many days as I could, to give her a chance of the absorption of the fluid, but at length I was obliged to have recourse to the operation.

When the fluid was let out, I believe about twenty-nine pints came away, but there still remained a considerable tumour within the abdomen, exactly as, she said, had been the case after the two preceding operations. It seemed that one part of the ovary had formed a large sac, while other parts formed other sacs. In some of those cases, in which a tumour remains after the operation; you will have an enlarged ovary, and ascites around it; I should say ascites of the peritoneum, for both are ascites,—there is an ascites of the peritoneum, and an ascites of the ovarium. But besides the disease of the ovarium, whether dropsy or solid enlargement, you will sometimes find dropsy of the peritoneum. In that case, however, the health materially alters; the patient does not last so long as in a case of this description. I should imagine, therefore, from the very fair—I may say *good* state of this woman's health, that she was not labouring under dropsy of the peritoneum. But I am not absolutely certain. It might either be dropsy of the peritoneum around a diseased ovarium, or one portion of the ovary might be far more distended than the rest—the fluid of this part being unconnected with the rest in the organ.

I was beginning to rub upon the abdomen, for an hour night and morning, the hydriodate of potass, in the form of an ointment made up with a drachm to an ounce of adeps, and to give her internally the solution of the hydriodate of potass, made with a drachm to an ounce of distilled water. I began with fifteen minims three times a day, and had increased the dose to forty-five minims three times a day. I believe that if any medicine does good in these cases, it is iodine. It is wrong, in a case of dropsy of the ovary, to give violent purgatives and diuretics, for they will all fail, and mercury will do no good, but assist in breaking up the constitution. If iodine did not exist, I would not use any medicine at all; for, excepting iodine, I never saw any medicine, whatever the kind, prove of the slightest service. I have seen large tumours diminished, and some cases apparently cured by this remedy, but, of course, we are not to expect general success, because a large mass of disease frequently exists, of which it would be too much to expect that this, or any other medicine, would cause the absorption. However, there is a woman now in the hospital, who has had the disease four years, and lies a bed or two distant from this woman, whose abdomen is steadily diminishing under the external and internal use of iodine, but whe-



ther it will entirely yield or not, I do not pretend to say.

I may mention, that I recollect perfectly well attending a case of this description, which was decidedly a combination of diseased ovary, —solid enlargement of the ovary, and dropsy of the peritoneum. It occurred in a young lady. The abdomen had enlarged first on one side, and presented a circumscribed solid tumour, but by degrees the whole of the abdomen increased together, and fluctuation was perceptible. Her health declined very much, and it was soon necessary to tap her; and the moment the operation was performed and the fluid let out, a tumour was perceptible on one side, as large as the head of two infants placed in their a vertical line together, projecting considerably forwards. After a time, the water again accumulated in the peritoneum, the circumscribed tumour was lost, and tapping was required again, when the tumour again came into view. The operation was performed several times, and, finally, she died. The case made an impression on me, from the circumstance that a man was called in, who has since become very notorious for his cases. I had considered it my duty to inform the friends, that a surgeon must attend from time to time, and let out the fluid, by which means life would be protracted, but that as for curing the disease, it was out of the question. This it was my duty to say, that, if my attendance were commanded, it might not be in the hope of my curing the case. An honest opinion like this was not acceptable or believed, and a man of *art*, not of science, was called in, who, of course, said he could effect a cure, which of course, from the impudent positiveness of his declaration, was at once believed. He began immediately to rub the lady's abdomen. I was asked to meet him, but declined. I begged to retire while he had the charge of the case, but I expressed my readiness, should they again require my assistance, immediately to attend. He accordingly took the case under his care, and commenced the same evening to rub the abdomen, and when he had rubbed and wiped the abdomen, and even his cups clean, he told the patient, as she herself informed me, that he had "*killed the lump*." He attended the next day and rubbed again, and when the second rubbing was over he told her that he had "*reduced the lump one-third*." He rubbed again in the middle of the day, and then he said he had "*reduced the lump one-half*." He continued rubbing, or standing by while he caused rubbing, three times a day; but what the progression of diminution was I forget. The fact, however, was, that the water accumulated in the peritoneum again, and enveloped the tumour as it had done

before, and he might have said the "*lump*" was entirely gone, or split into twenty pieces, and no one could have contradicted him, for the immense body of fluid collected around the tumour completely prevented all examination. He went on in this way, and soon the time arrived at which she was to be tapped again. I was sent for, and a very eminent surgeon of another hospital attended with me, who had always tapped her before. The man who had been called in, wished to bring his own surgeon. Who that was I do not know, but the family would not allow the operation to be performed by a stranger. The surgeon who attended with me was not to be told that this worthy man had been called in, and I kept it a secret from him, but he was to give his honest opinion whether the tumour was larger or smaller than when he last tapped the patient. The tumour, I saw, as the water flowed, was become larger; and when the water was all let out, and the integuments rendered flabby, and the great protuberance stood out on one side, he was asked his opinion, and honestly replied that he was sorry to say that the tumour was nearly as large again as when he had last performed the operation. This was the truth, and yet the man had the effrontery to say that he had *killed the lump* the first time of rubbing, reduced it *one-third* the next, and *one-half* the third time! However, notwithstanding this, the same individual attended for a considerable length of time afterwards, and, among other things, he recommended an "*earth bath*," which he proposed to make by putting some "*garden mould*" into a warm bath; but this proposal he was not allowed to carry into effect. It was, in fact, merely making a warm-bath dirty. He had heard of an "*earth-bath*," as it is called, which is given by burying the patient up to the chin in earth, and is practised in some countries. He thought this earth-bath might be made if he took a few handfuls of garden mould and put them into warm water. The family asked my opinion, and I informed them that if a certain quantity of mould was put into warm water, it would make a *dirty-water-bath*; that if a certain quantity more were added, it would make mud—a *mud bath*. The family viewed this in its proper light, and would not allow it. At last they saw through him, and suddenly sent him about his business. At another time, he had thought of a fomentation, but positively did not know how to make it; he applied the stalks of his herbs instead of the strained liquor, and so hurt and scratched the patient that she would not allow it. He was not then conscious of skill in any particular disease, but *cured cases in general*, and has since acquired a high reputation among people of con-

sequence and condition, but not of what the middle classes consider real education and common sense, and some imagine that his coming was accurately foretold and faithfully shadowed forth by Moore the poet. Whether Mr. Moore thought of him when he wrote the "Fudge Family," or not, I do not know, but some think the description as faithful as a prophecy ought to be.

"There's *Jack* the doctor; night and day  
Hundreds of patients so besiege him,  
You'd swear that all the *rich* and gay  
Fell sick on purpose to oblige him.

And while they think (the precious ninnies!)  
He's counting o'er their pulse so steady,  
The rogue but counts how many guineas,  
He's fobbed for that day's work already.  
I'll ne'er forget th' old maid's alarm,  
When feeling thus Miss Sukey Flirt, he  
Said as he dropped her shrivelled arm,  
'D——d bad this morning—only 30.'

His skill too in young ladies' *lungs*,  
The grace with which (most mild of men)  
He begs them to put out their tongue,  
Then bids them put it in again!  
In short there's none like Doctor *Jack*;  
Take all your doctors, great and small,  
Of present times and ages back,  
Dear Doctor Fudge is worth them all."

(Much laughter.)

However, to go on with the particular case: this woman was tapped in the hospital, and after the tapping a certain degree of inflammation came on. This is not a very unusual thing after tapping. Under such circumstances it would have been exceedingly injudicious to have allowed her stimulants. She, however, had been accustomed, she said, after her former operations, to be allowed porter. Here, she had leeches applied more than once to the abdomen on account of internal inflammation which came on. When it was necessary to resort to this treatment to overcome peritonitis, it would have been absurd and injurious at the same time to have allowed her porter. But she was so displeased with me for not allowing her porter, that she left the hospital in this inflammatory state, and what became of her afterwards I do not know.

#### VISCERAL ENLARGEMENT.

A case was presented, illustrating the beneficial operation of mercury and iodine in visceral enlargement and in effusion. A woman was admitted in October, aged 33, saying she had been ill three months. She had ascites and œdema of the legs, and the liver could be felt distinctly, hard and enlarged, its well-defined margin descending to the umbilicus. I began with two grains of submuriate of mercury twice a day, and continued it after her mouth had become sore,

in sufficient doses to keep up a gentle soreness. She took also the solution of the hydriodate of potass, at first ten minims, and at length seventy minims each dose. The ointment of the hydriodate was well rubbed into the abdomen night and morning. She soon made a large quantity of water, the hydriodate often acting powerfully as a diuretic in dropsy; soon lost her dropsy, almost entirely, and the liver became smaller, and much less hard, so that she considered herself well enough to leave us at the end of December.

A female died that week of phthisis, who had been admitted labouring under acute laryngitis, which had supervened upon the chronic form of the disease, but which was soon arrested by leeches and ptyalism; the consumption of course proceeded.

In the same week two patients only were allotted me, one of which was a case of *phthisis*, and the other of *pediculis* in the head.

#### LICE.

You will think it singular that a patient should be admitted merely for vermin in his head; however, I did not admit him, and I presume he was admitted because he had an eruption in the face, and because he applied when there were so many beds vacant, that every one who applied was admitted. It was not known when he was admitted that he was in this unfortunate state, otherwise he would not have been received, because there is a rule that no person with vermin shall be admitted into the house. He came in with an extensive *popular eruption* on his face, and the case is important in that respect. He was admitted on account of the eruption. When I went to the ward to see him, and was told by him there was nothing else the matter with him, I really could not understand what the eruption arose from. It was of a character that puzzled me, and I did not give it a name. The nurse, however, requested me, and for very obvious reasons, not to go too near to him. It then struck me that the eruption arose from the inhabitants of the head, and I ordered the head to be washed with a strong decoction of *staves acre*, which is an acrid poison. On the next visit the eruption was gone, and nearly the whole of the myriads of vermin destroyed, a few only remained at the *pole*; and I discharged him with such an allowance of the decoction as would soon entirely eradicate them.

Now this case is interesting, as pointing out that an eruption may arise from accident, that is, without any fault in the constitution or skin itself, but from external causes. This was a sailor, but an extremely clean respectable-looking man for his situation in life. I asked him how he had fallen

into such a condition, and he told me he had been in Russia, where I believe that lice prevail to a very great extent (some travellers say that every Russian teems with them from the palace to the hovel), and that it was in some of the Russian sea-port towns that he had acquired the vermin. I wish it was in my power to liberate all *Poles* as easily from their *Russian* foes. (*Laughter.*)

I may mention, while on this subject, that there was a naturalist, a great entomologist, and a very clever man, who had an eruption in another part of the body, which he could not understand. He was not in practice, though a physician. He went to Mr. Abernethy, who at once told him his eruption arose from vermin. They were not of the same description, but inhabited a warmer climate—a more southern region—nearer to the *equator*—and if you like to name it from its inhabitants, the tropic of *cancer*, and they, like other inhabitants of warm climates, were of a *darker* hue. The naturalist had wished to observe the habits of those creatures, and for this purpose had procured, he told me, a few, and transferred them to the spot which he knew was their proper soil, and he had afterwards entirely forgotten the circumstance. They however increased and multiplied, and replenished the spot, and great irritation of the part came on, followed by an eruption, and rendering him very miserable. It is curious enough that, though he was a naturalist and great entomologist, he had not the slightest idea of the cause of his sufferings, nor recollected that he himself had been the instrument of emigration and colonization. A single good powdering with white precipitate, or at the utmost two, washed off at the end of half an hour, never fails to exterminate the tribe.

#### DYSPEPSIA AND PALPITATION OF THE HEART.

There was presented, during the week, a case of *dyspepsia* in a female, which was attended by *palpitation of the heart*. She was sixteen years of age, and had been ill fifteen months. You will find palpitation of the heart very frequent at that age, often with dyspepsia, but without organic disease of the heart, or any inflammation of that organ. Here I found a pain in the lower part of the cardiac region to the outside, and I believe this arose entirely from the state of the stomach, because she had great acidity. She had had leeches and blisters applied, and been frequently bled, but without any relief. There was no reason to suppose it was at all inflammatory; but finding that she had such extreme acidity of the stomach, and recollecting that I myself had great acidity of the stomach during

erysipelas of one leg, and violent pains often in the day, felt not in my stomach, but actually in or on my *ribs*, which I could instantly remove by putting my finger down my throat, and bringing up a drachm or two of very acid fluid, I conceived that the pain arose from that cause. And with respect to the palpitation, every part of the heart was beating with equal force; that is to say, there was not one ventricle, or one auricle, or two ventricles and one auricle, beating with more force than the rest, or with unusual noise, but with equally excessive rapidity and force; and when this is the case, you may be almost sure there is *no organic disease*. She also was subject to vomiting, which rendered it still more probable that the source of the disease was the stomach. The only medicine she took was *prussic acid*; at first two minims three times a day, and the dose was gradually increased to seven. As the remedy did not produce any effect at first, I gradually increased the dose to three, four, and so on, till it came to seven minims, and then the complaint gave way. After a short time, however, I found that the medicine began to disagree with her a little, and I was obliged to reduce the quantity to five minims. The girl went away perfectly well.

If you only give *antacids* in these cases, you merely remove the effect, while the cause remains; but if you give prussic acid, you relieve the morbid irritability of the stomach, which is the grand cause of the disease. It was of course necessary to keep her bowels open, and for that purpose she took colocyath pills; but it was not till the dose of acid was increased to a considerable amount, that a cessation of the vomiting, a cessation of the acidity, and a cessation of the palpitation, took place. I have not been able to control palpitation of the heart by prussic acid, where it has depended on affection of the heart itself, but where it has arisen from the state of the stomach, then I have controlled it exceedingly well, and caused it to go away exactly as it did in this case, together with the affection of the stomach.

#### ERYSIPELAS.

There was a case of *erysipelas* brought in to William's Ward, which was very slight, and gave way, I believe, simply to low diet and the application of cold water or an evaporating lotion to the face; it required nothing more. The *sulphate of quinine* was prescribed, in very small doses, before I saw the patient, but from what I observed of the case, I do not think it had any share in controlling the disease; it was such a case as you will see give way every day to the

application of cold, and to placing the patient on low diet.

Many persons fear the application of cold in erysipelas; in general there is no occasion for such apprehension. I have never known ill effects from it, and I have resorted to it, I had almost said, in hundreds of cases. If the patient feels it unpleasant, then it is improper to continue it; and you know my practice is to apply cold as long only as it is pleasant, but to change it for a warm application, if the warmth becomes more agreeable to the feelings of the patient. In general cold is exceedingly grateful in such cases, and I believe never does harm if you properly attend to the feelings of the patient, and take care to institute such evacuations as may be demanded.

A case has occurred of erysipelas in a man admitted for chronic peripneumonia and bronchitis, which I will mention at this moment. An abscess had taken place about the situation of the pectoral muscle. The other day I found him with erysipelas of the corresponding shoulder, extending over the upper part of the back. In such a case it is very common to find it spread all over the back and sides. Now, I have found the best effects produced by applying the *nitrate of silver* around the inflamed part; it has prevented the inflammation from spreading. It was had recourse to in this case in this manner:—A sort of ribbon of the nitrate of silver was made around it, and the affection did not pass beyond that ribbon. A stick of the nitrate of silver was wetted and rubbed to about the breadth of an inch and a half, all around the inflamed part, giving something like the appearance of the river Thames in the maps of London, and the erysipelas was arrested; it never went beyond that mark.

I have seen a curious circumstance take place in two or three cases where this application was not made perfectly—where there was not perfect continuation, but a little portion of the skin was left untouched. The erysipelas found its way through the aperture, through the breach occasioned by the want of continuity in the application of the nitrate of silver, and spread as it would have done almost as if no nitrate of silver had been applied.

It is a very curious circumstance, that the nitrate of silver has this property much more than any other application. A *blister* will sometimes have the same effect, but it is not always to be depended upon. Mr. Higginbottom's book deserves your perusal.

This case is worthy your notice, for the disease would undoubtedly have spread, and the man would, in all probability, have died had it not been for this application. The man was much debilitated; and he had the

sulphate of quinine in large and frequent doses; strong beef-tea, and every description of nourishment, were administered.

#### MERCURIAL RHEUMATISM.

I shall have no time at present to dwell particularly on the other cases that have been presented, but I may mention, that there was a case of *mercurial rheumatism* presented which gave way under the exhibition of *mercury*. When rheumatism comes on during or soon after the exhibition of mercury, the best way to get rid of it for the most part is to give mercury again.

#### SPASMODIC COUGH.

I may mention a case of *spasmodic cough* in a young man who died through being seized with peripneumony. He came in with a spasmodic cough, which had for some time been treated antiphlogistically in vain. I knew that in many cases of that description, where there is no disease in the lungs, nor pain, nor rattle, but simply a violent, tearing, noisy cough, coming on in sudden fits, and without expectoration, *Iron* has a great effect, and I have cured many such cases with different preparations of iron. This case was yielding rapidly to it, when the door of the ward was unfortunately set open one day after my visit, to ventilate the ward, during the severe frost, and when I saw him he was actually dying!\*

#### PARALYSIS AGITANS.

There was a case of *chronic bronchitis* also presented among the men, and one of caries of the pelvic bones in a boy. But I wish just to mention before we part, the case of *paralysis agitans*, which I spoke of in the first lecture this season, and which went out last week, I am sorry to say, no better than when the patient came in. I gave him iron freely, but it failed. He was freely and regularly electrified, but in vain, and the cold shower bath was had recourse to with no more success. He said that the iron had liberated him from the pain in the head which he had before he began that medicine, and the iron had made him stronger, but certainly he shook just as much at last as he did before. His right hand and tongue trembled as much as ever.

It is a curious thing that *St. Vitus's dance* is a disease that will yield in a very marked manner to the exhibition of iron, and that I was first led to know this by giving the *carbonate of iron* in a case of *paralysis agitans* with complete success, after it had proved intractable to every other means. Thinking that *paralysis agitans* and *St.*

\* Was any inquest held on this unfortunate creature, and what was the verdict?

Vitua's dance were very much alike, I gave the remedy in chorea, and cured a large number of cases, but I have never since been able to cure a case of paralysis agitans, though I have had five or six cases of the disease, and given the carbonate of iron very freely. I believe the reason is, that in paralysis agitans the disease depends generally upon a structural change—that the nervous system is in a state of *organic* disease; and when that is the case, you cannot expect any relief to be produced by such remedies. I am aware of only one dissection in such a case, and that is related by the late Mr. Parkinson, in which he said, that many of the nerves had become indurated like tendons, the medulla oblongata and pons varolii were greatly condensed. I have no doubt that if other cases were examined, an organic change would also be found.

#### PSORIASIS, LEPRO, LEUCORRHOEA, &c.

A woman was presented who had been admitted in October, and her case was one of considerable interest. Her disease had existed some years, and was an intense psoriasis, affecting many parts, but the forearms and hands universally. Her *head ached*, and she was *drowsy*. I bled her repeatedly, and the blood was often buffed. She took diluted sulphuric acid three times a day; at first 20 minims, and gradually more and more till the dose was 100. She was kept to low diet. Though she had been ill many years, she soon recovered, and when she went out, had no longer psoriasis, but a slight degree of distinct lepra: only, however, a few spots in the back of the fore-arm, which she did not consider sufficient to make it worth her while to stay longer in the hospital.

Two cases of lepra were also presented, marked by dark redness of the spots, and an ulcer, in one case, of the tongue, in the other, of the throat. They were easily cured with mercury. A case of leucorrhœa, in which an injection of nitrate of silver had been very beneficial; and a case of acute phrenitis, which some would have called fever, but which soon yielded to local bleeding, mercury, and low diet, were presented at the same time.

The patients admitted on the 6th were four women and seven men; the former labouring under gastralgia, hæmatemesis, rheumatism, and syphilitic nodes; the latter under pericarditis, inflammatory headach after a blow, three under rheumatism, one under syphilitic lepra and lichen, and one under syphilitic pains.

## THE LANCET.

*London, Saturday, Jan. 22, 1831.*

THE members of the medical profession, whether of the English, Irish, or Scotch Colleges, of the English, Irish, or Scotch Universities, of the English, Irish, or Scotch Medical Companies, must not for a moment forget that we have of late entered very minutely and diffusely into the discussion of medical mis-legislation and abuses, with a view to their immediate and permanent removal. Medicine has too long been distracted by contradictory and illiberal laws, and the rights of the members have been abridged by nearly all those men of station who have professed to be influenced in their conduct by the desire of securing the welfare of the profession and the health of the community. The empty pretensions, however, of the would-be patriots have been fully exposed, and our persecuted brethren are now instructed that there is no hope of redemption, but from that which is founded upon their knowledge and exertions. When we recollect that the members of the medical profession constitute one of the most numerous, and by far the most learned, body of men in the United Kingdom, every other feeling merges to amazement on beholding their care-worn, degraded, and miserable position. While they have been undeviatingly exercising their faculties in order to lessen the miseries and sufferings of others, they have betrayed a shameful indifference to their own wants, and to the necessities of their contemporaries. With the vast influence they must possess amongst all ranks of society, it is quite clear that nothing but the most culpable inactivity could have left medical men, at the present advanced era, so disgustingly prostrate before their impotent oppressors. The medical Colleges and Companies are the pest-houses of the profession. This has long been known; yet in

no instance has the profession come forward as a body, as an assemblage of intelligent men, determined to rid themselves of the cankers which had been preying upon their vitals, to effect their annihilation, or even their partial overthrow. The foundation of these institutions is so rotten, and the means hitherto adopted for their support, have been so corrupt, that they would fall, never to rise again, before a single well-directed impulse of public opinion. If the members of the profession had not breathed the foul air generated by collegiate impurities; if they had not been most foolishly taught to yield a slavish obedience, and to view with submissive respect, the self-appointed dispensers of medical law and patronage, they would long since have been freed from the galling shackles of their thralldom. VOLTAIRE has said truly, that men who have been long inured to the darkness of slavery, are the last to seek to obtain, or to enjoy when they have obtained it, the light and blessings of liberty. Strong, powerful, masculine minds, at once shrink back, flushed with rage and indignation, on beholding the tyranny of our Colleges, and the hideous effects of corporate misrule. Hence it is, that the well-informed portion of the public, men of liberality and learning, are shocked and indignant beyond expression, at the exposure of those abuses which have been communicated to the public within the last few years,—abuses, however, to which the members of the profession have tamely submitted during many successive generations. The fact that the colleges have never, in any one instance, added to the stores of our knowledge, have never contributed by any well-known act of their own, to advance the interests of science, to enlarge the privileges of their brethren, or to extend the boundaries of human research, must, with all liberal minds, decide their character, and point at once to the motives by which their whole conduct has been actuated. But thus it ever has been and ever will be, where

“the few” have the power to domineer over “the many.” Irresponsible to those for whom they legislate, they seek only to minister to their own appetites for aggrandizement. Public benefit is not for a moment considered. Worse still. From their being in possession of ill-acquired wealth, they hold in their own hands the perfidious means of debauching, of apostatising, those minds which from time to time may have discovered and denounced the cruel results of corporate tyranny and mis-government. The power of the whole of the colleges in this respect is appalling, and the manner in which it has at once been exercised and submitted to, casts a shade upon the whole of the human character—induces us to look with hatred and contempt upon all monopolists, with feelings of deep suspicion, upon the exertions of every self-dubbed patriot.

Of all the monsters, of all the abandoned and stony-hearted creatures, that wear the human form, or infest society, there are none to equal in black ingratitude and treacherous debasement, those men who, to live upon the fruits of corruption, turn their backs upon a just and noble cause. At once the betrayers of their friends and the submissive tools of knavery, they are the bitterest enemies of human kind. They are spies, traitors, villains. Whenever these tergiversators are detected and exposed, to withhold punishment is to participate in their guilt. Public indignation, like the lightning's flash, should scare the heartless wretches, should mark them out as guilty offenders against God and man, and blight their every hope of enjoyment, even amidst the fascinating and sumptuous allurements of collegiate banquets. It must be confessed, that that if the heart of a man have not the power to resist temptations proffered by individuals whom he knows to be dishonest, the cause from which he may have withdrawn loses but little from the absence of his head. Without firmness in justice, however, he may be steady in iniquity, and carry with

him to the office which he has purchased by the sacrifice of his integrity, a double power; because in his person are blended the mischievous qualities of spy and tyrant. Whatever may have been the wealth of medical colleges, it is fortunate, probably, for the honour of our profession, that there have been but few patriots to be corrupted; at least there have been few men who have avowedly stood before the profession as the champions of liberalism. Had there been more, we might even now have been lamenting over their fall, if, indeed, it be possible to deplore a descent from an elevation which could have been acquired by no other efforts than such as were dictated by a spirit of hypocrisy, and which could only have been maintained, even in its short-lived endurance, by exertions founded upon a premeditated abandonment of principle. Let us hope, earnestly hope, that neither in our London colleges, nor in the ranks of the profession out of those institutions, there can be found so base a creature as AN APOSTATE—any individual to whom that horrid epithet can be justly applied; and as it is our duty to visit the knaves with the bitterest execration when they are discovered, so is it our duty never to condemn hastily, nor without the surest, the most convincing evidence of guilt.

Of all the means by which it is in the power of the authorities of the medical colleges of this metropolis to corrupt the minds of the younger members of the profession, and seduce them into the ranks of the monopolists, the most alluring are to be found in our various hospitals. Let us view for an instant the connexion which has so long existed, and still exists, between our hospitals and the Colleges of Physicians and Surgeons. If there be a vacancy for a physician, has any man the *slightest* chance of success, if he be openly opposed by these Colleges? Further, has a graduate of the University of Edinburgh the slightest chance of obtaining the vacant office if the College

have a "Fellow," whom it is desirous of patronising? Have we not seen very recently a youth—in medical experience at least a youth—thrust into the Middlesex Hospital, into an honorary office in his own College, into a lectureship in the King's College, and even into the King's palace? Yet we verily believe that his name, so far as medical science is concerned, is not known six yards from his own door. Combination on the part of the Colleges for the promotion of their favourites, is a part of the system. The youth to whom we have just referred, is about to be united in wedlock to the daughter of Mr. Baron VAUGHAN, "who has lately been in the West to dispense law, and not to inquire into grievances." This Mr. Baron VAUGHAN is brother to Sir H. HALFORD, the president of the College of Physicians, bulletin-signer to his late Majesty, and *procureur general medical* to his present Majesty. This young physician, therefore, is to be nephew by marriage to Sir H. HALFORD. "Nepotism" is the motto of the Colleges; and in standing for the daughter of Mr. Baron VAUGHAN, decorated with the insignia of his various offices, this "fortunate" is deemed to be an eligible candidate for any office within the circle of the President's family-system.

Between the College of Surgeons and the hospitals there exists the same description of undignified, unhallowed, connexion. Sir ASTLEY COOPER is one of the Court of Examiners, Sergeant-Surgeon to his Majesty, Consulting Surgeon to Guy's Hospital, late Lecturer on Surgery at St. Thomas's Hospital. Mr. TYRRELL, of the same hospital, is nephew to Sir ASTLEY by marriage; Mr. GREEN is his godson, and Mr. TRAVERS was his apprentice. At Guy's Hospital, Mr. CALLAWAY was Sir ASTLEY's apprentice, Mr. MORGAN was his apprentice, Mr. KEY was his apprentice, and is his nephew by marriage; Mr. BRANSBY COOPER was his apprentice, and is his nephew by blood. This is the medico-chirurgico-genealogical

tree. The happy *patres familie* are Sir A. COOPER and Sir H. HALFORD. We can look upon the *branches* with complacency, but the *fruit* is bloodstained, and those who seek it traverse through endless mazes studded with briars and thorns. The influence of such a system of favouritism upon the minds of the junior members of the profession, may be readily *conjectured*, but it defies *description*. It is calculated to destroy every fine and noble feeling, to entirely repress the ardour of scientific inquiry, and to degrade men of talent, spirit, and independence, to the condition of sycophants, courtiers, and knaves. The by-law in our hospitals which stipulates, that the candidates to be eligible for the office of surgeon must have served an apprenticeship to one of the officers of the establishment, is another part of the family system. Hence it is that students from the country, whatever may be their industry, however marked may be their genius, however extensive their acquirements, never have the least hope of preferment in our hospitals. No, They have not paid the five or eight-hundred-guinea fee: consequently their elevation would be an unpardonable profanation to the saintly monopolisers of medical pluralities. If this system of nepotism in the abstract be so detestable that every liberal mind must shrink from it in disgust, with what horror must the humane and intelligent practitioner reflect upon its consequences! The poor patients! Alas for the unfortunate patients! A, B, or C, is not made a hospital surgeon because he has signalized himself in the practice of his profession; because he is remarkable for his knowledge of the principles of surgery; because he is noted for kindness of disposition, punctuality, or industry,—but because he happens to have been the apprentice of D, E, or F, a surgeon of the hospital. His competency for the office is not at all germane to the question. Such a thing is never considered; it is not relevant. With

the advocates of the system,—men not less guilty than the felon LONG, who also has his “system”—the effects of such appointments upon the poor patients are not deemed worthy of consideration. They may be neglected, mutilated, and slaughtered, but their agonising groans and cries can never reach the hard-hearted supporters of nepotism. These, then, are the steps taken by the hopeful youth who ascends the ladder of hospital and collegiate preferment. “Walking” apprentice! \* “Dressing” apprentice! † “Dissecting” apprentice! ‡ Demonstrator of anatomy! § Surgeon to a dispensary got up by his friends! || Surgeon to the hospital,—where he served his apprenticeship! ¶ Lecturer on anatomy or surgery! \*\* Member of the Anatomical Society! †† Member of the Council of the College in Lincoln’s Inn Fields! ‡‡ Member of the Court of Examiners §§ in the same College!—*Summus honores*, President of the self-perpetuating “Vingt-un.” These are the steps of the professional ladder ascended by the youth, who has the good fortune to observe inscribed upon the first “round,” *Hospital indentures*. That “round” ||| is a fulcrum composed of metal, wonderfully elastic;—so springy, that the elevation of the aspirant produces painful astonishment

\* “Walking” apprentice. A youth who saunters through the wards a few yards from the train of the surgeon, with his hands in his pockets, and a piece of silk round his neck, covering an iron hoop, which effectually prevents the head from stooping to observe any thing so filthy as disease.

† “Dressing” apprentice. A youth who has acted the part of “walker” for two or three years, when he is permitted to tear out teeth, manufacture little aneurisms by bleeding, and very meritoriously to stagnate the blood in the lower extremities of old people, by gradually tightening bandages from the foot to the knee, until the upper part of the calf of each leg is reduced to a somewhat less size than the portion immediately above the ankle.

‡ “Dissecting” apprentice. A gentleman, as Mr. Cheels Bill, used to say, who higgles the siblic, for licter.

§ Obscure.

|| Puff-and-kill-shop.—*Vernac.*

¶ Mutilator.—*Vernac.*

\*\* Gabbler on subjects of which he knows nothing.—*Joe Burns.*

†† The extortioner’s club. This club is now in existence, and no “gabbler” is admitted if he sell his trash at less than the regular hospital price.

‡‡ “Certificate” and “regulation” manufactory.

§§ Diploma-mongers.

||| Query “good round sum.”—*O’ld Gude.*



in the beholders, by the suddenness with which it is accomplished.

Now we would inquire of the opponents of reform and innovation, whether it be possible that a system like this can endure much longer, to the extreme injury of the public, and to the annoyance and insult of the whole profession? Is it possible that amidst the "revolutionary" changes which have been recently effected by knowledge, by the mere force of enlightened opinion directed against institutions which have been guarded by thousands of hired assassins—is it possible, we say, that amidst the delightful conversions from corruption to purity which have of late, in so many parts of Europe, enraptured the intelligent and liberal-minded, that this base and noxious system of favouritism, misrule, and nepotism, can long remain unchanged, unbroken, in the metropolis of a country celebrated throughout the world for the genius and learning of her philosophers?

Will any man deny that the whole fabric of medical government ought to undergo an immediate and radical change?—That the rights of the members should be protected?—That the offices of trust and emolument should be bestowed on the most deserving, and that where there is equality of talent, there should be equality of PRIVILEGE and TITLE? Again and again we say, then, Prepare for the establishment of a NEW COLLEGE—an institution through which no breath must be wafted save that of liberality. Disfigured by no privileged "orders," its doors will be open to all. Wo unto those, whose aristocratic conceit and blindness may prevent them from discovering the portico!

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THE RUSSIAN CHOLERA.—Magnesia and a cataplasm of bay seeds, have cured the cholera at Smolensko. Nicholas, before the Polish revolt, told the five great powers, that no soldier should pass his frontier without their leave. Where is now the despot's promise?

## MEDICAL GOVERNMENT AND EDUCATION IN IRELAND.

*To the Editor of THE LANCET.*

SIR,—According to promise, I propose to point out the advantages and disadvantages of the system of surgical education by apprenticeship in this country. In order to remove an impression which might prove injurious to the discussion, that I am prejudiced in favour of this system, I must inform you that I am not at all indebted to it, but, on the contrary, should be materially served by its total abolition. On my own exertions, and the more valuable exertions of my colleague, depends the income which I derive from teaching anatomy; and if it can be shown that there exists any law, arrangement, or plan, which gives us an unfair advantage over the youngest and least-noticed competitor in the same field, we are ready to surrender it. We ask only to participate in common rights, and spurn the prop or aid of monopoly or usurpation.

The undefined and scarcely-tangible objections to this system are first to be dealt with; the principle upon which it is established is next to be considered; then the practical results; and, finally, the reason of its adoption by the Irish College explained.

I find in a tirade called an introductory lecture, and published "at request of friends," the following effusion. "It is, however, deeply to be regretted, that the members of the College of Surgeons in Ireland, in seeking for a new charter, do not seize this favourable opportunity of *raising themselves to the grade which they ought to hold in society*, by annulling the unnecessary and *disparaging* appendage of apprenticeships altogether, the only remaining badge that marks the *degradation* to which the most useful of all professions was reduced in ignorant and half-civilized times:" and again, he would improve the system of education, "by raising surgery above the rank or trade of a handicraft," and much more of the same kind of stuff. This is utter nonsense; I would call it folly, did I not know that there was a method in the madness,—a shrewd bartering of empty praise for solid pudding. If the orator meant to assert that the apprenticed surgical pupil is degraded in his own estimation, or in the estimation of others, or to insinuate that the members of the Irish College, thus educated, hold a rank in society inferior to any other class of medical practitioners, he asserted and insinuated what no one believes. I understand the lawyers say that the execution of the indenture of apprenticeship involves the forfeiture of heraldry; if this be so, well may the candidate for the honours of surgi-

cal aristocracy denounce the system which authorizes the herald's officer to expunge the towering crest and emblazoned escutcheon from the coach panel, or the *esquire* from the double wove and hot-pressed title-page. It is certainly true that the compact between the teacher and pupil is perfected and legalized by the usual law-trumpery paper, an indenture, but it is equally true that the covenants are all nugatory and ridiculous, except that which binds the master to instruct his pupil, or *causes him to be taught or instructed*, in return for the fee of one hundred and fifty guineas. In proof of this, I may ask the resigning patriot whether he ever felt inclined to carry into effect the words of the indenture, by teaching his apprentices their trade *with due correction*, or took much trouble to amend their marrying, play-going, or gambling propensities. I repeat it, that no degradation of professional character whatsoever has followed from the adoption of the system of education by apprenticeship.

In the same notable introductory lecture to a course on *anatomy and physiology*, luckily the only specimen of our author's proficiency in this branch of science, I also find the following; speaking of the assistance which the master affords the pupil in after life, "and how is this patronage acquired? By a *bribe* in the shape of an apprentice-fee, for which, under the present system, the *seniors* of the profession engage to overlook and discountenance merit, however pre-eminent, in all who have not purchased this favour by a timely *douceur*." And who writes this? The most greedy scrambler after those very bribes and *douceurs*; the man who, previous to writing this, pocketed six thousand guineas by the trade, and since that time, fifteen hundred more, and who to this very moment watches for his dole with intense and jealous anxiety. But such is the quackery of the day; the thief with his hand in your pocket, descants on the immoral tendency of dishonest practices; the sot in the temperance society hiccups forth orations against drunkenness; the charlatan heads his fulsome advertisement, "Quackery is the death of thousands;" and the virtuous master of fifty apprentices weeps over the depravity of surgeons who take bribes in the shape of apprentice fees.

I proceed now to consider, whether there is any-thing in the nature of the system of education by apprenticeship, which entitles it to a fair and candid consideration, with other plans adopted or suggested for providing the community with properly-educated practitioners. The first great requisite towards the attainment of a perfect system of surgical education, is the unlimited admission of the student to every

source of knowledge which the institutions of the country afford; and the question now at issue is, whether this desirable object is as attainable by the service of an apprenticeship as by any other plan; premising that, in the present anomalous and rotten condition of the institutions which regulate medical and surgical education in these countries, this great object can be only partially attained. In no case does the apprenticeship secure to the pupil unlimited admission to every source of knowledge; but in many cases the sources thrown open are of great value, and in most cases the opportunities of acquiring information are very good; the comparative advantage to the pupil must, however, depend upon the choice he has made of a master. The hospital surgeon may afford peculiar advantages in his department, the anatomical teacher in his, and the young man without these resources supplies the deficiency by personal diligent attention to the details of his pupils' education. Upon this difference as to opportunities is founded the present practice in Dublin with respect to apprentices. The hospital surgeon of high professional character gives his apprentice the advantage of his extensive practice, public and private, but beyond that the pupil must take care of himself; the younger surgeon destitute of these advantages, secures to his pupil the means of acquiring information, by paying for his admission to hospitals and lectures. I have heard the high-minded and public-spirited denouncer of bribes and *douceurs* to whom I have so often alluded, declaim against the latter as a system of pettyfogging. In his vocabulary, pettyfogging I suspect means underselling, tradespoiling, and his stern virtue is alarmed for the man who, having received an hundred-and-fifty guineas from his pupil, is afterward so unprincipled as to disburse a portion of so sacred a fund for the good of that pupil, notwithstanding that he is bound by the indenture to "instruct his apprentice, or cause him to be taught and instructed." Now it appears to me that this plan, adopted by the younger members of the profession as the only one by which they could be enabled to participate in the advantages which must otherwise be engrossed by those circumstanced as our introductory lecturer, will prove highly advantageous to the interests of the students, and, consequently, of the school. It settles at once, practically, the real nature of the compact between the parties. The pupil pays and the master educates. The successful issue of the arrangement must, however, depend upon the honest execution of the compact: the pupil reposes a confidence in the master, which must not be betrayed. I have digressed from the point at issue; it is, whe-

ther admission of the student to the sources of professional knowledge, is as attainable by the apprenticeship as by other existing plans. I have shown that the pupil is entitled, from the nature of the compact with his master, to receive instruction, and I have admitted that the extent and nature of that instruction may vary according to circumstances. I am now prepared to show, by an appeal to facts, that this instruction has been afforded, and that the education of the Irish apprentices has been much more extensive than that required by any College of Surgeons in these kingdoms.

The introductory lecturer, of New York and Berlin celebrity, with a degree of truth and candour truly characteristic, in speaking of surgical education in Dublin, previous to the alteration in the College charter, says, that the charter enacted "that no person shall be admitted to an examination, who has not served an apprenticeship to a regularly educated surgeon; and this is the *only test* of qualification demanded from the pupil by this corporation charter. *No attendance upon lectures; no attendance upon hospitals; no dissections are required*, by the framers of this wise sample of legislation." The professor of anatomy and chirurgery in Trinity College, made a similar statement before a committee of the House of Commons; him I forgive; he knew nothing of the matter; but the other,—"mark how a plain tale will put this fellow down." In 1784, when the charter was granted, there was no surgical school in Dublin, nor was there any other mode of education than that by apprenticeship; subsequently, after the school was established, it was not found necessary to insist upon exercises, the pupils were under the eyes of their masters, and had hospital practice, dissections, and lectures *ad libitum* at a very trifling expense, and availed themselves of these advantages; they wanted to learn surgery, and they learned it without compulsion. In later years, when pupils multiplied, and education became a lucrative employment, restrictions were imposed, and pupils finding neglect of business economical, relaxed in diligence. The charter gave no power to correct this evil; so far the statement of the patient is *literally* true; but the College adopted a plan which answered the purpose most effectually.

They said to the student, "Sir, it is true that we cannot refuse you an examination according to the provisions of the charter if you have served an apprenticeship, but you will do well to afford us some additional proof of your diligence and opportunities." The consequence was, the candidate for letters testimonial laid all his certificates before the court of examiners, and custom es-

tablished what the strict law had omitted. I have now before me, a schedule setting forth the number and nature of the certificates produced by one hundred candidates at this period; of these I find that eighty showed certificates of hospital attendance for about five years each, and the remaining twenty for about three, with the exception of three or four who appear to have attended only two or two years and a half. The true state of the case is this. The sons of citizens apprenticed to hospital-surgeons in the city attend their hospitals during the entire period of their apprenticeships, with intervals of salutary relaxation which sometimes might, in less agreeable language, be described as idleness; pupils from the country apprenticed in Dublin, attend at least every winter season, and often one or two summer seasons,—the apprentices of the surgeons of county infirmaries, remain with their masters in the country for four or five years, and afterward attend the classes and hospitals in Dublin for two or more, and a capital education that is. The apprentices of Dublin surgeons who are not attached to hospitals, generally attend for five seasons or three years. By reference to the same schedule, I find that the dissections and attendance on anatomical and surgical lectures have corresponded with the hospital attendance, being, at an average, from three to five years; in fact, when the pupil is in town, he is generally employed in the hospital or dissecting-room, or in attendance on lectures. The education was, however, defective in other branches; certificates were not always produced for attendance on lectures on chemistry, *materia medica*, practice of medicine, midwifery, or medical jurisprudence: this has since been remedied, and the candidate must now produce at least one certificate for each of these subjects.

Now reader, if you be a candid reader, scrutinize this statement, and contrast it with that of the introductory lecturer, "that the college required *no attendance* on lectures, hospitals, or dissections," and know that he was cognizant of these facts, and familiar with the practice,—having sat on the court of examiners for perhaps ten long years. Yet does he thus libel an institution the honour and dignity of which he had sworn to maintain. Also, let me ask whether the system of education by apprenticeship, is the disgraceful, reprehensible, inefficient, and destructive contrivance which it has been described, or whether it is not entitled to a trial in that scale which I hope to see, sooner or later, set up to determine the comparative weight and value of the different plans adopted or suggested for providing for the community properly educated medical practitioners. Let it not be supposed that I would wish to see this system

adopted exclusively; on the contrary, I know that its exclusive adoption has been, and would be, attended with injurious consequences. I have yet to shew, at greater length, its advantages and disadvantages, and to exhibit the results which have followed the adoption of the system in this country. I have also to contrast this mode of education with the more usual one of calling for certificates, and to prove the falsehood of the calumnious insinuations, that the College had, for filthy lucre, extended indulgence to pupils educated by apprenticeship, to the prejudice of those educated in a different manner, which I propose to do in my next communication.

AR. J.

CASE OF  
COMPOUND FRACTURE  
OF THE  
CRANIUM,

*Accompanied with Hernia Cerebri, and extensive Sloughing of the Substance of the Brain.—Recovery.*

By W. J. WEST, Esq., Surgeon, Tonbridge.

MASTER PARKER, a young gentleman aged 14 years, was, on the 10th of February 1830, thrown from a horse, and received an extensive fracture of the right side of the skull over the coronal suture. He was stunned by the fall, but soon recovered sufficiently to walk some distance. On examining the wound, I found an irregular opening of the size of a dollar, through which the brain and membranes protruded, in quantity equal to the size of a pullet's egg; the latter were ruptured and the brain was scattered about; some hemorrhage ensued, which was allowed to go on, as he had rallied from the immediate effects of the injury. The bone was so much comminuted that part was lost, and several portions were driven into the substance of the brain; some of these were immediately removed, and the wound was dressed in the simplest manner, with lint soaked in blood, without the slightest pressure being used, or any attempt made to replace or remove the protruded brain. He was partly insensible; the pupils were dilated, the pulse was slower than natural, and there was frequent vomiting, which continued for twenty-four hours. On the following day, the 11th, he had slight pain in the head, and fever; pulse 90; more sensible. A dose of calomel and jalap had been given the night before, and this was now followed up with saline aperients and antimonials, spirit lotion was constantly applied to the head, and the antiphlogistic regimen strictly adhered to. Under this treat-

ment the febrile excitement gradually subsided, and as he was proceeding well, nothing was done to the wound till the twelfth day. The dressings were then removed in the most cautious manner, and I discovered that the portion of brain which had protruded had sloughed away, and the sloughing had extended considerably within the cranium. The wound was dressed with simple cerate, and a poultice, placed over it, produced a discharge so copious as to require dressing twice a day, when small portions of brain were seen floating in the discharge. He was now put on a more generous diet, and the sulphate of quinine was given three times a day. The wound in a short time assumed a healthy appearance, and began to granulate; several small portions of bone exfoliated from time to time; and at the expiration of between four and five months the wound was completely healed.

REMARKS.—I consider this case interesting as showing how large a portion of brain (at least ten or twelve drachms) may be lost without the slightest derangement or interruption to the faculties of the mind; nearly a year has now elapsed since the occurrence of the injury; the young gentleman is able to attend to his studies, and both in mind and body is as well as he was before the accident.

Tonbridge, Jan. 15th, 1831.

OPERATION FOR CRURAL HERNIA AT  
ST. GEORGE'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having furnished you with the report of the case of Sarah Smith, I beg to state with reference to the letter of Mr. Smith, which appeared in the last LANCET, that that account was correct in every particular, except that I stated Mr. Smith had recommended the woman to go to the hospital on Saturday, whereas his own letter states that he did not give this advice to the poor woman until Sunday evening. Mr. Smith ought to bear in mind, that my report contained a statement only of the woman's case while she was in the hospital; and I can again assure both Mr. Smith and your readers, that there was no vomiting from the time she was admitted until after the operation; neither was there any tenderness.

I am, Sir,  
Your obedient servant,

THE REPORTER.

St. George's Hospital, Jan. 19th, 1831.

## COUNTRY BONE-SETTERS.

*To the Editor of THE LANCET.*

SIR,—Although I have read every Number of your excellent periodical, I do not recollect that you have ever alluded to a peculiar class of interlopers who designate themselves *bone-setters*, and who infest more particularly the county of Lincoln.

When an accident happens, a surgeon is sent for on the spur of the moment, who examines the limb, and perhaps finds the injury to be nothing more than a severe contusion or sprain, and accordingly orders leeches, evaporating lotions, &c.; but in the course of a few days the surgeon is surprised to find that his patient has decamped and gone to consult a bone-setter, when he is sure to be told, if the injury occurred to the fore-arm, that the *splinter* bone, or the *main* bone, is broken; or if it is the hip which has received an injury, then the hock is sure to be out. No matter what the nature of the disease or injury, those sagacious animals are sure to discover a fracture or dislocation; for if they fail to do this, there is no fee for them to receive.

The first thing a person applying to a bone-setter is told, is, that Mr. so-and-so has treated the case very improperly, and that if it were not for the ignorance of surgeons and apothecaries, bone-setters would have nothing to do. In fact it is customary with them to give an opposite opinion to any regularly-educated medical practitioner, and the annoyance which the general practitioner experiences in consequence, may be easily imagined.

Patients frequently take up their abode with bone-setters for several weeks, or as long as they can be persuaded to remain with them, to be *rubbed* with *green* oils; and many paupers, when they meet with accidents, are sent to bone-setters, by order of their respective parishes.

The truth is, in some parts of Lincolnshire, bone-setting, as it is called, is almost monopolized by the aforesaid individuals; and so infatuated are the lower, and even some of the higher classes, that they seem to think that surgeons can know nothing about the nature and treatment of fractures and dislocations; however, it is impossible to convince them to the contrary. They consider bone-setting quite a separate department, with which surgeons ought to have nothing to do!

Sir Astley Cooper in his Treatise on Dislocations and Fractures of the Joints (p. 19, edit. 6), speaks of bone-setters in the following terms:—

“A child was brought to me from one of the counties north of London, for whom repeated extensions had been made by one of those people called *bone-setters*, but who

ought rather to be called *dislocators*, for a supposed dislocation of the hip-joint. Upon examination, I found the case to be that disease of the hip which is so common in children; and for this only was a child wantonly exposed to a most painful extension. That in this enlightened country men without education should be suffered with impunity to degrade a most useful profession, and torture those who have the folly or the simplicity to apply to them, is a disgrace to our laws that calls loudly for prevention.”

Here I may mention the names of some of the most notorious bone-setters, viz. Mason of Coningsby, who attends Sleaford market; old Roads of Mareham, who was formerly a *butcher*, and Trolly, who lives in the wolds and attends Boston market.

Cases similar to the above are of almost every-day occurrence, and yet the council of the College of Surgeons does not make the slightest effort to remedy the evil. Why is the surgical the only profession unprotected by law? How much longer are his Majesty's subjects to be *butchered*? I do not exaggerate when I assert that there is not a medical man of respectability in the extensive county of Lincoln, who would not gladly sign a petition to obtain an act of Parliament to prohibit unqualified persons practising surgery, for the college charter protects neither the profession nor the public from the injurious effects of surgical empiricism.

I remain, Sir,  
Your constant reader and admirer,  
ONE OF THE ANNOYED.

## SIR GILBERT BLANE'S GOLD MEDAL.

*To the Editor of THE LANCET.*

SIR,—There is no man who entertains a higher respect for the above talented physician than myself, and I feel pride and exultation that the naval medical service has produced so bright an ornament as the philosopher, the man, and the physician, Sir Gilbert Blane. His zeal for science in general, his regard for the naval service of his country, I know to be unbounded; but “to err is human;” and I am sorry to say that I think this distinguished man has done so with regard to his gold medal, which is to be awarded on the 12th of August, 1831, to those two naval surgeons, or assistants acting as surgeons, who shall produce the best journals of practice kept during the three preceding years; such award to be made afterwards every two years. (*Vide Admiralty Circular of the 7th of May, 1830, addressed to the medical officers of the royal navy, in Murray's Navy List for October last*).

Now, Mr. Editor, any man knowing how, and for what purpose, the naval surgeon's "Fair Journal" is got up, must smile at the above proposal to test his abilities.

It pleased "the wisdom of our ancestors" of former naval medical boards (and our present medical commissioners being good and thorough-paced Scotchmen like not innovations, and have therefore kept up the "gude custom"), that the naval surgeon on passing his "annual account" should transmit a journal of his practice, as one of the necessary documents for enabling him to obtain the usual certificate that he had furnished all things needful required of him by his instructions.

Mr. Editor, I crave your patience a little, while I enter upon some dry details, which I consider necessary to elucidate and strengthen the force of my objections. The surgeon of one of his Majesty's ships is required to keep a "Rough Journal." This, of course, he will do for his own information, and as a book of reference, and the notes are generally made by one of his assistants under his dictation. He is required, when any disease of an epidemic, or even suspicious, nature, shall appear in the ship, to fully report the same with his observations thereon, and the mode of treatment adopted, to the Board. In case of any death happening on board the ship, he is in like manner to send a *detailed* statement of the case, the treatment pursued, and the appearances on dissection. He is to keep a daily "*sick book*," with the date of entry, name, age, quality, disease or wound, time put off the list, and how disposed of, of every man he shall see cause to excuse from duty, which book he is to present to the captain every morning, and a true copy of which he forwards annually to the Board, as one of the documents necessary to obtain the certificate to enable him to receive the balance of his pay. And now to the point. He says, "I must have this d—d nonsensical 'Fair Journal'; I have reported every case worth relating to the Board, in my monthly 'Nosological Returns'; and now I must copy off a farrago of catarrhs, gonorrhœas, pneumonias, and rheumatisms, which no tyro would take the trouble to peruse, or I cannot get my arrears of pay;" and down he sets; to copy—what? His notes? no such thing: he takes up his daily "*Sick Book*," of which I have before spoken, and he finds, "Dec. 31, 1828, J. Thompson, *etat.* 35, ab. catarrhas; Jan. 8, 1829, discharged to duty." This is a nice short case, and suits him to a T. Catarrh has such and such symptoms, and the treatment is so and so, and on he passes to another and another, and thus in a few hours finishes the required document, not from facts, but from imagination, well knowing that before the gold

medal business, it was ten to one if the journal was ever looked at, except by the passing clerk to see that it was the proper document required by the rules of office. Again, what guarantee have the commissioners, that the journal was even written by the surgeon whose name it bears; for *very often*, indeed, it is not written by him, the surgeon having hitherto looked upon his "Fair Journal" as something like a custom-house oath, that would neither do him good nor harm, but which he "must have." If the Admiralty are really serious in supporting Sir Gilbert Blane's proposal to cause a spirit of emulation among the surgeons of the navy, in the compilation of their "Fair Journals,"—if, I say, they are really anxious to do this, honestly and impartially (and I doubt them not), let them amend their resolution, and give notice that journals *from the 1st of January, 1831*, are those to be examined for the gold medal; and that the surgeon will be required to certify upon his honour, that the subject matter of the journal is entirely his own, unaided and unassisted by any other person.

How easy, Mr. Editor, under the existing regulation, for a stupid fellow to say to his talented friend, "If I could get this gold medal it would serve me much; I wish you would write up my journal in your best style, and I must be certain of it."

Under any circumstances I much doubt the utility or advantage of the said medal. Perhaps the man who has the best tact in practice is a bad descriptive writer, and it is at the bed-side that he shines. I think the criterion after all, as to the surgeon best entitled, should be the ratio of mortality shown by his journal or annual returns, rather than his descriptive powers in relating a case. Then would the man of sound practice and discrimination triumph over the theorist and florid author, and the reward of the industrious and talented writer fall with double lustre on the deserving parties.

I am, Sir, yours obediently,  
AN OLD NAVAL SURGEON.

Dec. 1830.

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DEFENCE OF THE TREATMENT OF A  
CASE OF TYPHUS.

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*To the Editor of THE LANCET.*

SIR,—As your valuable pages are always open to freedom of discussion, I have ventured to send you for publication the following statement of a case which occurred in my practice a short time since. In the observations about to be submitted to you, I disclaim all personal feeling; nor should I have deemed it incumbent upon me to soli-

dit your attention to the subject, had not assertions been recently and publicly made, tending to affect my professional character.

**CASE.**—On Sunday the 29th August, about seven o'clock in the evening, I was sent for to Mr. Geo. Sparkes, who had been ill, under the care of Mr. William Addison of this place, for some time. The moment I saw him, it struck me he was in *articulo mortis*, evidently sinking in the last stage of typhus, and I expressed myself to that effect, viz, that he was beyond all human art to restore. The symptoms were these:—complete state of collapse, quite insensible; pupils dilated to their full extent; cold perspiration; irregular distribution of heat in the extremities; subsultus tendinum; pulse 50, intermitting and feeble; tongue perfectly black and horny; teeth crusted over, and the power of deglutition nearly gone. On elevating the eye-lids, I found the eye had lost all sensibility to light and touch. The mode of treatment that suggested itself to me at this advanced period of the disease (in order to uphold what little of the vital spark remained), was the administration of wine, cordials, blisters, warm applications to the feet, and ethereal lotion to the head. Notwithstanding my anxious and strenuous efforts to restore him, he gradually sunk, and expired on Tuesday morning, about thirty-four hours from the commencement of my attendance. Mr. Addison considered that leeches were proper at this critical stage of the disease; and actually upon my arrival, there were nine or ten upon the temples; my ideas were certainly not in unison with his upon the occasion; I considered the time had gone by for their application; the excitement produced by the disease had not been subdued by an early depletion, the consequence was, inflammatory action, congestion, and subsequent effusion. Notwithstanding symptoms presented themselves that appeared to me declaratory of the latter affection, Mr. Addison expressed himself perfectly satisfied that it was sanguineous apoplexy, and that his brain (to use his own or similar words) was suffused with blood. Under this impression he called an inquest to ascertain if the means I had used had not facilitated the death of the patient: the result of the examination was both interesting and satisfactory to me; the brain was nearly divested of blood, and assumed a character diametrically opposite to that which he had anticipated.

**Inspectio Cadaveris.**—Wm. Clark, M.D. Prof. of Anat. to the Univ. of Cambridge, was the gentleman appointed to inspect the body. The evidence given by him at the inquest was as follows:—

“I this day (Sept. 1) examined the body of deceased. The cavity of the abdomen: found his bowels and stomach nearly empty of all fluid and solid matter, but a good deal distended with air; the coats of the stomach and bowels of a higher colour than natural, and the calibre of the intestines, in many places, considerably diminished; an intussusception of one part of the bowel, of about three inches, without adhesion to the parts; the vessels of the intestines much loaded with blood, as were also his splenic veins; there were three gall-stones in gall-bladder, larger than a bean; liver healthy. Cavity of the thorax: the lungs were sound, except that they adhered to the pericardium in some places; the pericardium contained half an ounce of fluid; the heart unusually large, and the right side of it contained very little blood, the blood appearing to have been collected in large veins. Cavity of the cranium: veins of the dura mater turgid; the second arachnoid was altered in colour and texture, was thick and tough, and of a milky appearance, and contained beneath it, as it passed from one convolution of the cerebrum to another, a serous deposit. The substance of the brain was natural in consistence. I think the arteries were, when you made a section of the substance of the brain, somewhat more distended with blood than is, in my opinion, natural; there was fluid in the ventricles to the amount of an ounce and a half, as near as I can guess. Cerebellum was sound, but on its surface the same milky appearance as of the arachnoid. From these appearances, I conclude that the patient laboured under fever, of which he died, or its consequences. Undoubtedly the thickening of the arachnoid membrane was the consequence of inflammation, the effusion of the serous fluid was the means by which nature relieved the vessels unnaturally congested, and the effusion upon the surface and into the cavities of the brain, is sufficient to account for the symptoms detailed, and also the death of the patient. The intussusception was caused by irritability of the muscular coat of the intestines, and did not appear to me to have any thing to do with the death of the patient; deceased died clearly from natural causes. I should say, no one can judge of the treatment of a case of fever who has not seen it himself in its progress. I should say, that when the patient was declining I should cease bleeding; when active inflammation prevailed I should have bled more freely; and when the stage of the illness when bleeding was necessary.”

I beg leave to state, that the two respectable practitioners called in on my behalf, perfectly coincided with me in sentiment

upon the nature of the malady and the plan of treatment I adopted.

I am, Sir, your obedient servant,  
E. L. KNOWLES, Surgeon.

Schsm, Cambridgeshire,  
Sept. 15, 1830.

\* \* The above communication, as will be supposed by the date, was forwarded to us some months since, at which time, as the case did not present any particular features of interest, we did not feel called upon to insert it, but we have since been informed by Mr. Knowles, that his professional reputation has been placed in jeopardy by charges of mistreatment; and as the case was made the subject of judicial inquiry, and as Mr. Knowles appears to think the publication of this letter will clear him of the imputation, we cheerfully afford space for it.—Ed. L.

### ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—If you find the following extract from Dugdale's Monasticon, relative to St. Thomas's Hospital, of sufficient interest, you will oblige me by inserting it. Yours, &c.

JOHN P.—E.

#### ST. THOMAS'S HOSPITAL.

"Manning has given the following list of the Principals of this College, whom he calls masters or wardens, priors or rectors:—

"Amicius, 15 Joh. A.D. 1214.—Adam de Merton, 19 Hen. III., 1233.—Thomas de Codeham, 38 and 36 Hen. III.—Folcher, 45 Hen. III.—Adam —. Richard de Bykeleswade resigned in 1283.—Richard de Huler, el. 1295; he occurs again in 1317.—Stephen de Bykeleswade, 1317; he occurs in 1321.—William de Stanton, 1338 and 1342.—Walter de Merlawe in 1350 and 1351.—John de Bradewyn or Bradeway, 1356.—Henry Yakesley, 1361; he died in 1377.—William de Welford el. 1377.—Thomas Goday was app. by the Bishop 13 Dec., 1381; he died 17 Dec. 1392.—Henry Grygge or Brygge, alias Clerk, 15 Jan., 1393.—Henry Reed el. 10 July, 1414.—Nicholas Bokeland el. 1427.—William Crosse el. 1447.—William Betele, 3 July, 1478.—John Burnham app. by the Bishop, 22 Nov., 1487.—Richard Richardson el. 26 Nov., 1501.—Richard Mabbett, 22 May, 1528; he was the last master. The names of William de Crege, John Chaloner, Robert —, appear among the masters of the hospital, but without date."

The following extract shows the value of the hospital at the seizure of the church property by Henry the Eighth:—

"Abstract of Valor Ecclesiasticus, 26 Hen. viii.—Hospitale Sancti Thomæ Martiris in Southwark.

Com. Surr.	£	s.	d.
Southwark. Redd' et ten' ..	246	12	0
Southwark in campo St. Georgii	3	16	8
Oxford et Chalford .....	2	0	0
Domfold .....	1	4	0
Bodley, Lamby et al' .....	7	6	8
Hedrowe .....	0	3	8
Camerwell .....	3	0	0
Mychams et Wymbleton ....	3	6	8
Katerham et Chaldon .....	1	0	0
Saudon; Manner' red' .....	3	10	2
Ascher .....	0	10	11
Claygate .....	0	12	4
Long Ditton et Taylworth ..	0	5	3
Cheasingdon .....	0	17	4
Kingeston super Thamisiun ..	1	6	1
Weston .....	1	7	3½
Thamys Ditton .....	0	0	6
Apee .....	0	1	10
Harsham .....	0	14	7½
Walton super Thamis .....	0	4	0
Penge .....	0	1	6
Bodley. Bosc' .....	0	10	0
Sandon. Bosc' .....	0	10	0
Katerham. Bosc' .....	0	10	0
Ascher. Rector' .....	9	18	2
Southwark. Rector S. Thom.			
Mart. ....	9	0	0
London. Redd' et ten' ....	37	16	1
Westm' .....	0	4	0
Com' Leic.			
Foston—Terr .....	4	0	0
Com' Kane'.			
Clyff Redd' et firm' .....	0	13	4
Depford .....	1	16	8
Com' Bucks'.			
Goosham. Redd' assis' et ..	0	10	0
Burmer Manner' .....	2	13	4
Marlowe Redd' et ten' ....	0	6	8
Burmer Bosc' .....	0	10	0
	£ 346	19	9

#### ST. THOMAS'S HOSPITAL.

At a full Meeting of the Pupils of the Anatomical Class of St. Thomas's Hospital, held in the Demonstrating Theatre, Jan. 15th, 1831,

Mr. WM. INGLIS FERRAR, in the Chair,

It was proposed by Mr. Wm. Clark, seconded by Mr. Hodges, and carried unanimously, that—

"We, the undersigned Pupils of the Anatomical Class of St. Thomas's Hospital, who have dissected and attended demonstrations during the present season, do most distinctly deny the charges brought against the Demonstrators, in THE LANCET of this day, and do express our great satisfaction at the zeal and attention of the Demonstrators, during the present season."

J. F. Hastie; I. R. King; I. A. Ramsey; G. Bury; M. B. Collins; B. M. Brad-



ford; W. Sutcliff; I. Humphrys; H. Watterworth; R. R. Roberts; John Mitchell; John Crouch; Francis Bennett; E. B. Medhurst; Edw. Hodges; Geo. Strong; T. J. Bell; Geo. Todd; Geo. Turner; E. Dukes; W. Dalby; Henry Hall; Edward Griffin; Chas. Cookesley; Chas. Humphrys; John Hodgson; F. T. Fagg; H. Jackson; Jn. Tomkins; Wm. Marriott; Wm. Clark; J. West; H. L. Weddell; Ar. Huffington; R. T. Pellowes; Fred. Shury; I. W. Jeans; E. P. Parker; H. C. Day; E. Young; H. Scott; Thos. Ward; John Steele; C. A. Crosswell; F. W. Brookes; Robt. Hicks; B. Crompton; Robt. Mitchell; E. S. Hall; James Dixon; F. C. Howard; William Wyatt; I. D. Stuart; A. A. Brett; E. T. Hodder; I. B. Martin; C. Trustram.

### ST. BARTHOLOMEW'S HOSPITAL.

#### LEPRA VULGARIS.

IN No. 371 of this Journal (Oct. 9th), we related the case of Thomas Marigold, who was admitted on the 25th of September with *lepra vulgaris* of "sixteen years' duration." He has now left the hospital cured, and we proceed to give the progress of the case from the date of our last report.

Oct. 9. The skin covering the entire surface of the body appears very much inflamed, and he says it feels very hard, painful, and hot. He is better after taking the bath, but the improvement lasts only a few hours. Gums are somewhat sorer. *Continue the mercury; let him have a warm-bath every other night, and use twice a day a lotion composed of two parts of lime-water with one of olive oil.*

15. The skin is much less inflamed, perfectly soft, and motion is not productive of pain. He states that, on the evening of the 12th, he omitted using the lotion, and that on the following day the skin, particularly at the flexures of the joints, was hard, dry, and painful, and the least motion caused it to crack and bleed rather freely. Since we last saw him, the eruption on the forehead and scalp has increased considerably. He has continued the mercury, but his gums are now perfectly well. *Take the blue pill three times a day, and continue the lotion and bath, and let him have his head shaved.*

21. The same in every respect. *Continue the same treatment, and take an ounce and a half of the decoction of dulcamara three times a day.*

Nov. 3. The eruption has increased. The spots on the arms and thighs have coalesced, and the skin now resembles that which covers the trunk. About the wrists and ankles, however, the spots are at some distance from each other, and strictly circular. His general health is good, and his bowels per-

fectly regular. The lotion affords a temporary relief, but in a few hours the skin is as hard and painful as ever. Gums not sore. *Ordered to continue the bath and decoction, to take ten grains of blue pill three times a day, and to use the lotion, except to the left arm, which is to be dressed with the following cerate twice a day.*

R. Mellis.

*Olivæ olei, singulorum libram dimidiam.*

*Cera flava.*

*Emplastri plumbi, singulor. uncias quatuor.*

10. The skin of the arm, which has been dressed with the honey cerate, is perfectly natural, with the exception of its being a little red. The eruption on the other parts of the body is the same. The mercury has not produced the slightest effect on the system. *Discontinue the lotion, apply the cerate all over the body twice a day, and continue the other medicines, and the bath.*

25. Skin soft and cool, but covered with small white scales. Mouth not sore. *Discontinue the mercury and decoction of dulcamara, and take a draught composed of a scruple of tar, half an ounce of mucilage, and an ounce of water, twice a day. Continue the cerate, and have a warm-bath once a week only.*

Dec. 4. Improving fast. *Let the draught contain a half a drachm of tar instead of a scruple, and continue the same treatment.*

Jan. 8. The skin over the whole body has resumed its natural appearance, and not the slightest vestige of *lepra* remains. He says he is as well as he ever was in his life.

Has now left the hospital.

#### TO CORRESPONDENTS.

*Epwrdaw.* Length of service does not in any way affect the question. It would not be safe for him to practise avowedly as an apothecary, and to dispense the prescriptions of legally-authorised physicians; but, being a member of the College of Surgeons, he may attend and prescribe for patients without dread of interference from the Apothecaries' Company.

*Studiosus.* Beck's.

The Society of Apothecaries is not empowered to compel students to reply to questions in midwifery, and they can only demand certificates relating to the education of an apothecary. It has been decided that midwifery is a branch of surgery.

Mr. Robert Whitelaw is informed that the booksellers have told him that which is untrue, and that upon his directing any friend to call at THE LANCET Office with full particulars of the numbers he wants, he may immediately obtain them.

Mr. Dobson's paper next week.

*An Enemy to the Old Hags.* No. They have only power to enter the shops of apothecaries. The physicians would not allow their percentage friends to be molested. As chemists do not generally prescribe, the legislature wisely considered that they were deeply interested in not keeping adulterated drugs and chemicals.

The case of fracture accompanied with delirium traumaticum, at St. George's Hospital, shall be inserted next week.



# THE LANCET.

Vol. I.]

LONDON, SATURDAY, JANUARY 29.

[1830-31.]

*Dublin Medical Transactions; a Series of Papers by Members of the Association of Fellows and Licentiates of the King's and Queen's College in Ireland.* New Series. Vol. I., Part 1. Dublin: J. M. Leckie. 1830. 8vo. pp. 383.

ALTHOUGH the volume before us is not, perhaps, equal in importance to some of its predecessors, its contents are still, for the most part, of considerable interest, and deserve a long notice. We shall not, however, attempt an analysis of the whole, but shall select those articles which will probably be most acceptable to our readers, commencing with two cases by Dr. Collins, of—

## LACERATION OF THE UTERUS AND VAGINA.

In the first case, the patient, *ætat.* 25, the mother of two children, was, when admitted into the hospital, "in a very debilitated state, with a feeble quick pulse, ghastly countenance, expressive of much anxiety. It was evident she had suffered some most serious injury, and, from the symptoms present, rupture of the vagina or uterus was too apparent." The child, which was dead, had its arm protruded from the vagina as far as the elbow, and its position was such as to preclude all possibility of turning; the thorax being, therefore, perforated and broken down, and the breech brought down with the crotchet, its removal was effected without the least difficulty, and an extensive laceration was then found at the junction of the cervix uteri with the vagina posteriorly.

In the second case, the woman was 30, and in labour with her sixth child. The accident occurred, after her admission into the hospital, very unexpectedly, and when the head of the child seemed on the point of being expelled. Immediate delivery being necessary, the perforator and crotchet

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were employed in this case also, and though "the uterus assisted strongly in expelling the child and placenta, on introducing the hand into the vagina afterwards, a most extensive laceration was found at the junction of the cervix uteri with the vagina anteriorly, and the intestines had fallen through the opening into the vagina." The treatment was nearly the same in both cases, and consisted in a careful adaptation of the edges of the wound, the application of leeches to the abdomen in considerable numbers, and at short intervals fomentations and warm bath; a strong dose of calomel and jalap at first, and afterwards gentle but frequently-repeated laxatives, which latter Dr. Collins considers of great importance in such cases. In both patients the tenderness of the abdomen, and most of the other unfavourable symptoms, subsided on the fourth day, and the first was discharged cured on the 23d, the second on the 32d day after her admission. The result of these cases is highly creditable to the author, for there can be little doubt that under a less energetic and judicious treatment the accident would have proved fatal, as it in too many instances has done.

**PULMONARY APOPLEXY.**—A paper by Dr. Ferguson on the above subject (as the effusion of blood into the substance of the lungs was somewhat inappropriately denominated by Laennec) contains two cases of this disease, the one remarkable for the extent of the effusion and the state of the lungs, the other as illustrating the value of the stethoscope, which we are happy to say seems to be much more generally employed in Dublin than in this metropolis. Both patients had been for some time subject to chronic bronchitis, accompanied by great constipation. In the first, a robust man, *ætat.* 36, the principal symptoms were, increase of cough, oppression of the chest, and bloody

P P

expectoration; the stethoscope not having been applied, no very serious disease was suspected; a purgative only was prescribed, and the fatal attack occurred about 36 hours afterwards, death being suddenly induced by the disorganisation of the upper lobe of the left lung and the effusion of about three quarts of blood into the cavity of the pleura. The second patient, a woman, ætat. 56, was attacked during the night with profuse hæmoptysis, which continued on the following day, when the pulse was 110, weak, and small, and the loss of strength considerable, and on examination with the stethoscope, "the respiratory murmur in the greater part of the superior lobe of left lung was either absent or very feeble; in points, a well-marked rale crepitant was heard, and more particularly around the part where respiration is absent: puerile respiration in the rest of same lung, with heavy mucous rale about the leading bronchi. In the right, in spots, the rale sonore was heard." From these signs Dr. Ferguson concluded, that the disease was pulmonary apoplexy, either existing or imminent, and treated it by bleeding, an active purgative, and tartar emetic in frequent doses. Under this treatment the hæmoptysis quickly diminished, so that on the second day the sputa were only at times slightly tinged with blood, and on the 4th the crepitus had entirely ceased, and the affected side of the chest sounded much clearer on percussion, and her recovery afterwards proceeded uninterruptedly. Although Dr. Ferguson lays, perhaps, too much stress upon these cases, as proving the value of the stethoscope, we entirely agree with him when he states, that the relative force of the pulse, and that of the heart, as indicated by this instrument, is a very important criterion, and one by which we ought to be especially guided in our treatment of internal hæmorrhages.

A VERY REMARKABLE CASE OF MALFORMATION OF THE HEART is described by Dr. Crampton. Externally the right ventricle was pushed out in such a manner as to present somewhat of a sugar-loaf shape; within the two ventricles communicated by a deficiency in the septum, and the two auricles by the open foramen ovale, the right ventricle communicated also with the appendage or pouch forming the external projection; the pulmonary artery slightly contract-

ed at its base, and considerably dilated beyond it, was destitute of valves, and had an opening into it, "a separate cavity, bounded by distinct walls, which, however, was attached to the right ventricle, and communicated with it by means of an opening capable of admitting the little finger, formed under the columnæ carneæ of the ventricle." The patient, a boy ten years old, who lived for nearly a month after his admission, had been subject to palpitation from birth, and was admitted with anasarca of the whole body, dyspnœa, inability to lie down, &c. The pulse was 140, and irregular; the stethoscopic signs were, a very loud bruit de soufflet over the whole thorax, but loudest over the left ventricle, and a violent impulse. We are not aware of any other instance where life has been maintained for so long a period with such extensive malformation of the heart, and in this respect the case is particularly interesting.

From a paper by D. Beatty on "THE USE OF INSTRUMENTS IN DIFFICULT PARTURITION," it would appear that the perforator is used much too frequently in Ireland; it is unnecessary, however, for us to notice his very just arguments against this practice, as the principles which he advocates are those of the great majority of practitioners in this country, very few of whom, we are certain, would think of opening the head of a living child, except where the use of the forceps or lever were inadmissible.

OBSTETRIC AUSCULTATION.—We have lately inserted several papers on the stethoscopic signs of pregnancy, and although the authors of these articles are at issue with respect to one of the signs, the supposed placental murmur, yet they entirely agree with regard to the other, the pulsations of the fetal heart. It is therefore needless for us to bestow so much space as we should otherwise have done on the valuable paper of Dr. Ferguson, who states his conviction that the pulsations of the fetal heart may almost always be heard after the fifth month of utero-gestation, that they can be simulated by no other sounds whatever, and that their presence, therefore, is alone a positive and unequivocal sign of pregnancy. Of more than a hundred pregnant women whom he examined, in one only was he unable to detect the sounds in question; and in several cases which he has related, the pregnancy,

was so artfully concealed, that it would have been impossible to have given a decided opinion, when guided only by the ordinary symptoms, and in one instance the attending practitioner, a gentleman of great ability and long experience, had not even suspected its existence; yet the real nature of all these cases was shown at once by the stethoscope, the value of which was confirmed by the results. We trust, therefore, that those who are accustomed to employ this instrument in thoracic diseases, will be induced to extend its use to a case in which, while the other signs are but too often fallacious, the detection of the truth is frequently of great importance, especially since it can be employed without the least offence to the delicacy of the patient, and often, indeed, without even exciting in her a suspicion of the object of the investigation.

A CASE OF CANCER OF THE UTERUS, by Dr. Beatty, contains nothing very remarkable, except the circumstance of there having been an ulcerated opening between the ileum and vagina; the concluding observations, however, are worth attention, as being made (by a practitioner of great experience) for the first time.

"This case is in perfect accordance with an observation I have made for a great number of years, that in almost every instance where I have been consulted for cancer of the uterus, the disease has arisen in persons who, while young, had either lost their husbands, or separated from them. I do not remember to have met with an instance of the disease, in which an early interruption of connubial intercourse had not taken place. A remarkable case occurred to me in 1814, in which I acted upon this principle, and by recommending a restoration of conjugal rights, succeeded in checking the disease.

"A lady and her husband, after having had children, had lived very much asunder for some years, and at the time I have mentioned, I was consulted by the lady, in whom incipient cancer was now evident. She complained of pain and weakness in the loins, so great as almost to incapacitate her from walking; this was accompanied with a sense of bearing down, and a leucorrhœal discharge.—Acute pains shot from time to time across the pelvis, and the digestive organs were very much deranged. The os uteri was found lower in the vagina than is natural, and presented a thickened, irregular, and indurated surface, painful to the touch. The upper part of the vagina was also hard to the feel, and the rugæ were

considerably obliterated. A consultation was held with two physicians of the most extensive experience in this kingdom, to whom I reported the result of my examination. One of the gentlemen having made a similar examination, confirmed my report and opinion, and they both agreed in recommending a total separation of beds, as the plan most likely to prolong a life which must become a sacrifice.

"I mentioned the observations I had made on patients labouring under cancer of the uterus, and expressed a hope, that if connubial intercourse were restored, the progress of the disorder might be arrested. The idea was new to them, but they readily acceded to my proposal. The husband returned to his wife's bed, and the result was the birth of a healthy child in less than a year.

"A perfect restoration to health followed, which has continued without interruption, though fourteen years have elapsed since the child was born. The lady, from having been emaciated and worn down, recovered her flesh and good looks, and has mixed freely in the upper class of society ever since."

A REMARKABLE CASE OF OVARIAN DISEASE is related by Dr. Montgomery. The patient, ætat. 45, in whom the disease had commenced, about seven years before, by a tumour in the right iliac region, sought for admission into the hospital, chiefly on account of ascites, which, though not very considerable, appeared to cause great distress. She had at the same time cauliflower excrescence from the os uteri, and her countenance strongly indicated the existence of some serious organic disease. On her death, which occurred about five weeks after her admission, though much temporary relief had been afforded by tapping, and by the medical treatment, which consisted chiefly in the exhibition of diuretics, the abdomen was found to contain at least two pints of pus, besides the serum with which it was distended, and

"On turning aside the integuments, a very singular appearance presented itself; a tumour, chiefly composed of fine membranes, dividing it into innumerable cells, which, with their fluid and transparent contents, resembled, at first sight, hydatids; the membranous septa dividing the cells were supplied with blood-vessels of a considerable size running along their edges, so that the whole tumour presented a clear red colour. At its upper and left part there was a deep cleft or fissure, into which the open hand might be passed without any force,

and when carried downwards, and towards the right side, it entered a round sac equal in size, and much resembling a large flat turnip; this was the right ovary which lay just under, and was filled with the same structure as the part of the tumour first brought into view. In fact, it seemed as if the peculiar structure had at first grown in the ovary, which thereby became greatly enlarged, until at length the coat of the ovary had given way, and out of the fissure so formed, the morbid growth continued to enlarge, turning over the edges of the fissure, and covering the front and sides of the ovary in which it *had formerly been contained*, so that the tumour was in a great measure turned inside out. - - - - The tumour was of such a size, that while its inferior extremity was in the pelvis, its superior border was as high as the ensiform cartilage, its length being twelve inches, and its breadth nine."

The very valuable and interesting paper by Dr. Corrigan, on the MOTIONS AND SOUNDS OF THE HEART, we have already reviewed at some length, in our 368th Number.\* We cannot, however, refrain from again expressing our opinion of the justice of his conclusions, and our hope that they will not be rejected as hasty or ill-founded, but be every-where examined without prejudice, and with the attention which they deserve. There is, perhaps, no surer test of the truth of a physiological theory, than a comparison of it with pathological phenomena; and the more we reflect upon the subject, the more are we disposed to believe that the stethoscopic symptoms of heart diseases may be better explained by the new than the old theory of the action and rhythm of this organ. A remarkable confirmation of this may be found in a case described in the present volume by Dr. Clinton. In this case the auricles, especially the left, were considerably dilated and hypertrophied; the parietes of the ventricles were natural, but the tricuspid, mitral, and aortic valves were more or less ossified; the principal obstruction was, however, at the left auriculo-ventricular opening, which was reduced to a small chink, just large

enough to admit the blade of a common scalpel, while the point of the little-finger could be passed into the aorta. The principal stethoscopic symptoms were, slow contraction of the ventricles, accompanied by loud bellows sound, and very considerable impulse. These symptoms it is difficult to explain, according to the generally-received theory, but with the aid of that now proposed by Dr. Corrigan, they become perfectly intelligible. The first sound (the auricular) is naturally lengthened by the obstruction to the passage of the blood from the auricle into the ventricle. For the same reason it is accompanied by the bellows sound, while the increased impulse is accounted for by the hypertrophy of the auricles. With respect to the purpose for which we have noticed it, this case is especially valuable, as being written without any reference to the theory in question.

POLYPUS OF THE HEART.—Though formerly considered as of frequent occurrence, this phenomenon has been altogether rejected as a disease by many modern pathologists, who have regarded the fibrinous concretions so often found in that organ as formed in every case either just before or after death, and as incapable therefore of giving rise to any morbid phenomena during life. More recently still, the occasional existence of true polypi or organised growths within the cavities of the heart has been satisfactorily established, but no marked or constant symptoms have hitherto been described, which might be considered as indicative of their presence. This deficiency Dr. Harty has attempted to supply; and after relating two remarkable cases of the disease, has pointed out several symptoms which seem to be almost peculiar to it; and one in particular, which, though not noticed, may probably have existed in the other similar cases on record. In the first of Dr. Harty's patients, a young lady, *ætat.* 14, who had been subject for several years to repeated attacks of chorea, the cardiac affection appeared to have commenced about four months before her death, after a violent fright. In the second, a boy, *ætat.* 13, it was of shorter duration, and came on during the acute stage of measles. In both, however, the fatal attack lasted only eleven days. Notwithstanding the difference of the circumstances under which the disease oc-

\* While speaking on this subject, we take the opportunity of noticing an insinuation which has lately come from the pen of Dr. Hope, that the review of Dr. Corrigan's paper, was the production of Dr. Corrigan himself. It is sufficient for us to say, that that gentleman has never written any paper in this journal, to which his name was not distinctly attached.

curred, the symptoms were, in many respects, the same. In both cases the pulse was very frequent but regular, and "a peculiar thrilling, whizzing sensation" was communicated to the finger on touching any artery which could be felt; in both there were, constant palpitation, hurried and difficult respiration, and œdema of face; and, contrary to what is observed in almost all the other diseases of the heart, the patients were to the last easiest in a horizontal position. As they both occurred more than ten years ago, the stethoscope was not employed. The treatment consisted chiefly in bleeding, purgatives, and digitalis; the former always afforded temporary relief. In the first case, on opening the body,

"The pericardium exhibited some little appearance of inflammation; it contained about six ounces of clear serum, without any coagulable lymph. The heart itself was enlarged, with increase of muscular substance—the vessels on its surface much distended; a small incision effusing a good deal of blood; on opening its cavities, the following appearances presented themselves to view:—a distinct polypus of a whitish colour, unconnected with any coagulum, nearly filled the right ventricle and auricle, its branches extending into the great vessels, one branch being more than eight inches in length; the whole polypus adhered *so slightly*, as to be readily drawn out by the fingers; but a thick membranous substance of the same colour adhered with much firmness to the *external* side of the ventricle penetrating into its interstices, and by means of both membrane and polypus the valves were bound down, and must have been altogether impeded in their action—both auricle and ventricle were of a vivid colour, and of an inflammatory aspect. The left ventricle and aorta, however, presented a far more singular phenomenon. The ventricle was divided into two nearly equal cavities by an adventitious whitish membrane firmly adhering to the internal apex, and to the sides of the ventricle in a line nearly parallel to the septum, and terminating, as it approached the aorta, in a rounded organised polypus, tapering to a point, and entering above an inch into the aorta, which communicated very obliquely with the ventricle—the two cavities into which the ventricle was thus divided communicated with each other very partially, where the membrane terminated in the rounded polypous concretion. The side of the membrane towards the left auricle was uneven, towards the aorta smooth. That auricle had the same inflammatory appearance as the right, and its valves were impeded by

membranous layers, as those of the aorta were by the polypus—three of the carnea columnæ were much enlarged, one of them being more than twice the size of a goose-quill."

In the second case,

"The left ventricle and auricle of the heart contained a large and singular polypus, unconnected with any coagulum, and adhering firmly in some parts, and more loosely in others. In the auricle (properly so called) it adhered firmly throughout, maintaining a perfect union therewith by a number of lateral projections, and thence descending into the ventricle by a long and narrow neck, it formed a flat and firm adhesion to the side of the ventricle, throwing out at the same time a band, whereby it was connected to the polypous concretion which loosely occupied the apex and body of the ventricle, and extended thence into the aorta. The body of the auricular polypus branched largely into the pulmonary veins, and in its thickest portion contained a distinct, dense, and compact clot of blood, enveloped therein."

The peculiar thrilling of the pulse is regarded by Dr. Harty "as the great diagnostic sign of the existence of polypus in the heart, or at least in its left ventricle." He adds, however, "when it does occur, I am disposed to conclude that the polypus has entered the great vessels issuing from the heart, thereby obstructing the action of the valves and the free flow of the blood." Of the other symptoms he does not venture to speak so decidedly; the perfect regularity of the pulse is, however, very remarkable, as being directly opposed to the statements of most writers on the subject, who have mentioned an irregular pulse as one of the principal symptoms of the disease.

A considerable portion of the volume is occupied by an excellent REPORT OF THE CORK STREET FEVER HOSPITAL for the year 1829. The whole number of patients admitted during this period was 3153, of these, however, a small proportion only were affected with continued fever, which is stated since the epidemic of 1826, to have become of comparatively rare occurrence in Dublin. The remaining cases consisted of other inflammatory diseases, including rheumatism, and of intermittent fever, which, after having almost disappeared for about twenty years, became again very frequent (succeeding as it were to continued fever) in the beginning of 1828, and only began to

decline towards the end of the following year. The number of deaths was only 232, so that the mortality appears to have been less than in any other similar institution whatever. The number of deaths was always in an inverse ratio with that of the admissions; the latter were most numerous in April and May, the former in December and January. With regard to the nature of fever, the author, Dr. O'Brien, agrees very nearly with Dr. Southwood Smith; he divides, however, all idiopathic continued fevers into two classes, inflammatory and typhoid: the former including those types in which the heart and arteries, the latter those in which the brain and nervous system, are primarily and essentially affected. This arrangement seems liable to as great objections as that of Cullen, of which it is only a modification, for, as indeed the author admits, not only will "various intermediate shades of type occur, the allocation of which to this, or that genus or class, it will be difficult to determine;" but in very many instances, a fever which, on its commencement, may be considered as decidedly inflammatory, will, in a very short time, become as decidedly nervous or typhoid; and we cannot agree with Dr. O'Brien, "that in every case of typhoid fever," especially as he includes under this denomination, the synocha and typhus of Cullen. "The prominent features of the disease, from first to last, and the character of its symptoms, are, nervous, modified by the various degrees of arterial and vascular action by which they are accompanied." Of the practical part of the report, however, it is impossible to speak otherwise than in laudatory terms, and although we do not particularly notice the well-selected and concisely-related cases of fever, we cannot forbear to extract from the observations on them, those relating to that particular modification of fever, which "proved a false light to M. Broussais." From the cases related, as well as many others that have occurred to him, Dr. O'Brien concludes,

"That there exists a primary gastro-enterite, attended by a fever of a peculiar kind, approximating in some respects to the typhoid character, like all intense phlegmasiæ of the gastro-intestinal canal, yet differing from typhus by some obvious and striking properties.—The following is the

train of symptoms peculiar to this disease, viz.:—Pain, uneasiness, and generally fullness of the epigastrium, or abdomen, or both aggravated by pressure, and accompanied by head-ach, nausea, or retching, and, in many instances, by frequent vomiting; particularly after the introduction, even of the smallest quantity of fluid or solid aliment, into the stomach. The appearance of the tongue is peculiar and characteristic; it is either of a vivid or dark-red colour over its entire surface, or it is red at the edges and point, but covered with a dark-white fur in the centre, through which specks of red are occasionally visible; the centre, however, is also frequently brown, or even of a yellowish hue, whilst the edges are dark-red; as above described, and the papillæ all over the surface unusually prominent; and this organ, on the whole, presents a more striking appearance of irritation and sub-inflammation in this disease than in any other type of fever. The pulse is usually deficient in fullness; it is small, frequent, and compressible, and approximates more to the typhoid than the synochoid character. It is also accompanied by a lower temperature of the skin; and, in a word, displays none of the signs of that strong reaction which marks the early stage of synochus. It is distinguished, however, from typhus, by the comparative mildness of the cerebral affection; the author has, indeed, been frequently surprised at the clearness and integrity of the intellectual faculties, in the midst of that extreme depression of the muscular powers which characterises this type of fever. This disease is slow and gradual in its access as well as its progress; the patient feels himself ill for some time, affected with loss of appetite, costive bowels, uneasiness, and occasional twitches of pain at the epigastrium and in the abdomen, which continue until the febrile movement is developed, when the train of symptoms before described sets in with all its violence. The progress is also remarkably slow, the disease being frequently protracted to the sixth or seventh week before convalescence takes place. It is further distinguished from typhus by the absence of petechiæ, a black crust on the tongue, or black sordes of the teeth and gums, which the author has never observed in any of the clearly-marked cases of this disease he has witnessed. The bowels are either constipated, or too relaxed, and occasionally these two states alternately succeed each other. The abdomen is tumid, resisting and tender to the touch, when pressure is employed externally;—the sleep is uneasy, interrupted, and delirious; but when awake the patient seems to suffer little diminution of his intellectual powers.

"As a further proof of the real nature of this affection, it may be stated that the ap-

ther has favorably observed that in proportion as the abdominal symptoms were mitigated or subdued, the affection of the head and the febrile symptoms suffered a simultaneous mitigation or removal. The colour of the skin in this disease is commonly one of the shades of yellow;—occasionally the tint is deep and dark, as in the case of Kitts (see the volume), where it approached to a lighter shade of mahogany. The intense bright-yellow colour of the skin, peculiar to jaundice, and, we presume, to yellow fever, has not occurred in this hospital since the epidemic fever of 1836; but, from the author's recollection of the cases which then occurred, he is inclined to consider them as modifications of the disease we have been considering."

We have observed that with regard to the nature of fever, the author agrees very nearly with Dr. S. Smith. In the treatment, however, he differs from him considerably, for while the latter recommends copious bleeding at the very commencement, or during the stage of nervous depression, the latter abstains altogether from this remedy during the first stage, in which he states,

"That his practice is merely palliative; he is satisfied with administering a moderate emetic or purgative, enjoining rigid abstinence and confinement to bed; if possible, a warm bath; and he waits a little, until a further development of the disease shall have given a probable insight into its nature and type. As soon as reaction has commenced, if it be vivid, and accompanied by increased heat, flushed countenance, frequent and full pulse, blood-letting is then resorted to. A single venesection of ten or twelve ounces is at first practised, and if this prove insufficient to reduce the pulse, the heat and flush of the skin, and the general excitement, the process is repeated; but beyond this, unless under very peculiar circumstances, the author seldom thinks it safe to proceed."

Except in the gastritic fever he appears to place but little confidence in calomel, employing it only in very small doses, combined with antimonial powder. As our limits will not allow us to notice the remaining sections on local inflammatory diseases, we shall conclude with another extract from that on the treatment of fever, relating to a very important remedy in the latter stage of all the types of the disease, viz., wine:—

"The administration of wine in fever has been the subject of various discussions and disputes among physicians, according as its effects appeared to favour or oppose the particular theory they advocated. Thus our

Gallie brethren, in conformity to M. Broussais's principles, wholly reject it from their therapeutics of fever, and regard it almost in the light of a poison; while the patrons of the humoral doctrine look upon it as their great resource.—We shall state the facts furnished by the cases above recorded, in illustration of this important subject. In the three first cases of primary gastro-enterite, from two to four ounces of wine were allowed, from about the tenth day of the disease to the establishment of convalescence. In the fourth case (an exhausted old woman), wine was allowed on the sixth day after admission, at her own request;—after two days, she acknowledged it did her more harm than good, and refused to continue it. In seven cases of typhus, three of which were typhus mitior (Boylan, Valentini, and Lowry), and four typhus gravior, viz., Farrell, Doyle, Martin, and Bradshaw, no wine was allowed until the febrile symptoms had suffered an abatement, that is, until convalescence had just commenced; yet all these patients appeared to go on as well without it as could have been expected, had it been allowed. The four fatal cases, whose histories have been given, received each from six to twelve ounces of wine on the five days previous to their dissolution. They were, of course, extreme cases of typhus gravior, but wine seemed to have no effect in retarding or preventing the fatal event. The author had always been an advocate for a moderate and regulated allowance of wine in the last stage of typhoid fever, for, in the first and second stages its use is wholly inadmissible;—he confesses, however, that his confidence in it has been shaken by the facts here adduced. It appears from these facts, that many cases of exquisite typhoid fever will recover without the aid of wine, and that many will die, however large the quantity be in which it may be administered. The general inference, then, is, that it is either useless or injurious as a remedy. The data, however, it may be said, are too few to overturn the results of long experience, and, according to the strict rule of induction, that they ought to be considered as exceptions restraining the conclusion, not overturning it. This is the light in which the author wishes them to be considered, and in which he regards them himself; but it should be well considered whether the experience alluded to be unshackled from the prejudices of theory, or whether it be guided by a blind adherence to a sect or party; for, in such case, experience is of no value—it is worse—it confirms error. With respect to primary gastro-enterite, the author is more decided in his opinion, namely, that wine is seldom necessary or useful, though the three first cases prove that a small quantity may be given



with impunity. In the very last or final stage of fever, when death is impending, something must be done, some stimulus must be given, and we possess none more powerful than wine; but, in such cases, the author has always found it unavailing, however large the quantity administered."

*A Treatise on Fever.* By SOUTHWOOD SMITH, M.D. London: Longman, 1830. 8vo. pp. 436.

*Clinical Illustrations of Fever.* By ALEXANDER TWEEDIE, M.D. London: Whitaker and Co., 1830. 8vo. pp. 204.

*Memoire sur le Traitement des Fievres Graves; connue sous les diverses denominations de gastro-enterite, dothinerite, &c.* Par M. DANCE. Archives Gen. de Medecine. Sept. 1830.

Dr. SMITH commences his treatise by observing that on his appointment to the office of physician to the London Fever Hospital, he was expressly requested to direct his attention to the accumulation of facts by which the true nature of fever might be ascertained, and to the cautious trial of remedies, by the use of which a more successful plan for the treatment of that disease might be established. In pursuance of that duty, he has laid the present work before the public, and he proves that on many accounts such an effort was by no means unnecessary; especially from the still hidden nature of many circumstances connected with the origin and propagation of fever, and the difficulty of discriminating, amongst its multifarious phenomena, which are essential, and which are adventitious, and not necessarily present. In the prosecution of this inquiry the author considers that he enjoyed peculiar and amply sufficient facilities from his office of physician to the Fever Hospital, which institution he thus briefly describes:

"The London Fever Hospital is capable of receiving sixty-two patients: in most seasons of the year its wards are full: often there are numerous applications for admission which cannot be received for want of room: there pass through the wards from six to seven hundred patients annually. Two physicians are attached to the institution, under whose care the patients are placed alternately in the order in which they are admitted: there is one assistant-physician, whose duty it is to perform the office of the

ordinary physicians when either of these may be incapable of attending, and there is besides a medical officer resident in the house. A history of each case, containing an account of the age, occupation, and residence of the patient, together with as full a statement of the symptoms of the disease and of the order of their succession as can be obtained, is entered in the journal by the resident medical officer. Each of the ordinary physicians attends daily and enters in his journal a daily report of each of his own cases. The resident medical officer goes round the wards twice a day, namely, early in the morning and late in the evening, to observe if any change requiring attention may have taken place in any patient; and if any such change be observed by the nurses during the interval between these visits, they are reported to him by the head nurse without delay; all such events, with the modification of treatment they may have required, are entered in the journals. Every case that terminates fatally is examined after death, and an account of the morbid appearances is entered in a book kept for the purpose. In this manner, in the progress of years, a mass of facts accumulates relating to the statistics, the types, the symptoms, the causes, the diagnosis, the pathology, and the treatment of the disease, whether successful or unsuccessful, which both on account of the fullness and accuracy of the record, and of the extent of the period it embraces, cannot but be of great value."

The author next presents us with an interesting and well-sketched outline of the several doctrines of fever, whether ancient or modern. It is unnecessary to accompany him through his notice of the opinions of the ancient authorities. Of the modern he commences with Cullen, and explains the theory of debility of the extreme vessels, which this author asserted, and in which he has been to a certain extent followed by Browne, and still more recently by Dr. Stoker, physician to the Dublin Fever Hospital. Others also, it appears, coincide in some measure with this belief; and several, late writers particularly, consider the fluids as primarily affected. In opposition to this opinion, we find Dr. Clutterbuck, who contends that fevers are all referable to local disease in one organ; and Broussais, who supposes fever to be abstractedly "the result of a primitive or sympathetic irritation of the heart, through the effect of which its contractions are quickened, and that every irritation sufficiently intense to produce fever, is inflammation." Dr. Clut-

terbuch further asserts the local organ to be the brain; but Broussais contends that the primary and essential seat of inflammation in fever, is the mucous membrane of the stomach or intestines, or both. Finally, Dr. Smith thus sums up his epitome of the rival opinions:—

“The prevailing doctrines relative to the nature and seat of fever at present then are two, the direct reverse of each other: one, that it is a general disease affecting the entire system; that this affection of the system consists of debility, which is manifested first in a loss of energy of the brain, but which rapidly extends to every organ and every function, and that consequently the *absence of any primary local disease*, ought still to form, as it has so long formed, an essential part of the definition; the other, that it is in the strictest sense a local disease; that its primary seat is invariably fixed in some one organ; that the affection itself consists of inflammation; and that that inflammation is seated, according to one opinion in the brain; according to the other in the stomach. As must necessarily be the case, these different and opposite theories are found to have the most important influence on the practice recommended by their respective authors in the treatment of the disease. The advocates of the first deprecate all active interference: the grand evil to be contended with is debility: the physician can easily weaken, but he cannot easily strengthen: he can depress to any extent he desires, but he cannot communicate power as he wishes. In a malady therefore of which the very essence consists in loss of energy, the main duty of the physician is to husband the strength of the patient with the most anxious care, this being the chief means, as Cullen expressively termed it, of obviating the tendency to death. The important inference is, that every kind and every degree of depletion that can add to the primary cause of the malady, must be abstained from with the utmost caution. By the clearest and shortest deduction this will necessarily be the result to which every mind must come that really believes that debility is the essence of fever, while he who admits its inflammatory nature must think it criminal to stand idle by and allow the most extensive derangements in the structure of vital organs to proceed, without even an attempt to check them, as long as it is in his power to use the lancet or to procure leeches.”

Dr. Smith, in the next place, proceeds to prove that the several theorists have fallen into peculiar errors, which he labours to point out, and the essential nature of which he thus describes:—

“All the partial and imperfect views of fever which have now been brought before the eye of the reader, originate in one or other of the following errors, obvious as they all are: either that of assuming as a fact what is merely a conjecture; or that of assigning to the genus what belongs only to the species; or that of characterising the disease by what appertains only to a stage; or that of mistaking the effect for the cause. On careful examination, it will appear that one or other of these errors, which are as serious as they are palpable, has vitiated in a greater or less degree every generalization of fever that has hitherto been attempted.”

The believers in debility, therefore, according to Dr. Smith, are mistaken in assigning to all the stages of fever what is only true with regard to the first and last, and what may be true “in particular seasons, climates, or constitutions,” but which is false when affirmed generally. The writers who refer the disease to a morbid condition of the blood, err in arguing positively on the premises which have not been proved, and in support of which they adduce no evidence whatever. Lastly, the followers of Clutterbuck and Broussais commit the common error of “assigning to the genus what belongs to a particular species;” and the latter, moreover, by describing as a cause that which should, according to the succession of events, be considered as an effect. These several errors Dr. Smith proposes to avoid, and he sets out in his study, by ascertaining what the precise objects of inquiry should be, the *common* phenomena of fever, and the *order* in which these phenomena occur.

“When these two points have been made out, what is essential and what adventitious, as well as what is the cause and what the effect, become at once clear and certain. But the difficulty lies in discerning amidst the infinite diversity and contrariety of symptoms which the different modifications of fever present, when we may safely assure ourselves that we are in possession of all the essential phenomena. Our guide is *invariableness* of concurrence. If we can ascertain that a certain number of events *invariably* take place in every form and every degree of fever, these events will give us the particular phenomena which are common to all the varieties of the disease. If we can further ascertain that these events *invariably* concur in a certain order, we shall have discovered what events bear to each other the relation of cause and effect. And the establishment of this relation of

events, this constant connexion with each other, this uniform antecedence and sequence, appears to me to be the only theory after which it is consistent with the principles of sound philosophy to search. If I have endeavoured to establish this connexion, and have thus ventured, as I conceive, in a strictly philosophical sense to propose a theory, in doing so I have carefully restricted myself to the attempt to deduce a legitimate conclusion from facts previously ascertained. It does not appear to me that these three points, namely, the common phenomena, the invariableness of their concurrence, and their mutual relation, are satisfactorily established. - - -

"Whatever be the phenomena of fever, they depend upon certain states of the organs. Whatever be the noxious agents or the exciting causes of the disease, and however they operate, they can induce the disease only by bringing about a certain condition in a certain number of organs, the individual events constituting the disease being nothing but certain changes in these organs. It is therefore of paramount importance to ascertain what the organs are which are implicated; what the conditions are which are induced in them; what organ sustains the first assault, and what organs are attacked in succession. The pathology about to be laid before the reader will demonstrate the first two points: the establishment of the last two will be attempted by an examination of the history of the cases."

We now pass on to the second chapter, in which is to be found the most remarkable, and, at the same time, the concluding, link of this chain of assertion. In this division of his work, the author principally notices the varieties of fever and their common phenomena; he enumerates the organs always diseased and functions always deranged, and declaring that fever is not inflammation, he draws a line of demarcation between both these states of disturbance. Under the first head he cursorily mentions the several diseases which, under various denominations, have prevailed in different seasons and countries, and which present such innumerable shades of difference in the detail of symptoms and adventitious circumstances. Nevertheless, in all their diversity, they are found to retain such a general resemblance, that "there is no physician who would not, in each case, pronounce the disease to be fever." Whatever, therefore, are the common phenomena on which this resemblance depends, these are what constitute the identity and essence

of the disease. Various attempts, Dr. Smith shews, have been continually made, by the most celebrated men, to ascertain by analysis what these common features are; and the want of success attendant on their efforts sufficiently evinces the difficulty of the task. Thus, heat was regarded by Hippocrates as the essence of fever; shivering, frequent pulse, and heat, by Boerhaave; while to this catalogue Cullen adds "languor, lassitude, and other signs of debility, &c., without any primary local affection." That all these definitions are exposed to striking exceptions cannot be denied. Thus, in a whole tribe of fevers, and a most important one, the *fièvre ataxique* of the French writers, the heat seldom or never rises above the natural standard, and is usually far below it. In the same fever too, the pulse, so far from being increased in frequency, is generally slow, irregular, and feeble. Neither does it unfrequently happen, that in these cases no feeling of lassitude exists, and the ordinary observer would find few circumstances indeed by which he could explain why he termed the disease "fever," except the muscular twittings, and the peculiar, indescribable, countenance of the patient. This total failure in the construction of a precise definition, Dr. Smith ascribes to an erroneous mode of analytic investigation, of which he treats as follows:—

"Without doubt, before it is possible to succeed in any scientific investigation, it is necessary to form a distinct conception of the object of inquiry. Fever is not an entity; not a being possessing a peculiar nature; and the object of investigating it, is not to discover in what such nature consists, or what it is that constitutes its essence: but fever is a series of events, and the object of inquiry is to discover what the events are; what the events are that invariably concur in the series, and in what order they constantly succeed each other. When we have discovered this, we have ascertained all that we can ever know of what is termed the nature of fever, as it is this, and only this, that we can ever know of any object or process."

Dr. Smith will pardon us for saying, that this entire passage is rank nonsense. What disease does not consist of a "series of events?" Those "events," of course, constitute the legitimate object of inquiry in every instance of disease. Fever, in reality, is as much an "entity" as any other man,

lady; but from its peculiar nature, physicians have failed to discover it, and consequently to describe it; at least it has been of such chameleon character, that the hues, from the suddenness of their changes, have been repeatedly confounded;—the shadow has been mistaken for the substance; effects for causes.

He next arrives at the most important stage of his inquiry, and proceeds to examine what are the events which invariably occur in fever, and in what series of succession they arise. To this point we would particularly direct the reader's attention, as it constitutes the pivot on which the author's peculiar opinions are balanced. According to the correctness of this position must his arguments either stand or fall.

"The evidence is as complete as observation during life and inspection after death can make it, that a morbid change does take place in a certain number of organs in every case of fever, from the most trivial intermittent to the most alarming continued fever, from the mildest plague to the most malignant typhus: that at the two extremes of this scale, and at all the intermediate gradations of it, there are certain organs which are always affected, and that the affection in all is similar. [And yet Dr. Smith says there is no EXCITV.] The identity of the organs is inferred from the indications they give of disordered function during life: the identity of the affection is inferred from the similarity of morbid appearances which they exhibit on examination after death. The organs affected are those which constitute the nervous system, those which constitute the circulating system, and those which constitute the systems of secretion and excretion. The spinal chord and the brain; the heart and the arteries, especially their capillary extremities; the secreting and the excreting organs, which in fact are composed, essentially, of the capillary extremities of the arteries; the secreting and the excreting extremities of these arteries, especially as they terminate in the external skin, and in the mucous membranes, which form the internal skin, this is the chain of diseased organs: derangement in the nervous and sensorial functions; derangement in the circulating function; derangement in the secretory and excretory functions; this is the circle of morbid actions. There never was a case of fever in which all these organs and affections were not more or less in a morbid state; there never was a concurrence of this morbid state, in this complete circle of organs, without fever. The events which invariably concur in fever, then, are a certain deviation from the healthy state in the nervous

and the sensorial functions; a certain deviation from the healthy state in the circulating function; a certain deviation from the healthy state in the functions of secretion and excretion. A deviation from the healthy state in one circle of actions will not present the phenomena of fever; a deviation from the healthy state in two circles of action will not present the phenomena of fever: there must be a deviation in the three circles before fever can exist. Such then are the common phenomena of fever. But it is not the invariable concurrence of a particular number of events that is alone sufficient to constitute fever: to this must be added invariableness of concurrence in a particular order. As will be shown in a proper place, there is complete and irresistible evidence that these events do occur in one invariable order. Derangement in the functions of secretion and excretion never comes first in the series: derangement in the nervous and sensorial functions never comes last in the series: derangement in the function of the circulation never comes either the first or the last in the series, but is always the second in succession. The order of events then is first, derangement in the nervous and sensorial functions; this is the invariable antecedent: secondly, derangement in the circulating function; this is the invariable sequent: and thirdly, derangement in the secreting and excreting functions; this is the last result in the succession of morbid changes."

The only speculative topic remaining for us to consider at present is the opinion entertained by the author on the disputed question, whether fever be or be not inflammation, and if it be not, what constitutes the difference between them. In inflammations, though many or all of the phenomena be the same, yet the order of their occurrence Dr. Smith asserts to be invariably different; and this, according to the present state of knowledge, he declares to be the true and only criterion between both these morbid conditions. We shall take another opportunity to notice his opinions on this subject with more especial attention. His allusions to malaria and contagion will also be then taken into consideration.

We have thus presented a fair outline of the leading theoretical speculations which Dr. Smith has advanced. In these resides the chief novelty of his work.

We shall not withhold our willing assent to his opinions concerning the errors into which his predecessors in this department of literature have fallen; further, we en-

tirely agree with him, that the only mode in which the truth can be arrived at, is by investigating the subject according to the mode of analysis in which he proceeds. Finally, we give him credit, to the fullest extent, for the advances he has made towards completing an able abstract of the disease. We shall now briefly examine whether this abstract be as perfect and free from every decided fallacy as its author supposes. It may be perceived that Dr. Smith's view of fever, taken as he propounds it, constitutes a syllogism, or logical proposition, consisting of the usual parts or members, all of which individually and collectively must be constructed on the surest foundation, and of the firmest materials, or the whole edifice may be readily upset. If there be a fault in his first proposition, the whole is impaired; if his second be defective, the validity of the first does not strengthen his position. The inquiry then simply resolves itself into this simple question, Is there no other disease or form of morbid action in which the same phenomena occur, and in the same order as that which distinguishes Dr. Smith's definition, or rather description, of fever? We believe there is.

The simplest condition in which we would presume the same circle of morbid actions might take place, may be considered to exist in a wound of the head. A bullet traverses a soldier's brain, or he receives a sabre cut, which penetrates to, and injures the cerebral substance; inflammation speedily comes on, and the man eventually dies: here then we have, or we mistake much, Dr. Smith's identical circle, "derangement in the nervous and sensorial functions, derangement in the circulating functions (*inflammation of the brain*), derangement in the secretory functions." Is not this the order of action resulting from a wound of the head?

But it may be objected to this argument, that we quit the limit of internal disease, and proceed to external and mechanical interferences. We will therefore suppose a case of another kind:—An individual breathes the sulphuretted hydrogen gas, and becomes immediately senseless; he awakes in a few minutes, giddy, and with severe headach, shortly his pulse labours and becomes irregular; he shivers, and, as Dr. Sigmond has aptly described it, *undergoes*

*the several symptoms of a paroxysm of intermittent fever.* Again, alcohol is introduced into the stomach of a rabbit: scarcely does the poison reach that organ, before symptoms of disordered nervous action appear; in some hours, if the dose have not been so large as at once to exhaust the nervous power, the usual phenomena of disturbed circulation are evinced, in the form perhaps of gastric inflammation, and, finally, the secretory functions are disordered. To select another example, but of a widely different kind, a gradually increasing spicula of bone presses on the brain, and induces epileptic paroxysms, the irritation increasing, *chronic inflammation* at length supervenes, and the secretions are, lastly, disturbed. We might particularize several such instances of occurrence and succession of morbid phenomena. If these, then, are to be considered in the light in which we regard them, Dr. Smith's definition ceases to be perfect; if these cases which we have described be *not fever themselves*, which we presume can scarcely be asserted, we might strengthen also our denial of the exclusive application of the author's description, by the narration of certain analogous occurrences. We know a gentleman who cannot see a seaman at the mast-head without growing dizzy; he feels nausea, his mouth waters, he speedily vomits, and not unusually bilious diarrhoea supervenes. Here are the chain and circle of actions again,—disordered nervous condition, deranged circulation, and disturbed secretion.

There is no doubt, too, but that the majority of medical men, especially those in actual practice, will be inclined to repudiate Dr. Smith's suppositions on other grounds. They will argue, for example, on the phenomena of the yellow fever, which apparently attacks the digestive organs alone, and affords, in its devastating progress, no sign of any primary affection of the sensorial functions. To quote Dr. S. Smith's description—

"At another time the disease may seize with peculiar violence upon the organs of secretion, and especially upon those which belong to the digestive apparatus; hence the liver may suddenly pour forth an immense flow of bile, so vitiated in quality as to irritate and inflame whatever it touches,

\* Brodie. Philosophical Transactions.

and so abundant in quantity as rapidly to diffuse itself over every part of the body, and to tinge almost every tissue and every fluid; at the same time the stomach and intestines may be involved in such acute disease, that the powers of life may be exhausted in a few hours by incessant vomiting and unconquerable purging: thus may be formed another type of fever, and such a concurrence of symptoms actually occurs in the yellow fever of the West Indies."

Dr. Smith, it is evident, perceived that the phenomena of this disease were apparently at variance with his ideas. We regret that he did not canvass the question as candidly and vigorously as it required; the only allusion we can find to it, consists in his affirmation, that "in such cases the most urgent symptoms have their seat only in one set of the organs that compose the circle, but in every case, all the other organs are as really, though not as intensely diseased." And again, at page 56, where he thus observes:—

"In like manner, when the organs of the digestive apparatus form the strong-hold of the disease, the morbid condition of the spinal chord and brain, and the altered action of the heart and arteries, may attract less notice; but that morbid condition will be not the less real, and will contribute its portion of disease to the general derangement of the system not the less certainly, because the indications of its existence may be less obtrusive."

It is perfectly clear, we believe, that this is little better than a "*petitio principii*," or an assertion of the contested thing. That in the yellow fever the brain is primarily affected, may be the case, we do not deny it; but we do not know it, there is no evidence of it, and, consequently, we are not entitled to argue upon the supposition. To prove his case, Dr. Smith should have pointed out to us the single symptom, or set of symptoms, of deranged sensorial power. Where, we would ask him, in the picture he has sketched above, can this group of phenomena be found?

For these reasons we cannot admit the universality of Dr. Smith's description. Our limits oblige us to defer the prosecution of this subject to a subsequent number, when we shall examine into the *practical* merits of Dr. Smith's treatise, in conjunction with those of Dr. Tweedie and M. Dance.

## ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE

DELIVERED BY

Dr. ELLIOTSON,

Jan. 17, 1830.

CASES.—BRONCHITIS.—IMPERFECT  
DIAGNOSIS.

I took in some very interesting cases on Thursday, Gentlemen, of affections of the surface of the body, which I am anxious to show you, and I am now waiting for the patients that I may show you the cases: they will be here presently.

I may state, however, in the mean time, that last week seven cases were presented; three among the men and four among the women; one case terminated fatally.

Respecting the case that proved fatal, it was one in which a circumstance occurred that very rarely happens in the now-improved state of medicine with any one who is at all acquainted with his profession, and takes proper pains with his cases; that is, a satisfactory diagnosis was not made. I could not satisfy myself about the whole of the man's complaint. The man was admitted about a fortnight before in a state of great confusion of mind, so that he could not give me any account of what his sufferings were. He told me at first (before I was aware of his being in a state of delirium) that he had got the ague, that he shivered violently, and that his shiverings came on at particular times; that he had a shivering every other day at ten o'clock, and that he then had a high fever, but with very little sweating. This of course, I believed, and I ordered him the French preparation from the *willow*, which has answered so exceedingly well in another case of remittent fever—five grains every six hours. The next day, however, when I went to see him, I found he had difficulty of respiration. He complained of no pain; he declared he had none, but he said he had coughed, and it was very evident his breathing was deranged. I applied the stethoscope, and it became instantly evident that the affection in the organs of respiration was bronchitis; a loud sonorous rattle was distinct all over the chest; every part of the chest gave a snoring sound. The ague, if it existed at all, or the remittent fever rather—for it appeared by his own account that though he shivered every other day, he never was free from morbid heat—this remittent fever, then, became apparently un-

important, for the disease to be treated was the bronchitis. He was bled freely till he appeared to faint; about a pint of blood answered the purpose. He was very much relieved, and I did not judge it at all necessary to give him any medicine; he continued the willow as before, for I have not found that sulphate of quinine has any tendency to increase any inflammation that may be present. When I have seen a person labouring under inflammation of the lungs, or of the eye, or of any other part indeed except the stomach (and I would not give it then, for then it would come directly in contact with the very part inflamed), I have not found this remedy at all interfere with the inflammation. I have not found it interfere with the treatment, and I have made it a rule to carry on the treatment of the ague, and that of the inflammation that may be present, at one and the same time; therefore I continued it here. It is also of great importance not to let a person with the ague have another fit. He is generally greatly exhausted, and the excitement that comes on after the fit in the last stage is greatly increased.

This patient went on for four days more, when the breathing became much worse. Unfortunately people catch cold very quickly here, on account of the great draught there is through our wards, particularly when the doors are open. I found it necessary to bleed him again; it required me to take away about another pint of blood from him; also to give medicine to co-operate with the depletion—five grains of the submuriate of mercury; and the salicine was now omitted, as I could not discover from the account of the sister of the ward he had really any shiverings at all. It was now evident that at the same time he was disturbed in his mind, that his intellect was very much impaired, and he complained of pain in his head. He was cupped the next day to fourteen ounces upon the back of the neck, blistered there, and the calomel was given every four, instead of every six, hours; his breathing very soon again became healthy, but still he wandered in his mind. There was no ferocious delirium about him, but he wandered; and it appeared now, from all inquiries that could be made, that he was in this state when he came in of wandering in his mind, and very likely was the subject of chronic inflammation of the brain; he rapidly grew emaciated and died. On opening the body there was no diseased appearance in the lungs beyond congestion of the back part as often is usual. Of course there is always great blackness and congestion at the back part of the lungs, arising from the natural gravity, but this blackness was more than usual. The bronchitis seemed to have been very much got rid of. The

brain, however, showed marks of chronic inflammation; it was exceedingly hard throughout. Chronic inflammation of the brain frequently induces an induration of the brain—sometimes, however, the reverse; and acute inflammation again, induces a softening of the brain much more frequently than an induration. When you see induration of the brain, in general (I believe almost always) it is the result of chronic inflammation. Diseased thickening, and induration in patches, are continually seen without any marks of inflammation; but when general, this is allowed by most pathologists, I believe, to have been preceded by chronic inflammation. I am quite satisfied with the treatment of the case, for the ague did not appear to have existed in any considerable degree; but the grand disease which came on, bronchitis, was fully treated, and successfully treated. With respect to the other, the affection of the brain, I imagine he must have been more or less insane for a considerable period.

#### BRONCHITIS.

There was, in the same ward, a case presented among the women of bronchitis, which was treated without any medicine—simply by bleeding. The case presented nothing remarkable in itself, but as it was treated simply by bleeding and starving, it may be a good illustration of the absence there frequently is of any necessity for giving medicine in moderate inflammatory affections.

The woman had rapid respiration, but she could lie down perfectly, and had no pain. There was sonorous rattle all over the chest. She was bled merely to twelve ounces; the blood became buffed and cupped. She was put upon slops, and next day bled again. She was so much better within five minutes of being bled, that it was evidently unnecessary to give her any medicine; and though it was thought right to take a little more blood from her next day, it was considered unnecessary to do more.

Now I have no doubt that it has happened in many of those cases, that persons who would give a few drops of antimonial wine, or of ipecacuanha wine, or a saline, have thought they were doing well, when it really is the bleeding that does the good. When the case is at all severe, it is necessary, of course, to do something more than take blood and starve the patient; but if antimony is given, it should be in full doses, so as to nauseate; if colchicum, it must be given so as to purge or nauseate; if mercury is given, it should not be in half-grain doses every few hours, but a few grains every hour. But some make it a rule in every case that should be treated with bleeding and starving, to give some mess or

other: twenty drops of antimonial wine, or of the ipecacuanha wine; or the camphor mixture, or something of that sort, and think they do all the good. This is a sort of fiddle-faddle practice, which is sufficient to make a pupil laugh at phreic and laugh at physicians. Whenever medicine is not necessary, it is perfectly absurd to give trifling doses—it can neither do good nor harm. I have a very high opinion of a large number of our drugs, but not of the trifling use of them which some persons adopt.

## EPILEPSY.

A case of *epilepsy* went out from the man's not being satisfied with my treatment. It was a case illustrating the occurrence of *epileptic aura*, and the occurrence of it was singular. The epileptic aura undoubtedly arises from affection of the head; here it had arisen from a blow on the head; the man had fallen and pitched upon his head, yet the aura commenced in the great toe, and ascended the head before the disease came on. It was treated with mercury and by bleeding about the head—giving him mercury, and putting him on low diet. He was exceedingly relieved, and no fit came on. Soon after he was in the house, no fit appearing by means of the prussic acid, or, at least, under the use of the prussic acid the vomiting had entirely ceased, which, he said, had been incessant before. I will not say the prussic acid stopped the vomiting here, because I have no doubt that the state of the stomach was sympathetic with the state of the head; and as the bleeding from the head lessened the state of excitement there, so the sympathetic state of the stomach gave way. However, I was not so sure that treating the head would be so successful over the stomach, therefore I gave him the prussic acid, but I do not think that the exhibition of it in this case affords an argument in favour of that arresting the vomiting. After a time, when the fits had ceased to come on, and the vomiting was put an end to, the man thought it was quite right that he should have a good deal of meat and porter; I knew if he was allowed this, he would soon be brought back to his former state, and, indeed, worse than he was at first, and because I would not yield, he marched away.

## INFLAMMATORY DROPSY.

In the same week there was a case of inflammatory dropsy, which presented nothing unusual, but which was treated successfully in the way in which you have seen so many cases treated during the winter. The history of the case was precisely that which I detailed to you on a former occasion when giving a clinical lecture, particularly on inflammatory dropsy. The internal inflamma-

tory affection here was a slight bronchitis, for there was dyspnoea and cough, and sonorous rattles. There was likewise an inflammatory state of the head, for he had head-ach. The blood was buffed, but his urine was not albuminous. After a bleeding or two, the urine became albuminous. He got perfectly well after three bleedings from the arm, and a good purge first by the super-tartrate of potash and jalap, and afterwards elaterium.

The case is interesting, particularly on that account. After the case was nearly well, his ankles only swelling, and the swelling of them decreasing every day under a continuation of low diet and purging, he was seized with inflammation of the velum pendulum palati, the tonsils, and all around those parts; in this, which is very unusual, the tongue was implicated—the substance of the tongue. In those inflammatory affections of the throat, you generally find the tongue covered with a foul yellow mucus, but here its substance became inflamed. This was not an ordinary affection of the covering of the tongue, but the substance of the organ became inflamed, and there was set up a regular *glossitis*. The tongue swelled to a very large extent, so that you could put nothing into the mouth, and in a very few hours the man was threatened with complete obstruction by the mouth. He could only breathe by his nose. This I believe has been considered rather a dangerous affection. I never saw an instance of it before. It came on almost instantaneously. There was inflammation the night before; in the morning the tongue began to swell and increase rapidly, so that in a few hours the tongue was globular and exceedingly tense. I never saw anything come on so rapidly, except in a case of urticaria. I know the throat then will swell, then the tonsils, and so on, and the person feel almost strangled, but here the disease of the tongue was not superficial; the substance of the organ was swollen considerably.

Now we all know the great effect of incisions in what is called erysipelas phlegmonoides, that is to say, where inflammation of the skin and cellular membrane under it, or inflammation of the cellular membrane under the skin alone, causes an extreme induration of that membrane; a free incision through it affords great relief. I have never had occasion to practise in that way myself, for such cases fall not to us, but rather under the care of the surgeon. Incisions are not necessary in cases of common erysipelas, but when there is great tension of the parts, they become very useful. Knowing the good effects of this practice, and knowing that whenever I had plunged a lancet into a gum boil, or into an inflamed



tonsil, under the idea that there was matter to be let out; and you very frequently cannot be certain whether there is matter or not in gum-boils or in inflamed tonsils, when the gums become exceedingly tense, or the tonsils swell and become exceedingly tense, it is not easy to say whether matter has accumulated or not; but when I have put a lancet into it, under the impression that there was matter to be let out (which I have done often in my own case), the same relief has been afforded when no matter has escaped, as if I had let out matter. Knowing, then, the good effects of this practice in that form of erysipelas, its use in inflammation of the tonsils and of the gums, I determined that this man's tonsil should be scarified. It may be useful for you to know, for the practice is not adopted generally, that in inflammation of the tonsils, plunging a lancet into the tonsil itself affords great relief. You cannot get leeches very well applied to that part, and the object is far better accomplished by plunging in a lancet, than by the detraction of blood by leeches, even if you could get the leeches applied. If the leeches were to take, and you could get them applied, their bites might increase the irritation as much as in cases of inflammatory tension of the extremities, or of parts of the surface of the body. If you make a plunge into the tonsil with a lancet, the parts gape immediately, and the patient finds great relief, so that frequently the tonsillitis will subside from that rudiment. It was recollecting this, that I prescribed scarifying the tongue of this man. The tongue was scarified, and the relief was almost instantaneous; in a very few hours the tongue was greatly reduced, and the patient much better. An attempt was made to apply leeches, but the tongue was so glary and so thickly covered with some sort of stuff, that the leeches would not take; a few scarifications were made, and the relief was speedy and perfect.

You will not often meet with a case of this kind, but you will continually meet with cases of inflammation of the tonsils, and the use of plunging a lancet into them is well worth your knowing, for inflamed tonsils are very inconvenient, and by adopting this plan, you may speedily overcome the disease. I am sure one gentleman at this hospital recollects the use of it this season after leeches had been applied outside; and they are among the best means in that way of combating the affection we possess. Leeches had been applied in that case, but they had not the desired effect, and the affection had always gone on to suppuration. I plunged a lancet into that tonsil, and from that moment the disease went back; the gentleman had a good night and speedily got well.

This case, then, of Harryman, in William's Ward was interesting, on account of the treatment of the glossitis.

A woman went out, who came into the hospital with a number of nodes; but from my thinking it necessary to employ mercury, she decamped.

#### PARALYSIS.

A man, too, came in, who was admitted with paralysis of some of the muscles of the face and of the tongue. You may recollect I spoke of the case before. He was admitted into Jacob's Ward with an imperfection of speech, so that he could not fully pronounce all his words. There was psoriasis of one eyelid, and an affection of both eyes; so that he had, with a degree of amaurosis of one eye, ptosis of the other, paralysis of part of the muscles of the cheek, and a certain degree of paralysis of the whole of one side of the face. By keeping him well mercurialised, and giving him low diet, he soon lost the affection of the eyelid, and he improved, but his mind was affected: he had more or less aberration of mind. He was very troublesome in the ward. Being uxorious, he once ran home to his wife; and being very violent in the ward if he was not allowed to go out, it was necessary to take his clothes from him. He continued very anxious to go home to his wife, and the loss of his clothes, or the detention rather of his clothes, caused him to go away altogether. But there are two cases to which I wish particularly to draw your attention; the one case is a case of

#### ICHTHYOSIS.

I merely mentioned the name of the case when it was admitted. This is a rare disease; I never had an opportunity of treating it before.

Thomas Swaddley, ætat. 17, came in in a state of ichthyosis. He said he had had the disease four years, that he had been at sea four years, and that just before he went to sea, he had the complaint in a very slight degree. He said he had two brothers and one sister, and that one of those two brothers (one younger than himself) has it likewise; that it began in that brother when he was three years of age. The brother is now in the hospital; and you shall see him presently. The boy says he has had it all his life-time, but it is very probable that he cannot remember beyond the period when he was three years of age, and that having had it then, he now thinks he must always have had it. This little brother is eleven years of age: they were both born at Sheerness, and have lived at Greenwich. The patient's skin was rough, with hard thin scales of a dirty greyish or brownish colour.

On the extremities, particularly the outer parts where the skin and cuticle are naturally thicker and rougher than any-where else, the disease is the most intense. The front of the thighs and side of the hips have it very severely, but particularly the knees and the elbows. He had it slightly, too, up the front of the body, and the head even was scurfy, but the upper part of the trunk, where the skin is naturally very smooth, had it least; there was none on his face, which is still smoother, nor was there any on the organs of generation.

This disease is placed among the scaly diseases by Dr. Willan, but Rahere (which cannot properly be done, I think) endeavoured to associate it with lepra and psoriasis. I had not read Rahere till lately, and I was very much pleased to find that he classed a great number of diseases of the skin under the head of inflammatory affections, for it appears to me that a large number of diseases of the skin are merely inflammatory, and will yield to nothing but anti-inflammatory treatment. Now lepra and psoriasis are decidedly so. If you take blood away from a patient with either of those diseases, you will find that it is buffed; the skin is unnaturally red, hot, and smarting, but in this ichthyosis there is no mark of inflammation whatever. The skin is not hot; the skin does not tingle, and if you take blood away, it is not buffed. There is no pain in the head, no thirst,—nothing that could lead you to say there was anything present, more than an affection of the cuticle. It appears to me to be as unconnected with the disturbance of any organ as corns or warts are. The disease has been described very well by Dr. Willan. You will find it divided in Dr. Bateman's synopsis of diseases into two forms, and those two forms; the ichthyosis simplex (which occurs in this boy), and the ichthyosis cornes, which is by far the most intense.

Perhaps before I read the description of this disease by Willan and Bateman, and Rahere, I had better show you the brother of the patient I am speaking of, who is at present in the hospital. I luckily cured this lad completely, and I was anxious, therefore, to have his brother in the house, that if possible I might cure him also. The brother, who has had the disease now eight years, had had it as intensely, I think, as the brother who was cured, and who had it only four years. The brother, who is five, complained of no thirst, nor any sense of inflammation, but I took away blood from him that I might see the state of it, and it was perfectly natural. He always complained of coldness, but this brother does not. After he had been in the hospital a short time, however, he never felt that coldness which he mentioned he had before experienced.

[The boy was now produced undressed, and exhibited to the class.] The boy is otherwise in the most perfect health as you see. The outer part of the thighs, where the skin is very rough, the outer part of the upper extremities, where the skin is rougher, and on the knees, the affection is very considerable. It is like the integument of some of the lower animals. Notwithstanding all this, the palms of the hands and soles of the feet are not affected with the disease at all. The skin in the palms is hard enough, but it is of a different quality, and the difference in structure of the skin there from the other parts of the body, is such as to prevent the disease. With that exception, however, the harder and rougher the skin, the more the parts suffer.

You will observe that the disease is improperly called ichthyosis, because the *scales*, if you can call them scales, do not lie one upon the other,—do not lie as the scales of a fish do; they are all separate—they all stand detached one from the other. The furrow along the spine of this boy's back is not at all exempt from the disease. The description given is this:—[The learned lecturer read the description given both by Bateman and Rahere.]

Now there is another form of the disease which is decidedly hereditary, and far more severe. I cannot ascertain that in this case there has been any hereditary tendency, but it certainly is constitutional. Whether the father or mother gave them this disposition to the disease from any disposition they had themselves to it, or which they acquired from their progeniture, I do not know. The boys themselves can give no account as to whether their parents, or any relations, had the affection; but that it is constitutional in them is pretty clear, I think, from having come on in the two brothers; it has frequently been known to be hereditary. There is one case mentioned as having occurred at Woolbury (I think in Sussex), where the mother had the disease as well as one female child. The disease, however, I may mention, is far more frequent in males than in females. In the child in the instance to which I have just alluded, it began at the age of three months; in the mother it began at the same age. The case is mentioned in one of the volumes of the *Med. Chir. Trans.* There is a family now living whose ancestors were described many years ago (and I believe came from Stoke) by Tallisies, in the *Philosophical Transactions*; one of them I myself saw; the man was exhibited in Bond Street, a shilling a piece; there the disease was ten thousand times more intense than in this individual. All the sort of warts which you see here were really *horny*, so that in striking the nail against them a noise was made as if you had been striking against

one of the animals which are supplied by nature with thick scales for protection; it covered the most part of this individual; his body was one smooth, contiguous, horny surface; but if he bent the parts so as to withdraw the horny warts (for really that was the proper expression to be applied to them) from each other, you saw then very clearly that they were horny warts arising from the surface of the body, laid side by side with each other, and so close that one continuous surface was produced. This man said he shed the disease, or the horny surface, every summer, and that it had gone on through very many generations. The first ancestor whom he recollected to have heard stated to have had it, was an American savage; it had appeared regularly in all the males, but never in the females of the family. The swollen parts of the body were not affected, the face nor glans penis, but all the other parts of the body; neither the palms of the hands, nor the soles of the feet had it.

I shall now pass on to the treatment of this disease. And I should remark in starting, that Rahere says ichthyosis is seldom cured, unless it is slight and accidental. Now it cannot be considered accidental here, as it appeared in two brothers without any external cause, and at different times, the one many years after the other. The same author says, that emollient applications long continued, tepid baths, friction, mucilaginous and mollifying lotions, are usefully employed to disencumber the skin of the scales which cover it, but that is all. Some writers, he says, have recommended persons with ichthyosis, who lived at the sea-shore, to go into inland parts. Dr. Willan, he says, has recommended *pitch* as an excellent remedy—half an ounce a day. By this he assures us (he says) he has not only detached from the skin the epidermic layers, but given to it a softness or suppleness which the persons have not had before. More recent experience has not confirmed this experiment. He adds, arsenic has been given, but (he likewise says) with such dangerous effects, as to preclude its being tried again. However, I have no reason to doubt Dr. Willan's statement, because he was, as undoubtedly appears from his works, a very accurate and a very honest man, and I have no reason to suppose he would tell an untruth.

[The learned lecturer then read a further statement from Bateman's work.]

Now it is very evident that in the treatment of this disease it would be right, if possible, to soften the skin. I therefore ordered the boy in question to go into the hot-bath every day. I also, to procure a constant effect of this kind on the skin, ap-

plied oil every day. After he came out of the bath, he was treated like an ancient Roman, and properly anointed. He rubbed himself twice a day well with common olive oil all over, after coming out of the bath. He began at the same time with the pitch in doses of ten grains three times a day. This dose was every day or two increased, till he took ten scruples three times a day; that is to say, he took two pills of five grains each five times a day; and at last he took forty pills three times a day. He was admitted on the 2nd of December, having had the disease four years. In a very short time a great improvement was manifest; the skin became less rough, and on the 13th of January I presented him perfectly well to all appearance. His skin had become as soft as that of a girl; there was no vestige of disease; it was far softer and smoother I am sure than my skin is. I supplied him with a good quantity of pitch and oil, to pitch himself within and oil himself without for a length of time lest the disease should return, and he went away. I had him clothed with flannel, and told him not to wipe off the oil after he had used it; so that he was living in a constant state of grease; he wore the same flannel drawers, same waistcoat, and same stockings, constantly.

Now it is impossible for me to say whether it was the emollient treatment, or the exhibition of pitch, that cured him, but between the two the result was what I have stated. He was, in fact, well for a fortnight before I let him go out, and this was undoubtedly a very rapid cure. He was admitted on the 2nd of December, and I may say he was well on the 2nd of January—at any rate he was perfectly well on the 12th of January.

With respect to the pitch it had no sensible effect whatever on him; his bowels remained the same as they were before, and there was no appearance of pitch in his evacuations, nor had they any smell of that description.

Respecting Dr. Willan's testimony in favour of the pitch, I may mention that in going round, one gentleman mentioned to me that he knew a lady with this disease who was attended by Dr. Willan, and who he knew took as much as an ounce of pitch every day—she got well. Since that a gentleman in the hospital told me he also knew a lady who was attended by Dr. Willan for the same affection; and he said she took an ounce of it every day. If the gentlemen are present who told me they will correct me if I am wrong—I believe I am right. Under such circumstances it is possible that the pitch has cured this boy, and not the unction, but I should think the unction, and particularly the bath, must have

had considerable effect on account of the rapidity of the cure. It is not said by Willan and Bateman that the cure is effected rapidly, and as that is an important point, if it had been effected rapidly with them, one may suppose it would have been mentioned; nor was the rapidity of the cure alluded to by the gentlemen to whom I have just referred. In this case the cure was so rapid that I am inclined to say the unction must have had an effect. However, for the purpose of being able to draw the inference, I am treating this boy with only part of the plan; I give him merely the pitch—I do not oil his skin nor send him to the warm-bath—I merely pitch him. (*Laughter.*) It is an object to know what it is that has the effect. It is said that half an ounce was taken in the course of the day, but I found the thing so very innocuous that I went on increasing the dose till it amounted to thirty scruples a day—ten scruples at a time three times a day—an ounce and a quarter a day. The only difficulty I expected to have experienced was the swallowing of the pills, but he swallowed them twenty at a time, as one would gulp marrowfat peas. (*Laughter.*) This little boy has no difficulty in swallowing them either. I began by giving him four at a time, but they will be increased as in the other case. It is possible that the celerity of the cure was owing to the large quantity of pitch I gave; however, the thing will be carefully noticed, and we must wait the event.

The swallowing of the pills you may generally facilitate in persons who have a difficulty in swallowing them, by making them chew a piece of biscuit or bread, and when their mouth is full of pap take the pills and throw them into it. I can myself swallow six or eight at a time in that way, though one pill thrown into my mouth at a time without the pap, is to me more nauseous than the filthiest draught.

Here is a drawing of the disease by Willan. Here is another where the disease was more intense. [*Exhibiting the drawings.*]

#### ST. VITUS'S DANCE.

There was a case of St. Vitus' dance in a girl, which was cured under the exhibition of iron. I have no time at present to speak at length on the case, I will merely point it out to you. The girl I should say was in Mary's Ward. The case was interesting on account of its long continuance. She had had the disease two years. She was 14 years of age, and it was almost confined to the left side. She took merely the subcarbonate of iron—two drachms three times a day, and the dose was not increased. She was admitted on the 25th of November, and was perfectly well at the beginning of January, so that she could then do needlework. I kept

her in till the 15th, and she went away with an allowance of the remedy. I have not yet failed in curing a single case of this disease.

It is to be remarked, that many cases of this disease will cease of themselves after a certain period, but in some it is long before it does cease—many months. In this patient it had existed for two years. However, with the subcarbonate of iron, as I have said, I have never failed in curing a case. Now and then the disease has been obstinate, and I have been obliged to give the medicine for as long as twelve weeks, but by perseverance I have never yet failed. This girl, in about a fortnight after she had been under my care, was much better, and eventually got quite well. She was able to do needle-work, which is one of the greatest signs of the absence of the disease, on account of the difficulty of threading a needle, or passing it. No sperients were given her: she took the ordinary medicine of the house. There was no sign of any inflammatory affection; she was not put upon low diet, and her bowels were allowed to take their own course. There is now a boy in the hospital going through the same treatment, and he is improving rapidly. In him a degree of idiocy was exhibited at the commencement, and you will find that he will be perfectly cured. I shall be able to speak particularly of his case when he is cured.

There were eight persons admitted on Thursday, among which was a case of  
BALDNESS.

I am very anxious to show you this case, because you may not often see it. The effect here is baldness. The baldness occurs generally in circular patches, which spreads till the greater part of the head becomes bald. [The female patient was now produced, apparently about ten years of age.] You perceive that the skin, where the hair has been removed, is particularly pale and smooth. It is even said to be smoother than the skin is in other cases, and so it appears here. No shaver could have accomplished any thing like it. There is no sign of disease, only a falling-off of the roots of the hair. Ralere objects much to this name, because there is no porrigo—no pustules—no vesicles of the skin. He therefore does not class this with his porrigo inflammatory affections of the skin, but puts it with the diseases of the appendages of the skin. Porrigo too is a contagious disease, but it does not appear that this is by any means contagious. She has slept with her sister; she has had it three months, and she has been at school, but nobody has had it where she has been but herself.

I may only remark on this little girl's case further, at present, that there are signs (which is very curious) of internal affec-

tion of the head worth your notice. She has drowsiness, and occasional pain of the upper central part of the occiput, and pain also in the frontal region. Sometimes she is so confused that she appears lost. Now I did not expect there would be internal affection here, but these are her symptoms. She has also vertigo, and would fall down occasionally if not supported. Her bowels are opened every other day. She sleeps so soundly as to snore like an old man. This disease began at the left parietal bone. On account of the internal state of the head I took six ounces of blood from the arm, it was not buffed, but the symptoms were much relieved by it. She has been less giddy, and much more comfortable, since its abstraction.

#### SEA SCURVY.

Another of the cases that I took in on Thursday, occurred in a man whom I will show you, for perhaps you will never see again a case of *sea-scurvy*. The disease will be cured most probably before next lecture. This is a disease separated by Rayer from those with which it is associated by Willan. [Here the patient was introduced to the class.] You will observe the petechia all over the thighs. There are livid spots and large ecchymosis—large livid patches as if produced by bruises, particularly on the thighs, and of considerable hardness.

Now this may be considered a chemical disease. There is no fault at all in his organs and functions; they are all ready to do their duty, if they had proper chemical materials. He has had unwholesome food; nothing but salt meat for seventeen weeks. He now requires no medicine—nothing but proper food. He has fresh meat every day, and greens twice a day, and is amending very rapidly. If the case had been more severe, so that there was any fear of not curing it rapidly enough in this way, I would have given him lemon-juice, or nitre into the bargain. His gums have bled a great deal. He came in only on Thursday; he had afterwards to go out for some linen, and the ecchymosis was directly and instantaneously aggregated, both in point of colour and extension, from the use he made of his limbs; the hardness was greatly increased. I shall detail the whole case to you hereafter.

#### LEPROSY VULGARIS.

There was a case presented also which I shall not speak of till the patient is cured—a case of *lepra vulgaris*. When I inquired of the patient the state of his head, he said he had no pain—nothing at all the matter with it; but after a little while, he told me he had a great want of recollection. Since

the disease had begun, he had found his memory greatly impaired—that, of course, was from the cerebral affection, and from the circumstance of his not mentioning it at first, we may consider that the omission arose from the want of recollection. He was bled, and felt well directly. His head was much better; he had no inflammatory sign about the head; nothing but the loss of memory, which was very curious, showing cerebral affection.

## THE LANCET.

London, Saturday, January 29, 1831.

IN speaking of the disgraceful trading connexion which has so long existed between the Colleges and the Hospitals, we omitted to animadvert upon the practice of permitting the lecturers to be themselves the examiners of the candidates for the diploma. *Apriori*, such an arrangement is a tacit admission that the lecturers are gentlemen well qualified to discharge their respective duties. This is a sad mistake. The lecturers are appointed to their offices, *because* they have undergone the initiatory process of hospital naturalisation; they have paid the highest apprenticeship fees; and the Court of Examiners and the hospital surgeons will all tell you, that wherever there is a pocket full of money, there must be a head full of brains. At least it would be uncandid if they were not to make this acknowledgment, as it is the *predicat* upon which they found all their more important, charitable, and scientific, regulations. A surgeon is not deemed eligible for the office of hospital surgeon, if he have not been a hospital surgeon's apprentice. He is not eligible for the chair of the teacher, if he be not a surgeon to the hospital. He is not quite eligible for the Council of the College in Lincoln's Inn Fields, if he be not a hospital surgeon, and not *at all* eligible if he be not a "pure" (purely ignorant) surgeon; but if he happen to be both hospital surgeon and lecturer, then is he eligi-

ble indeed, and competent not only to hold a seat amongst the Council, but to fill a place in the Court of Examiners. What follows? The hospital surgeon is the pupil's master, and pockets the money for his "walking" through the wards, and the same surgeon is the pupil's lecturer, and pockets the fees for the regular courses. Thus far he filches the fees as surgeon to the hospital, as lecturer on anatomy, as lecturer on surgery, and as demonstrator; for at Bartholomew's and the Borough Hospitals, the monies paid for "demonstrations," invariably chink in the pockets of the lecturers. Mark, further! This surgeon, lecturer, and sinecure demonstrator, takes his station amongst the Council of the College of Surgeons, where he manufactures the "regulations" which are to enforce attendance upon his lectures and hospital practice; and, finally, he steps into the Court of Examiners, where he himself examines the candidate for the diploma as to his knowledge of the twaddle and trash which have been gabbled over to him during a course of not less than six months' duration, and, by way of climax, plucks from the unhappy, stripped, pigeon, his last feather, as a consideration for certain ten worthless autographs upon a dirty caricature. These are ingenious contrivances for promoting the utility and respectability of the medical profession. What, we would ask, can be more disgustingly preposterous than such a system? Where is the protection for the public? Here is an avaricious, ill-informed lecturer permitted to inquire into the competency of his own students, and as the youth is not admitted to the presence of his august examiner, until after the secretary has fully and satisfactorily ascertained that the hopeful youth has charged his purse with the requisite quantity of gold, the moment the young gentleman appears, the worthy, disinterested, examiner, sees in the bright and polished aspect of the candidate, *twenty-two* sound and sufficient reasons for granting the diploma.

In order to show how the machinery, by which this union between the College and Hospitals is maintained, works for the public, the profession, and the pupils, let us go back for one moment to 1823, when the Court of Examiners, in its wisdom, promulgated a "regulation," in which it was declared that "certificates" of dissections would not be received unless those dissections were performed in London, under a surgeon of one of the London hospitals, or a person sanctioned by him, and in the "winter season." To be sure, there were no subjects in London to dissect; they could not be procured at any price from the resurrection-men. No matter, "the bond" must be fulfilled; the "pound of flesh" was to be sternly and unyieldingly demanded, although there were neither flesh, skin, nor even bones;—certainly none in the dissecting-rooms of London. Fortunately, subjects at that time were plentiful in Paris, and the students, really believing that the College was actuated by a strong desire to promote "sound chirurgical," repaired in great numbers to the French metropolis, and returned to London richly stored with the treasures of professional knowledge. High were the commendations which they expected would be bestowed upon their zeal and industry, in having travelled so great a distance to acquire information. On presenting themselves at the College, what was their horror and mortification on being told that they could not be examined; that their labours in Paris availed them nothing; that they might have dissected there until doom's day,—but never could be examined at that College unless they produced "certificates" of attendance upon the "recognised" teachers; in a word, upon the teachers of the London hospitals! The unhappy students declared that they had endeavoured to comply with the regulation, but were unable in London to procure subjects for dissection, upon which they were sneeringly told that "certificates" were procurable (on being

paid for) if subjects were not. The luckless students desired to know of what use were the "certificates" if there were no subjects to dissect. A satisfactory reply could not be obtained, and by way of finale, they were requested to go their ways, with their *foreign* testimonials, to exchange some of their remaining cash for London "recognised" hospital "certificates," when they would become more enlightened, and call at the College with a better chance of success.

How any set of gentlemen, having the slightest claims to respectability, could have acted in the manner attributed to the Court of Examiners in the College of Surgeons in 1823, we are at a loss to comprehend. The whole "regulation" system of that period was a piece of unblushing, corporate knavery and trickery, such as is seldom seen or heard of, we believe, even in this nation of corporate jobbing and corruption. These things, however, have partially passed away. The student is not now compelled to produce "certificates" of attendance upon dissections performed in London; neither is it absolutely required that he should purchase a ticket of admission to a London Hospital. The "regulations," however, are so constructed, that he is almost compelled to fortify himself with the *hospital* certificates; and even now, notwithstanding the march of mind, the vast improvements—notwithstanding "the schoolmaster," and his rod and broom, the examiners are still hospital surgeons, still hospital lecturers. Hence, as the examinations are altogether conducted in private, no check whatever is interposed between the cupidity of the diploma-monger and the candidate for his wares. Public health sinks into nothing, when placed in comparison with the profits of a worthless, avaricious, College.

However much the timid may dread the word, we hesitate not to say, that in our profession a *revolution* is much wanted—a complete breaking up of the restrictions and monopolies by which the members of the

different colleges have been plundered of their rights, and the public persecuted by abuses. One would suppose, that had men any sense or feeling of decency, they would not, at the same time, hold three such decidedly incompatible offices as those of lecturer, surgeon, and examiner. Under the operation of such a system, the three are certainly not equal to one, supposing that one to be properly occupied. The members of the profession should duly investigate such facts as these, when they will soon be taught that evils of such vast magnitude can only be effectually, radically, removed, by the establishment of a NEW MEDICAL COLLEGE.

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#### MR. JAMES LAMBERT.

Wa record, with feelings of indescribable regret, the death of this excellent man and scientific surgeon. MR. LAMBERT was the son of a gentleman who formerly resided at Lewes, in Sussex, and was apprenticed to his uncle Mr. Clapham, a highly respectable surgeon of Thorney, near Peterborough, in Lincolnshire. The term prescribed by his indentures having expired, he became a pupil of the Borough Hospitals, where he studied with great diligence and assiduity. Having become a licentiate of the Apothecaries' Company, he was elected, solely in consequence of his professional merits, apothecary to the Middlesex Hospital. His residence in that institution, as is already well known to the profession, was but of short duration, and soon afterwards having obtained his diploma from the College of Surgeons, he settled at Walworth, where he purchased a practice worth about 150*l.* per annum. Whilst engaged in the pursuit of his profession in this place, he regularly attended the Borough hospitals, where he took notes of the more interesting cases, for publication in this Journal, until March, 1828, when having written an account of an operation of lithotomy, in strict conformity

with truth, in perfect accordance with the dictates of his own conscience, and to the entire satisfaction of the great mass of the profession, and of the whole of the humane and intelligent portion of the public, he gave offence to the surgeons of those hospitals, to whom publicity had long been an annoyance; and in consequence of an intimation conveyed by these personages, Mr. LAMBERT discontinued his attendance at the hospitals, and there terminated his engagement with this Journal.

Mr. LAMBERT now applied himself with the utmost assiduity to the duties of his profession, and so far succeeded, that, at the time of his decease, his practice was producing an income of nearly 800*l.* annually.

In 1827 he signalised himself by tying the carotid artery in the neck of a female who was suffering from aneurism at the root of that vessel. The artery, of course, was tied upon the *distal* side of the aneurismal tumour, on the principle so successfully pursued by Mr. WARDROP. So far as the cure of the aneurism was concerned, no operation was ever more successful than this, for the tumour was completely consolidated, as may be seen in the preparation now in our possession. The ligature, however, having been composed of silkworm-gut, it unfortunately became absorbed before the artery had entirely separated, and at the expiration of nine weeks the woman died from hæmorrhage. The dissection proved, beyond all question, beyond even the possibility of a doubt, the power which ligatures, applied on the *distal* side of aneurismal tumours, exercises in completely arresting the progress of these swellings. Had this poor woman ultimately recovered, there were persons, even amongst the "heads" of the profession, who would have contended that aneurism had not existed at all, but the result of the *post-mortem* examination silenced all illiberal cavillers; an aneurism had existed, and that aneurism was cured, completely cured, by a ligature applied *beyond* the

swelling. The hæmorrhage from which the poor patient expired, proceeded from the upper portion of the vessel, the blood having been obtained from anastomosis with the arteries of the opposite side. The aneurismal tumour was not only consolidated, but the portion of the vessel between the ligature and the swelling had become impervious. Mr. LAMBERT acquired considerable celebrity from his treatment of this case, and his practice rapidly increased up to the period of his illness. His success, however, did not arise from one fortunate result, but from a long-continued course of scientific practice; he was unremitting in his attentions to his patients, always judicious in prescribing remedies, and ever delicate and soothing in their administration. In a word, he was not only a highly-gifted practitioner, but a most humane, kind-hearted, honourable man. In the surgeon, the patients ever saw one of their best and dearest friends. His manners and conversation were at all times particularly lively and agreeable; his mind was richly stored with anecdote; he divested the chamber of sickness of its gloom and melancholy, and the oppressed victim of *ennui* arose with a cheerful, elated, heart, at his invitation. The extent to which Mr. LAMBERT had won the esteem of his patients, may in some measure be conjectured, when it is stated, that in every family circle, from the highest to the lowest, of his professional connexion, the announcement of his death was followed by involuntary tears of sorrow.

Mr. LAMBERT never enjoyed what might be termed robust health, and the cruel, fiend-like persecution to which he was subjected in 1828, very sensibly affected his health. The poisoned arrow of calumny had transfixed his heart. After this inhuman assault upon his character, he at no time enjoyed a long period of mental repose; the powers of his constitution thus invaded, and his health further pressed upon by the increasing labours of his profession, he was so



far obliged to yield to the influence of disease in May last, as to confine himself to his room for a supposed attack of *meningitis*.

A few days before his death, he attempted to draw up an account of his own case,—a task which, from a cause we shall presently state, he was unable to execute. He committed to paper, however, the following particulars:—

“At the latter end of the month of May I was attacked with symptoms of *meningitis*, for which I was bled in the arm, and freely leeches. For a few days I recovered from the disease, but remained so very much debilitated, and continued in this condition so long, that I was advised to try the effects of country air and relaxation from business. I went to Gosport and the Isle of Wight in the month of July, and remained about three weeks, and by sailing in an open boat, with occasional moderate exercise on foot, I recovered my health in a surprising degree. It is worthy of remark, that when I first went to Gosport I had palpitation of the heart on exertion, and especially on going up stairs, but this subsided so much that at the time I left I was able to ascend Portsdown Hill without inconvenience. Shortly after my return home I was attacked with violent pains in the head, with great tenderness of the pericranium, especially on the frontal bone, and my general health soon became much disordered. Leeches were applied with benefit, and quinine was administered. I occasionally felt palpitation after much exertion, but not to a remarkable degree, and I attributed it to simple debility, as there was no irregularity of pulse—merely accelerated upon exertion. I went to Ramsgate for a few days, where the neuralgia of the scalp, or rheumatic affection of the tendon, was much relieved by the change of air and warm bathing. I still felt palpitation on using violent exercise, or going up a steep ascent; but as a proof of its slowness, I may mention that I used to walk briskly on the sands and about the town; that I walked to Pegwell Bay, a distance of two miles, and to Broadstairs and back, a distance of three miles each way. When I returned, the pains of the head had left me. On Saturday, the 4th of September, a few days after my return from

Ramsgate, I received a letter from my much esteemed friend, Mr. Hodgson, of Lewes.”—

He could write no more. The recollection of the loss of his father overpowered his feelings.

Mr. HODGSON'S communication, of the 4th of September, announced to Mr. LAMBERT that his father was in an extremely dangerous state. Weak as he then was, he instantly departed for Lewes, which place he reached only in time to behold the eyes of his parent close for ever. This catastrophe added greatly to our unhappy friend's sufferings. The palpitations of the heart returned with renewed violence, and the dyspnoea progressively increased. He returned to town, but was too enfeebled to enter upon the active duties of his profession, and still continuing to decline, he left Walworth for Thorney in Lincolnshire where he went on a visit to the house of Mrs. LAMBERT'S father, in the hope that change of air might invigorate his constitution. Every effort, however, to alleviate his sufferings failed, and after a long-protracted, painful struggle, he expired at that place, in the 29th year of his age. Mr. LAMBERT died childless, but he has left an amiable and excellent widow to deplore a loss which can never be repaired.

The following is an account of the appearances observed at the *post-mortem* examination:—

“We found the body apparently not greatly emaciated; the back, the posterior part of the arms, and the points of the fingers, of a dark-livid colour, less rigid than usual, and even the surface (thirty hours after death) not yet completely cold.

On dividing and dissecting back the integuments of the chest and abdomen, the muscles appeared rather full and florid. Turning back the sternum, the cellular substance covering the anterior part of the pericardium, the portion of the pleura forming its outer layer towards the left cavity of the thorax, and the whole visible surface of the

diaphragm was of an unusually bright florid colour.

The whole of the *right* lobes of the lungs adhered to the costal, mediastinal, and diaphragmatic surfaces. On the *left* side, the edges of the lobes were confined to the opposing surfaces by adhesions. In the left cavity of the chest, a little bloody serum; in the right no space capable of containing fluid, in consequence of the complete adhesion of the opposite surfaces of the pleura. On separating the adhesions, we found the posterior, and, indeed, by much the larger portion of both the right and left lobes, hepatized, not crepitating upon pressure, and incapable of collapse. On dividing their substance, we found in both lungs many portions of a calcareous deposit, several as large as a horse-bean, and most numerous at the root of the lungs, among the primary ramifications of the bronchial and pulmonary vessels.

The pericardium being laid open, the heart appeared *in situ*, but considerably larger than usual, and its surface of a deeper red,—the internal surface of the pericardium, however, presenting no unusual appearance. The right auricle distended, and within the cavity of the pericardium about two table-spoonful of bloody serum. We now removed the heart, by dividing the aorta about the sixth dorsal vertebra, the innominate, the left carotid, and subclavian at their origin, and the pulmonary vessels, &c. Close to the heart, on slitting up the aorta, its internal surface was of a bright scarlet hue; and this appearance we found, upon subsequent examination, to extend as far as to the bifurcation of the common iliacs. The same very characteristic and unusually deep tint pervaded the internal surface of the cavities of the heart, which we severally laid open, and in doing so a tumour became apparent about the size of a large lime, occupying the septum between the two auricles, and consequently protruding into their cavities. It was soft, inelastic, and its outer surface covered by the lining membrane of the auricles of a still deeper crimson than the rest of their cavity. On laying it open from the right auricle, it proved to be an aneurismal sac, communicating with the aorta by an opening large enough to admit the tip of the little finger, immediately behind the semilunar valves,

nearest to the right *auricula propria*, the two coronary arteries being apparently sound, and opening into the aorta behind the two other semilunar valves. The mouth of the sac of such a size, and in such a situation, as to be completely covered by the valve when in its perfect state of collapse, as during the contraction of the ventricle. The contents of the sac were, about five drachmas of coagululum, grumous in its centre, but becoming more dense, and of a lighter colour, as it approached the surface of the sac, the immediate lining of which was the condensed layers of lymph. The whole of the abdominal viscera appeared sound and *in situ*, except that the liver was of a lighter colour than usual, and that the spleen (enlarged to nearly twice its proper size) was connected by bands of adhesion, apparently not of recent formation, to the diaphragm and neighbouring viscera."

(Signed) T. WALKER, } Surgeons.  
H. OLIVER, Jun. }  
Thorney.

Thus has terminated the life of a most honourable, single-hearted, upright man. Even his base and relentless calumniators, with all their anxiety to stab and wound his reputation, were unable to lay hold of any pretext, whereon to hang their persecuting calumnies, except the alleged "unprofessional report,"—they themselves forgetting that it was an *unprofessional operation*. Heedless of their own honour, they demanded a scrupulous observance of etiquette, to the utter violation of the dictates of all charitable feeling, and the total banishment of professional acquirement. Only one excuse can be made for his scandalous revilers;—they knew him not. Had they been acquainted with his private worth, with the uniform kindness of his disposition, the invariable excellence of his heart, his unbending integrity,—they would not, with all the malice they have displayed, at least we think not, have attempted to break the heart of such a man. But of a broken heart, that estimable and excellent man expired.

EXCLUSION OF  
NAVAL MEDICAL OFFICERS  
FROM THE KING'S LEVEES.

*To the Editor of THE LANCET.*

SIR,—THE LANCET has always professed that its pages were and should be open to support the respectability, the honour, and the dignity of the medical profession. You have now, Sir, a glorious opportunity before you of wielding that mighty engine, the PRESS, in behalf of twelve hundred of your oppressed medical brethren of the navy, who have had the "MARK OF CAIN" set upon them by a "Sailor King" and his Board of Admiralty. Yes, Sir, have patience while I repeat it, that the medical officers of the royal navy, the members of a dignified and learned profession, have been declared by an Admiralty Circular, unfit to be admitted into the presence of their sovereign. Gracious God! Is it in this age (*called the enlightened*) that such an edict issues forth by sovereign command, to stigmatize, to anathematize, a whole corps of officers, the majority of whom have for twenty and thirty years and more, served that sovereign and their country with a zeal and ability that may be equalled, but cannot be surpassed. Will you, Sir, will the profession at large, sit tamely by, and see so degrading a stigma, so atrocious an insult, passed (*through them*) upon the profession at large? Will you, my country!—for to you I will fearlessly appeal, and cry aloud for justice—will you, I say, allow that twelve hundred of your servants, who have served you faithfully and honestly, zealously and willingly, whose profession alone gives them the claim to gentlemen and a passport into every society, shall be branded and proscribed as a *caste*; unfit to be admitted to the levees of their sovereign, thereby endeavouring to lower them in the scale of that society to which I humbly maintain they are entitled, both by their profession, and their rank in the service to which they belong? Believe me, my professional brethren, this insult falls not *upon us alone*; it is a proof in what light our "Sailor King" views a learned profession. Every student, every practitioner, public and private, is stigmatized and degraded by this sovereign edict. Who after this, with one grain of talent, with one iota of respectability, will enter the naval medical service? If any should do so, what follows? Why the MARK OF CAIN is set upon his forehead, and he walks forth from Somerset House one of the *degraded*, the *proscribed* caste. Oh "Sailor King!" Oh dear Lords Commissioners of the Admi-

ralty! How could you be so weak as to suppose you could at this time of day, insult with impunity a large body of educated men? Poor deluded Whig Lords! it can only bring upon you the contempt and detestation of all well-informed and liberal-minded men.

So to persuade us to enter your service, you issued an order in council some twenty-five years ago, giving to surgeons in the navy, liberal pay, with the rank of captains in the army; and now you, and your "Sailor King," turn round upon us, and say, notwithstanding our servitude, that we are unfit associates for gentlemen, unfit to enter the presence of our sovereign. Is not our coat splendid enough? Make it so; give us the uniform our rank entitles us to, or none at all; but put us in sackcloth, my Lords Commissioners, and we will find our way into society—aye, and into the best too, in spite of you. And now, Sir, for a little proof of the prejudice in the upper classes of the navy against the medical officers, and which our King has imbibed. Look at the rules and regulations of the Royal Naval Club in Bond Street, and there you will find that chaplains of dockyards, and chaplains of naval hospitals, are eligible to become members; but not so the surgeons of naval hospitals or naval dockyards. No, Sir, surgeons of hospitals, making up from one thousand to two thousand beds (Haslar and Plymouth to wit), are not fit company to be admitted into a club, with officers holding the rank of majors in the army!!! But, Sir, you and your readers may assist us, lend us your powerful aid, and with the aid of the press this obnoxious edict "must and shall be repealed."

Yours,

ONE OF THE PROSCRIBED,  
*Who has served his Country Twenty-four Years.*

Jan. 22, 1831.

\* \* A few words on this subject next week.—ED. L.

ON THE ACTION OF THE HEART.  
MR. DOBSON IN REPLY TO MR. DERMOTT.

*To the Editor of THE LANCET.*

SIR,—Mr. Dermott having advanced certain objections (in a recent Number of THE LANCET) to my views on the heart's action, in reply I beg to state, that as the object of that paper was not specifically to establish the doctrine alluded to, but was only to illustrate another phenomenon, many arguments were omitted which might have been adduced in support of it. It was stated, that the action of the heart was dependent

totally on the sympathetic nerve,—that no stimulus, such as the blood, was requisite to excite the organ to contract,—that it maintained a continuous alternate contraction and dilatation, quite independent of the blood's agency. Mr. Dermott, after expressing his surprise at the opinion, affirms, that "it is contrary to every thing in nature's economy of organized life." Now, I would ask, What is the cause of the contraction of the diaphragm? Is it the effect of some *external* impression? or, Does it *not* contract by virtue of a *principle resident in its nervous supplies*? Does it not depend on the *nervi phrenici*? Is it not the *function* of these nerves to *excite* the muscles of the diaphragm to a contractile action? When considering the nature and peculiarities of muscular motion, we universally have reference to their nervous supplies. Thus, muscles are considered as voluntary, involuntary, and mixed; the voluntary muscles being characterised by their actions, resulting from volition, deriving their nerves from the cerebro-spinal system, and capable of maintaining their actions for only a very limited duration; the involuntary muscles, by their carrying on regular and incessant alternate contractions and relaxations, their nerves being derived from the ganglion system, and their actions removed from the dominion of the will: those muscles of the mixed class obtaining their nerves from two sources, from the ganglionic and the cerebro-spinal systems, the former giving the power of moving, independent of the will, the latter bringing them under the control of its mandates.

The special actions of the diaphragm are, contraction and relaxation. The final cause which brings the action of the diaphragm first into play, is perhaps beyond the reach of philosophy, but the efficient cause which induces that action, and which maintains that action, from the moment of birth to old age, is undoubtedly, I conceive, seated in the nerves. Of whatever nature this principle may be, and however developed, the effects which ensue are proofs of some wonderful existing agency. Whether this principle be originated in the "*tractus respiratorius*" whence the phrenic nerves arise, or in the nerves themselves, does not invalidate the general position.

The muscles of the diaphragm are included in the mixed class, possessing a power of action independent of the will, as during sleep; yet so far under the will's influence, as to be accelerated or impeded by volition. That peculiar sensation experienced in the chest when the respiration is voluntarily suppressed, is obviously attributable to the *instinctive* desire of the diaphragm to renew its contraction.

It would appear that the phrenic nerves

possess an analogous endowment to what I assign to the sympathetic, enabling the organs, in which they are distributed, to act independently of the will, and to continue those actions without the necessity of stimuli being applied to their nerves.

So far, I think, we have a fair analogy, that "the action itself, and the exciting cause of action, exist together in the same structure;" hence Mr. Dermott's first assumption must be erroneous.

How far we are warranted in asserting, that because "there must be a stimulating cause for the contraction of the voluntary muscles, there must be the same for the contraction of the heart and all other involuntary muscles," admits of doubt. When we know that in their motive effects there is such an important disparity, is it not presumable that, in their sensitive qualities, they are equally dissimilar? The differences which exist between the voluntary and involuntary muscles seem to consist, essentially, in the former having a principle contained in the cerebro-spinal system, viz., *volition*, for their excitant; the latter, a distinct *agency* in the ganglionic system; the voluntary muscles being destined to move at *will*, the involuntary ones to be *ever* in motion.

Had I not been reminded, that "the heart was still working in a very stimulating foreign fluid, the air, oxygen gas," I should certainly have "*forgotten*," and I cannot even now imagine the oxygen gas to have been the cause of the heart's action after its removal from the body, because it equally occurs when inclosed in the thorax. The next objection is one (if Mr. Dermott's opinion be correct) which tends strongly to corroborate the view I have taken. "For I believe," says he, "that as sentient parts acquire a capability of containing sensation for a certain time after the cause has been removed, which I would call the habit of sensation, so involuntary parts, I believe, acquire a habit of action which is not got rid of at once; and the immediate cause of this is the agency of the living principle of organic matter—life, whatever the proximate nature of that agent may be; it is a part of what I would term organic instinct." What is here applied to explain the cause of the heart's action after its removal from the body, is precisely analogous to the principle which I have assumed, as existing and inducing that action while the heart is connected to the living body, a *principle resident in one of the nerves of the heart*—the sympathetic. If the nerves in a part be the residences of sensation and the agency which excites to motion in that part, and the other components, merely the apparatus, then the agent, "*organic instinct*," and "*a princi-*

ple resident in the nerves of the part," will be *identically* the same.

If the brain and its nerves can excite the voluntary muscles to motion at will—if the phrenic nerves and their connexions can imbue the diaphragm with a power of spontaneous action, is it presumptuous to assume that the sympathetic furnishes the heart with a special power of *continual motion*? This assumption is more especially warrantable, when we remember that the heart will contract, though no blood enter its cavities, and that the heart contracts when removed from the body. In some animals, as the frog and the newt, the heart has been known to continue its action for twenty-four hours, or even longer, after the death of the animal.

It is curious to observe when the heart, soon after its removal from the chest, is divided into small pieces, each portion carrying on the alternate actions of shortening and lengthening of the fibres; as a worm when divided, each part performing independent motions.

My object is to endeavour to establish by fair conclusions from correct data, that there is a principle in that portion of the sympathetic supplying the heart (this principle *may* be contained in the ganglia), by virtue of which this organ executes alternate contractions and relaxations—that this principle is the efficient cause which excites the heart to act, and that no stimulus in the heart's cavities is requisite; it is essential, as in every other organ of the body, that blood should circulate through its *structure* for maintaining the integrity of its function. If it can be proved, either by demonstration or by analogy, that the muscles of the *diaphragm* have a stimulus applied to their nerves antecedent to each contractile effort, and that this stimulating agent is *not* contained in the diaphragm or its *nerves*—that is, not a part of, or resident in, their organization, then the idea of a *vis insita* in the heart's structure will be rendered dubious, however strongly it may appear to be substantiated by the arguments adduced. I believe no one entertains the idea that the *dilatation* of the heart is dependent on the stimulus of the blood; it is known to be a spontaneous action, and to precede the entrance of blood into its cavities; yet the energy with which this action is effected, is infinitely greater than the contraction; and it may be noticed, that when the two ventricles are simultaneously dilated, the central portion of the heart is considerably augmented, and that when the ventricles are contracted, the organ appears in the natural, and apparently in the quiescent condition—in that condition which it preserves after death. If that powerful action, noticeable when the ventricles are *dilating*, can be

executed independent of the blood, surely so simple an operation as (what is termed) the contraction requires not a stimulant to excite it to act, for it seems, actually, little more than a *return* of the muscular fibres to their natural state.

W. DOBSON.

9, Belgrave Street, South Pimlico.

## PUFF-AND-KILL-SHOP PER-CENT-AGE SYSTEM.

MIGRATORY BATS.

To the Editor of THE LANCET.

SIR,—In compliance with the request contained in your 385th Number, page 532, that such of your readers as could point out individual cases in which a connexion exists between physicians and druggists, would do so, I beg to forward the following particulars of a most flagrant instance of this kind. It is only one of several with which I am acquainted; but as I think one quite enough for one letter, I select this only, and as I particularly deprecate all such unworthy and dishonourable compacts, and think a fearless editor ought to expose them, I shall not conceal from you the names of either of the "partners," or the situation of the "accommodation rooms" which they visit. Acting also upon a very proper principle which you have adopted both in THE LANCET and elsewhere, I think it right to transmit to you both my name and address, leaving you to comment upon the facts, unless you think they need it not.

On Holborn Hill, No. 118, there is a chemist's shop—or, rather, a druggist's—or indeed it is hardly fair to call it even a druggist's; it is, more correctly speaking, a slop-shop; for together with his drugs, the proprietor sells matches, tooth-brushes, smelling-bottles, quack medicines, and "all that sort of thing." The name of the shop-keeper is Wray, though whether this be really the name I am unable to say, for I never could see any-body standing behind the counter, but a dirty-looking, uncombed, lad. On the panel of the door-way of this shop or hole, for it is such a shop that a stout man can hardly turn in it, is a notice in gold letters, stating that "two physicians attend alternately every day to give advice gratis," and that "a surgeon and apothecary are in constant attendance;" and at the back of the "shop," elevated a few steps, is a little glass-door leading into a half-lit "accommodation room," the window of which looks out upon a privy or shed of some kind, which any-body may see who passes in the street. Into this shop or

"Institution," as I believe it is called, "for the recovery of health," I walked a short time since, and accosting the lad before mentioned, inquired if it were true that I could really have advice for nothing. I was answered "Yes."—"And who pray," I asked, "is it that attends here?" To my astonishment he informed me—that Dr. GEORGE SIGMOND, of 24, Dover Street, Piccadilly, attended there regularly on Tuesdays, Thursdays, and Saturdays, from twelve till one o'clock; that Dr. JOHN GARTHSHORE THOMSON, of 66, Margaret Street, Cavendish Square, attended there on Mondays, Wednesdays, and Fridays, at the same hour; that Mr. GEORGE JEWEL, of 24, Sackville Street, Piccadilly, attended there on Mondays, Wednesdays, and Fridays, from one till two o'clock (the Mr. JEWEL of "perfectly-justifiable" Hampton-Inquest notoriety); and that the "house-surgeon" was a Mr. MATHIAS, who gave advice every morning from nine till eleven o'clock. The apothecary I presume was the lad himself, whom I then asked as to medicines, when he told me that the doctor for the day would be sure to prescribe for me, that I should then bring the prescription into the shop, and that it would there be "made up" for me, and that for this I should have to pay.

I told him it was really very kind of the physicians, and that when I was ill, I would think of it.

I have thus, Sir, answered the call made upon honest men, and I hope that all other persons who may be acquainted with similar "institutions for the recovery of health," will follow my example, and transmit to you, as I have done, the names and addresses of the active supporters of all such disgusting humbugs. I should like to know if the physicians and surgeons who figure in Mr. Wray's back parlour, would be allowed to remain upon the list of members of your new Medical College. If they would, permit me to say, Mr. Editor, that your "institution" would never purify the ranks of the profession. Believing, however, that no such contemptible or quackish practices would be sanctioned under such a scheme as you might promulgate for regenerating the profession, I am most anxious to see it announced, and am prepared to give it my fullest support.

I am, Sir,  
Your very obedient servant,

CHIRURGUS.

London, Jan. 24th, 1831.

## PRIVATE LUNATIC ASYLUMS.

### OBSERVATIONS ON THE LUNATIC ACT.

*By J. KIRKMAN, Surgeon, New Cross.*

THE recent legislative act relative to the cure and treatment of insane persons (if *that* may be called so, which has now run rather more than two years of its course), is likely to be attended, and in some instances *has* been attended, with the most beneficial results; and the medical treatment which it takes cognizance of, by the weekly register required to be kept in each licensed house, for the more immediate inspection of the professional commissioners, is not the *least* of the advantages which society in general may derive from the superintendence of a watchful committee. As it is expected, however, that this *Act* will shortly undergo some revision (for in many respects it is extremely faulty), the present notice, which is taken of such portions of it as seem to be oppressive and injurious, is from a desire to call the attention of some persons who may have greater opportunities of judging, and more talent in stating those objections to which I would simply allude in the present instance. There are few public duties which devolve upon the official performers of them, where the scales require to be so delicately balanced between safety to the individual, and protection to the public, as those which rest on that body called commissioners in lunacy, which makes it the more strange, that however weighty and extended their power as a body may be (and it is enormously so), it can only exhibit itself in *punishment*, it has no *power whatever to protect*. The proprietor of a licensed house finds himself under the present Act, and by the authorities at present constituted, amenable to a body holding by law the power to ruin him and his family for ever, by a revocation of his license, but not possessing the slightest influence to *protect* him, if his conduct in his public capacity should even be such as to *compel* its approval. It is nothing to say that he is protected by law established; the commissioners are distinctly a law unto themselves, and being empowered to exercise it to an unlimited extent on the one hand, it is strange that they are prevented from displaying it in any degree on the other. All public bodies, as far as I know, have some means of protecting those under their more immediate cognizance; and as far as the sane man is a more useful member of society than the insane man, it is not right that the security of the latter should only be affected by oppression to the former. The instances are not rare where it is so, and under the present form of

the Act it *must* be so; for however necessary it may be thought to tighten its reins in order to curb any thing like inhumanity or quackery on the part of those to whose care insane persons are committed, still common justice requires that opportunities of commendation should be sought after more eagerly than occasions for censure; and if censure *may* bring with it heavy deprivations, commendation *should* bring with it freedom from suspicions, for constant suspicions are oppressive, and it is galling for any man to live under them. When it is remembered that the party above alluded to is in every way responsible for his duty to his patients, to their friends, to the public at large, and to the commissioners as public functionaries, how liable he is to have his ablest treatment fail on the one hand, and his best endeavours thwarted on the other, and *both* to be mistaken; it is surely not too much to allow him to claim some protection in the fulfilment of his duty, from those who can bring so heavy a bill of pains and penalties against him, if he should fail in it, if in any thing he should be guilty of what may be construed into a *misdeemeanor*; a word which this body may interpret as they please, and for which they may inflict pretty nearly what punishment they please. The cry against places of restriction at all, has of late been extensive and violent: whether it has been a well-meaning or an unnecessary cry, is not now the question; if they are conducted with regularity, humanity, and correct feeling, they are what they ought to be,—places of public good and of public safety, and the office of the conductors of them, medically or morally considered, must of necessity be one of great responsibility and trust. It is so easy to intimidate the *fearful* into acquiescence, to irritate the *passionate* by uncalled-for resistance, and to suffer the *melancholy* to sink into silence; that character and conduct should be fully investigated, before such a trust is committed to the hands of any one; and the call is likewise so imperative to show firmness to the *fearful*, coolness to the *passionate*, cheerfulness to the *melancholy*, and, in short, rationality before the irrational; for there can be little doubt that the more insane persons are treated like sane ones, the more likely is their malady to be removed; that it would be well if the entrusted persons resided in their own houses, and *better* if those houses were kept entirely by medical men; for it is not to the medical or moral treatment *alone*, that the friends of those bereft of reason are to look for their anticipated cure or amendment; but it is to the *conjunction* of these, carefully and cautiously adopted. The moral treatment of any patient must in a great measure depend on arrangements, over which no body of men

can exercise control, for though the Act commands me to have prayer in my house, night and morning, who shall direct what *form* of worship I choose to adopt? And the medical treatment is constantly mere matter of opinion, likewise amenable to no public or private tribunal. Let the commissioners, then, have a protecting clause in the amendment of their Act, that those discharging an entrusted duty conscientiously, may also do so fearlessly, and with respectability; or medical men will cease to render themselves responsible to non-medical functionaries, and a flat contradiction will be given to the assertion which is made in the preface of the act as it stands, viz. "that assistance should be given to improve the treatment of insane persons, and place this hitherto-neglected branch of the healing art upon an equality in the practice of medicine, with other diseases to which the human frame is subjected."

This will lead me to notice what I conceive to be one of the greatest defects in the present act, which is the power given to persons who must be totally unacquainted with medical cases, their symptoms, modes of cure, or any thing else, to examine patients towards whom the most cautious investigations, and the most guarded inquiries, are necessary. Out of twenty-one commissioners, five only are medical men—only *five* who can be supposed to be acquainted with the nature of that disease, which they are called on to inquire into. *Sixteen private gentlemen are bound on oath by this act "to regulate the care and cure of insane persons."* It is not necessary to go into any technical definition of insanity here; the cases brought into licensed houses now, are those in which wrong impressions are conveyed to the mind, tending frequently to the commission of wrong acts upon the body, and these require delicate tact and discernment to discover—that which medical men *ought* to possess, and which none *but* medical men are expected to possess. Now, setting aside the absurdity of private individuals investigating medical cases *at all*, it is frequently greatly prejudicial to the patient that they *should* do so. I have known an unguarded expression cause suffering for weeks, and undo the caution and the care of months. I have known a patient going on well, and getting her cure, and from attention to her domestic comfort remaining in ignorance altogether of being in any place of confinement whatever, when the question, "*What brings you here? Are you mad?*" from a non-medical querist, has done greater mischief than a hundred visits could do good. The statement of this fact was a short time back made in an official quarter, and the remedy pro-

posed with the utmost gravity was, "either that a set of questions should be written down that the non-medical officers *might* ask, or that their medical coadjutors should *prompt* their inquiries." I believe that a large majority (if not all the London Commissioners) should be medical men, for they alone are competent to the task required, and I am *sure* that no others should be visitors; at any rate, the instance I have alluded to, is of itself sufficient to establish the truth of the assertion.

There is also great injustice done by this act in the money which is charged for a license, it is unequal in its amount according to the number of patients allowed, and grossly oppressive to such as take only a few. Fifteen guineas are required to be paid for permission to take thirty patients, and fifteen guineas also for *two patients*; this is so unjust that one would hope that some amendment *must* be made without the aid of any lengthened observations.

Now, as the avowed object of any intended alterations in this present form of the act, is to prevent improper, that is, bad treatment, it signifies little comparatively whether that treatment arises from within or from without; if it is bad it should be corrected. If I am expected to promote my patient's cure by attending to the requirements of a body who particularise that divine worship should be sacredly performed in my house, that body should not break in upon it (unless it is unavoidable) by sabbath visits, the thing is inconsistent, and the patients *see* it to be so, and will tell you so to your face, as they *have* done to me. These notices may appear trivial, but I cannot think them *altogether* unimportant, on a subject like the present, and at the present time, when I believe it is generally allowed that insane cases are alarmingly on the increase, and when the instances of *recorded* insanity on coroners' verdicts are more numerous than ever. It is not more than a few weeks back that *three several juries sat on three suicidal cases in one day*, and a verdict of insanity was returned upon each; yet had these cases lived, I suppose no one would have thought of placing them under any guardianship whatever. The suicidal attempt, however, is often the first overt act of insanity. It has happened to me often to be called to suicides who had not fully effected their object, and who were not before supposed to be insane, and I have never known a single instance in which decided symptoms of insanity did not speedily become manifest, although in many cases they may have been considerably modified or kept under by loss of blood, and the medical treatment which it has been found necessary to adopt. I have also been repeatedly called to persons who have been attacked quite suddenly and with-

out any previous disease, with furious delirium, and in many of these instances there has been a violent propensity to acts of rashness which would have destroyed them, had they not been immediately placed under restraint. When we reflect, on the one hand, on the unwillingness with which we subject ourselves to pain (which is never done voluntarily and in the exercise of a sound mind, but to avoid a greater evil or to attain some supposed adequate good), and advert on the other hand, to such pain as it would be natural to imagine many suicides must feel, such especially as destroy themselves by cutting their throats, or inflicting on themselves other mortal wounds, it is difficult to believe they would have courage and endurance enough to go through their attempt, were not that morbid insensibility to bodily suffering, which is almost peculiar to insanity, first produced by a disordered state of the brain. Of this I could furnish some singular instances. Two shall suffice. "A woman cut her throat severely, but not fatally; her friends could not be prevailed on to believe she was insane. She recovered, but showing such evidences of that unhappy condition, through the whole progress of the cure, as were sufficiently unambiguous to every competent judge. She had speculated unsuccessfully, and to disappointment the rash act was said solely to be ascribed. Soon after she was well, and when her affairs had resumed a more comfortable train, she went up one day into her bed-room, and being thought to stay longer than was necessary a person went to see after her, and found her sitting before her dressing-glass with a basin under her chin and a knife in her hand, cutting her throat again as deliberately as a surgeon would have performed an operation. I may add that she recovered this time also, and afterwards made a third and *effectual* attempt."

"A maniac, who was extremely turbulent and had evinced a strong propensity to destroy himself, was confined and every thing taken from him which could be imagined in any way capable of being instrumental for such a purpose. He was remarked on one occasion to be unusually quiet, and on looking through an aperture in his apartment he was discovered scooping out one of his own eyes with a bit of broken china that he had found in the straw of his mattress, which he had torn to pieces, and with his face full in the glare of the sun, he had completely accomplished this horrid act before the door could be opened to secure him."

Now insanity is often as complete on its first attack as at any subsequent period; and if we judge, as we often rightly judge, some strongly inconsistent act, and a repetition of such acts, to be evidence of this disease, surely this most extravagant, most in-



consistent and unnatural of all acts must, in all fair argument, be admitted as the strongest presumptive evidence of the existence of such a deplorable condition that any single act can furnish. As to the prevention of the self-destruction of insane persons, a little consideration will be sufficient to show that it is quite out of the reach of any criminal code, and *must depend upon a wise and judicious management, both medical and moral, of the unfortunate sufferers.* To secure, or rather to obtain which, places of restraint are necessary, and if properly regulated they are greatly beneficial to society, but it is through medical agency chiefly, if not solely, that any real benefit can be expected.

#### DIABETES IN HORSES.

##### To the Editor of THE LANCET.

SIR,—In your excellent publication, I observed, a short while ago, a paragraph respecting diabetes in horses. It is very common amongst horses that are fed on oats that have been kiln dried, and particularly so with the horses employed in the collieries in the north of England. Medicine, however, is rarely necessary to cure it, as a change in the food generally removes the complaint almost immediately.

I am, Sir, your obedient servant,

X.

\* \* The provincial name is the "jaw-piss."

At a highly respectable meeting of surgeons, held at Wakefield on the 3rd inst., a vote of thanks was given to the Editor of THE LANCET, and the Editor of the *Medico-Chirurgical Review*, "For their exertions, and successful exposure of the mal-practice" of the quack John Long.

#### BOOKS RECEIVED.

Hints for the adoption of an Improved Principle of remunerating the Surgeon-Apothecary. By T. M. Greenhow, M.R.C.S. Newcastle. 1824. pp. 26.

The London University Calendar for the year 1831. London: John Taylor. 12mo. pp. 264.

Anatomical Demonstrations, or Colossal Illustrations of Human Anatomy. By Professor Scerif. Translated from the German. Part I. London: A. Schloss, Chancery Lane, 1831. To be completed in six parts.

A System of Operative Surgery; containing a description of the most approved plans of performing the different operations in surgery on the dead body; with practical observations for surgery. Dublin: Hodges and Smith, 1831. 12mo. pp. 535.

Popular Directions to Parents on the Management of Children, in Health and Disease. By Henry Rees, M.R.C.S. London: Sherwood and Co., 1829. 8vo. pp. 107.

A Few Observations on the subject of Medicinal Composition, &c. Miller, 1830. pp. 32.

A Treatise on Pathological Anatomy. By G. Andral. Translated from the French by Drs. Townsend and West. Vol. II. Dublin: Hodges and Smith, 1831. 8vo. pp. 803.

The Article "Surgery," written for Brewster's Encyclopedia in 1828. By John Lizars.

The London Pharmacopoeia, with a literal inter-linear translation for Students. By Timothy Pollock, M.R.C.S. Second Edition. London: Underwood, 1829. pp. 276.

An Introductory Lecture to the Theory and Practice of Midwifery, delivered Oct. 4, 1829. By Thomas Greening, M.D., &c. Second Edition. London: Limebeer, 1831. 4to. pp. 39.

A Grammar of the French Language. By H. Thompson. Second edition. London: Baldwin, 1829. pp. 111.

Table of an Improved Nomenclature of the Structure of the Cranium. By H. W. Dewhurst. pp. 11.

The Medical Annual for 1831, &c. By R. Reece, M.D. London, 1831. 8vo. pp. 124.

No. 1 of Medical Zoology and Mineralogy, or illustrations and descriptions of the animals and minerals employed in medicine, and of the preparations derived from them, &c. &c. By John Stephenson, M.D., F.L.S. London: John Wilson, January 1, 1831. Four plates. Published monthly.

#### TO CORRESPONDENTS.

Our correspondent, Mr. F. D., of Pershore, will have appreciated before this our motive for not inserting his communication. The controversy had ceased, and the publication of Mr. D.'s letter would have been the certain cause of its renewal, an effect very opposite to that which our correspondent was desirous of obtaining.

A correspondent (*Veritas*) wishes to know why the physicians of the Surrey Dispensary do not deliver the clinical lectures which in their prospectus they promise to give. He observes, that although he has attended the practice of that institution for twelve months, he has not heard of one instance of that promise having been fulfilled. The prospectus further states that weekly examinations are made by the apothecary, in materia medica, pharmaceutical chemistry, &c., which, he adds, have not been instituted.

*The Son of a Citizen.*—We deeply regret to be obliged to state, that all the attempts hitherto made have failed.

*An Old Subscriber.*—The practice of which he speaks has been adopted, and in a few instances with success.

*FFF.*—In all probability the law will be very materially modified, if not altogether abrogated. The term may be reduced to three years. Under all the circumstances, in order to be on the safe side, we should recommend a compliance with the terms of the Act. The indentures can be transferred.

*A Druggist.*—The druggists were not in any way affected by the Apothecaries' Act of 1815. Before that time there was no law to prevent the practices to which he refers; nor is there now.

**LITERARY INTELLIGENCE.**—A Translation from the German Anatomical Atlas, Parts I. and II., by Dr. M. J. Weber, Professor at the University of Bonn, is about to be published.

**ERRATA.**—In Mr. Windsor's paper, p. 430, l. 15 from bottom, for "as," read at; foot note for "every week," read very weak; col. 2, l. 40, 45, for "tingeing," read tinging; p. 431, l. 38, read *pulo purgans*.

In Dr. Nagle's paper, page 398, col. 2, l. 4, for "Surgeon R. Robinson," read *Surgeon George Robinson*; page 499, col. 1 l. 15, after circulation add two inverted commas.

Page 561, col. 2, l. 21, delete *es* in "honores."

EX MEDICINENSIS  
 MEDICAL JURISPRUDENCE.  
 PRACTICAL COMMENTARIES ON  
 DR. CHRISTISON'S PROCESSES  
 FOR  
 DETECTING POISONS.

NITRIC ACID—NITRATE OF POTASH—IODINE  
 —HYDRIODATE OF POTASH.

THOUGH the several subjects of the present paper have already been treated of at considerable length in some articles by Dr. O'Shaughnessy, published in the last volume of THE LANCET, yet, in order to render the present series complete, we shall present an ample abstract both of the methods of Dr. Christison, and of the improvements upon those methods which have been suggested by Dr. O'Shaughnessy, accompanied by some critical remarks, which we consider applicable to the whole.

Dr. Christison thus describes the nitric acid in its pure or diluted state, and the tests by which it may be recognised:—

"When concentrated, nitric acid is easily known by the odour of its vapour, which is peculiar. When pure, the acid, as well as its vapour, is colourless; when mixed with nitrous acid it is of various tints, and generally yellow or orange. The acid of commerce is also at times rendered impure by sulphuric acid, a circumstance which must be attended to in applying the subsequent tests. The simplest test for the nitric or nitrous acid is the action of copper, lead, or tin. If any of these metals in small fragments, or tin powder, be thrown into either acid previously diluted with an equal volume of water, an effervescence takes place, which in the case of lead or copper is much accelerated by heat; nitric oxide gas is disengaged; and ruddy fumes of nitrous acid gas are formed when the gas comes in contact with the oxygen of the air. Many other

characteristic tests might be mentioned, but the one described is amply sufficient. In its diluted state it is not always so easily discovered as the other mineral acids, because it does not form with bases any insoluble salt or precipitate. Professor Liebig, however, has lately discovered a very characteristic and elegant test, provided the acid is not diluted with more than 400 parts of water. His test is taken from the effect of this acid on the sulphate of indigo. A solution of indigo in sulphuric acid is to be added to the suspected fluid till it communicates a perceptible blue tint, care being taken not to make the tint too dark, particularly when the suspected fluid is presumed to contain but little nitric acid. A drop of sulphuric acid is next to be added, and the mixture being put into a glass tube, heat is to be applied till it boils. As soon as it reaches the point of ebullition the blue colour is either discharged altogether, so that a colourless liquid forms, or it gives place to a faint straw-yellow tint. The latter effect is remarked when the proportion of nitric acid is small, and the indigo tint rather deep."

On the preceding observations, and on the value of the indigo solution as a test for nitric acid in small quantities, Dr. O'Shaughnessy commented at considerable length. When the nitric acid is in sufficient quantity, say ten drops, he believes the mode of examination by the metals recommended by Dr. Christison to be entirely adequate, but he denies that it is equally efficacious, when, as in the majority of cases, scarcely so much as one drop of the pure acid can be obtained. When so minute a quantity as this only can be procured, it is perfectly evident that no such examination can be made. To remedy this defect, Dr. O'S. has recently proposed an entirely new re-agent, namely, morphine, which, when brought into contact with nitric acid, in the minutest quantity, immediately produces a brilliant vermilion colour. The mode of performing the experiment requires attention.

A capillary tube should be used to absorb the minute drop of suspected liquid, which should then be gently expelled on a particle of morphine placed on a white porcelain surface, when the characteristic tint is instantly produced.

Dr. O'S. has also satisfactorily shown, in his first paper, that the evidence of the sulphate of indigo is entirely fallacious; as chlorine, the chlorides, the chlorates, the muriate of iron, muriatic acid, and many other re-agents possess a similar decolorising power.

We proceed to consider the means devised for the analysis of impure mixtures. Dr. Christison recommends that the acid fluid be neutralised with the carbonate of potash, filtered and evaporated to crystallisation, that the crystals be heated with strong sulphuric acid, in order to ascertain if nitrous fumes be evolved. "Sometimes," Dr. Christison adds, "the nitrate of potash, when mixed with animal matters, will not crystallise. On that account it will be proper, when crystals are not formed, to evaporate gently almost to dryness, and to treat the residue with alcohol. The nitrate of potash is thus dissolved, and so much of the animal matter left behind, that the solution is capable of crystallising." Again, in a separate chapter he thus notices the chemical properties of the nitrate of potash:

"Its chemical properties are characteristic; it animates the combustion of burning fuel, yields nitrous fumes when heated with strong sulphuric acid, and in solution is precipitated yellow by the chloride of platinum.\* The salt of commerce contains some muriate of soda, and hence the odour disengaged by sulphuric acid is often mixed with that of chlorine or hydrochloric acid gas. If it is mixed with any vegetable or animal infusion by which it is coloured, it will be necessary, before applying these tests, to destroy the colour with a stream of chlorine, to remove by filtration any flocculent matter that may be formed, and then to evaporate the solution till it crystallises. It will not always crystallise, however, when mingled with vegetable or animal matters; but it may even then be known by the deflagration which ensues on the residue of the evaporation being dried and heated nearly to redness."

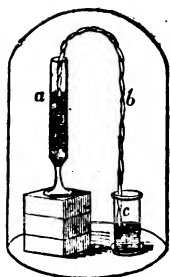
In opposition to these remarks, Dr. O'Shaughnessy asserts that the deflagration

is by no means sufficiently characteristic, since the chlorates, bromates, oxalates, and iodates, are similarly affected. He then proposes a modified, and, as he conceives, more accurate method, for examining the nitrate of potash. To this we shall presently advert; but we must previously mention a fallacy in Dr. Christison's process which has escaped the notice of our correspondent; namely, that the nitrate of potash is not soluble in alcohol, and that white fumes are evolved by the action of sulphuric acid on animal matter alone. These fumes are sometimes sulphurous acid; more frequently an animal vapour, the nature of which we are not able to determine.\* It is true that Dr. Christison speaks of the examination of the crystals; not of an amorphous mass; but it will rarely happen that crystals can be obtained so pure that they will contain no organic matter, and the slightest particle is sufficient to invalidate the process by producing the sulphurous acid. The muriate of soda contained in organic matter or food, will also frequently crystallise with the nitrate of potash, or even by itself; which affords another source of probable mistake.

We have here also to recommend a mode of filtration which we first adopted in experiments on nitric acid, and which has proved of such great utility that we have since employed it in several analyses of another sort. It consists of an application of the syphon principle, by folding lengthwise a slip of bibulous white paper (about three inches broad and eight long) into a plaited strip about half an inch broad. One end of this should then be passed down to the bottom of the suspected mixture, and the other extremity bent over into a receiving glass, which should be placed some inches below the level of the glass containing the mixture for analysis. The annexed wood-cut exemplifies the apparatus; *a.* the glass containing the impure mixture; *b.* the paper syphon; *c.* the receiving-vessel. The entire may be covered with a bell-glass to prevent any unnecessary evaporation.

\* They are invariably associated with the odorous principle of the substance acted on; thus, blood evolves so characteristic a smell, that Mr. Bauelet pretends to ascertain in this manner the nature of suspected sanguineous stains. No confidence, however, should be reposed on such a process, unless the analyst be on a par with the Numidian blood-hound in point of delicacy of smell.

\* This re-agent merely indicates the base, and even on that does not act with any delicacy.



By this method an extreme degree of purity is obtained in the filtered fluid. Its only disadvantage is the time consumed in the filtering, which will be at least twenty-four hours for four ounces of fluid. Every *mechanical* impurity must, it is evident, be entirely removed, because the fluid passes through at least 200 times the thickness of filter it would in the ordinary mode; in fact, it is filtered through the length, not the thickness of the paper. In the case of the nitric acid its effects were decided by the following comparative experiments:—six ounces of thick pea-soup were divided into two portions, and ten minims of nitric acid were added to each; they were allowed to stand for twenty-four hours, and then ascertained by litmus paper to be acid; both were then neutralised, and one thrown on an ordinary filter,—the paper syphon being employed with the other. In a few minutes a thick glutinous paste of farinaceous matter so beset the pores of the first that the liquid passed through with extreme slowness, and the filtration was not completed for twelve hours. In the second the filtration occupied twenty-six hours. The two liquids were very different in point of transparency; that filtered in the usual way being dark-brown, the other as limpid as distilled water. On evaporation a further difference was soon perceived, the fluid of the first deposited flakes of vegetable matter, and could not be crystallised; the second deposited no flakes and afforded several prisms as thick as needles, and an inch long.

We must now cursorily notice the mode in which Dr. O'Shaughnessy, in his first paper, proposed to examine these crystals. He directs a drachm of them to be introduced into a very small retort with sulphuric acid, distillation to be performed, and the product,

nitric acid, to be condensed: a part of this is to be tried with morphia for the red colour; a second to be boiled with alcohol and particles of metallic silver, in order to obtain the fulminating silver; the third is to be dropped into a concentrated solution of urea, which causes a precipitate of the nitrate of urea.

In proposing these processes, it is evident that our correspondent fell into several, and by no means trivial errors. In the first place, it is quite idle to talk of a drachm of the nitrate of potass, in cases where great good fortune will scarcely supply the analyst with one-tenth of that quantity; secondly, the silver test is certainly inapplicable, because the nitrate of potash must always in these cases contain muriate of soda, and muriatic acid gas must, therefore, be disengaged along with the nitric, in Dr. O'Shaughnessy's process of distillation. A chloride of silver will consequently be precipitated, which will inevitably preclude the formation of a particle of the fulminating cyanate; moreover, the process is extremely difficult of performance, even with the purest materials. We think also, that wherever a drachm of nitre could be obtained, it would yield enough of nitric acid to show its decomposition by the metals, and the production of the brown nitrous acid fumes, which is of course the best evidence of the entire. Lastly, we do not place any confidence in the indications of the urea, for this reason, that the precipitation is apt to be prevented by muriatic acid, which we have already shown will usually be present.

We are, however, indebted to Dr. O'Shaughnessy for a much more complete—a perfectly satisfactory method, described in his account of the analysis of a suspected stain in our 364th Number. We quote the description, as we consider it perfectly unexceptionable, and a curious specimen of the analysis of almost inconceivably minute quantities of matter. Coupled with the mode of syphon filtering, we conceive this process to be amply adequate for the most complicated cases, for there is certainly no salt yet known which acts in the same way on morphine.

“The fragment of cloth was about an inch square, and was *unaltered in colour* round the margin of the corrosions; on being moistened with distilled water, it tasted

R R 2

acid, and reddened litmus paper; it was then agitated in a stoppered phial, with 5ij of distilled water, and a solution of caustic potash added, till litmus paper was no longer reddened. Three drops of this solution were then placed on a bit of glass, apart from each other; one was touched with a thin glass rod moistened with the nitrate of barytes, the second with the nitrate of silver; no precipitate took place in either instance, and thus the absence of sulphuric and muriatic acids or their salts was satisfactorily proved.

"After filtering the solution through a small glass funnel, the throat of which was obstructed by a pellet of lint, it was then evaporated to dryness on a watch crystal, when a white saline crust remained, which weighed  $1\frac{1}{2}$  of a grain. The lint, when dried and touched with a lighted taper, burnt slowly like match paper or moxa, indicating that the salt which passed through it in solution, was either a chlorate or nitrate of potash. To determine this point, the saline residue was carefully scraped together, and placed in a minute drop of pure diluted sulphuric acid on a fragment of white porcelain; on dropping a particle of morphia into this, a brilliant vermilion stain was immediately produced, which afforded a beautiful contrast with the pale surface of the porcelain beneath. Decisive proof was thus afforded of the corrosions having been produced by nitric acid. The rationale of the last experiment, however, requires explanation: on placing the particle of nitrate of potash in the dilute sulphuric acid, sulphate of potash is formed, and nitrous acid expelled, which immediately produces its beautiful and characteristic effect on the morphia. In repeating this experiment, it is also essentially necessary to use white porcelain, since it is not acted on by the dilute sulphuric acid, and the production of the vermilion stain is thus rendered much more striking than it could be by any other mode of proceeding."

The same remarks may be readily applied to poisoning by the nitrate of potash itself. It must be remembered, however, that in cases where putrefaction has taken place, evidence must be given with great circumspection, as nitric acid is invariably formed by the decomposition of animal matter. To conclude our notice of the nitric acid. If only the small quantity of nitrate of potash described by Dr. O'Shaughnessy can be procured, still the analyst may rest satisfied with the indications afforded by morphia, coupled with the deflagration of the filter-paper or lint. In the case of stains it would be wrong to use the syphon-filter. Finally, if a large

quantity of nitre be obtained, it may be decomposed by sulphuric acid in a small retort, and the product condensed, and treated with a few particles of copper, when the ruddy fumes of nitrous acid will be disengaged.

#### IODINE AND THE HYDRIODATE OF POTASH.

*Iodine.*—The hydriodic acid and the hydriodate of potash are important poisons, and deserve serious attention, although Dr. Christison has passed over the first without proposing any method by which it may be detected, and he treats of the last in far too superficial a manner. The characteristic chemical property of iodine in the free state is, that it forms with a cold solution of starch a blue compound, the iodine of starch, which, by the action of heat, is rendered transparent and colourless, and which, by a current of sulphuretted hydrogen gas, is also bleached and converted into hydriodic acid. This acid has no effect upon starch, and with alkalies it forms a class of neutral salts, the hydriodates, of which the most important is the hydriodate of potash. This salt in solution is capable of dissolving a considerable quantity of free iodine, and thus forms an ioduretted hydriodate. When an oxygenized acid, such as the sulphuric, is added to it, iodine is set free, which may be detected by starch. The hydriodates are decomposed by many neutral metallic solutions, viz. those of platinum, lead, silver, and mercury, an iodide of the metal being precipitated. The iodide of platinum is soluble in ether and ammonia, and when evaporated to dryness, yields free iodine on the application of heat.

Iodine, when taken into the alimentary canal, remains there but a very short time in a free condition. If the poisoned animal have recently eaten bread, potatoes, or other amylaceous matters, the iodine is almost immediately converted into the iodide of starch, and this again is, by some inexplicable digestive process, transformed into the hydriodic acid. So rapidly do these changes take place, that in one instance in which we administered a drachm of solid iodine to a dog, though vomiting took place in fifteen minutes, yet not a trace of free iodine could be detected by starch in the rejected matters, though hydriodic acid was found in large quantities.

Again, the hydriodic acid once formed, is rapidly eliminated through the several excretory channels. In forty minutes we have found it in the urine, in which, in the dog just alluded to, it was detected occasionally for five days; viz., on the first and second, and on the fourth and fifth, when he died. Strange to say, though the same process was performed with every precaution on the third day, it gave no indications whatever of any compound of iodine. We found it, however, in the saliva, which was secreted in immense quantities on that day. After death not a trace existed in the contents of the alimentary canal. It is also worth recording, that in this instance and four others no trace of inflammation existed in the intestines, with the exception of a few ulcerations of the glands of Peyer and Brunner; but the air-cells of both lungs were infiltrated with pus, and their substance was preternaturally soft.

This case we consider of great practical importance, as we have strong reason to believe that it affords an exact parallel to the chemical facts to be attended to in the human subject. We believe that wherever death occurs later than sixty hours after poisoning by iodine, it will be sought in vain in the alimentary canal, while it may have been readily detected *during life* in the urine. One of the first chemical duties of the practitioner called to a suspected case should, therefore, be to secure that excretion for analytic examination.

In Dr. Christison's observations on the iodine poisons, these facts are entirely omitted as far as the analysis is concerned, and a mode of detecting the hydriodates is proposed, which would inevitably lead to total failure if applied to any complicated *mineral* fluid, such as the urinary excretion. We shall not, therefore, transfer it to our columns, but proceed to detail the process which Dr. O'Shaughnessy has proposed, and which we have had repeated opportunities of examining since his paper was published in this Journal.

He sets out in his chemical examination, on the supposition that some combination of iodine has been taken. In order therefore to ascertain whether any *free* iodine is present, the contents of the alimentary canal are triturated with a little cold solution of starch, which would immediately cause the mixture to assume a blue colour. If the

blue colour appear, the mixture is, if necessary, diluted with water, and exposed to a current of sulphuretted hydrogen, by which the iodide of starch is decolorised and converted into hydriodic acid. If no blue colour have been produced, the mixture is merely boiled with water and filtered. If the filtered fluid reddens litmus paper, it should be neutralised with caustic potassa, and then reacidulated with acetic acid. He next adds the solution of the chloride of platinum, which, with the most minute quantities of hydriodic acid, either causes a dark-red precipitate, or changes the fluid to a port-wine colour. It is then to be agitated with an ounce of ether, which dissolves the iodide of platinum, and separates it from the other fluids swimming on their surface, from which it may be removed by a suction tube. The ethereal solution is, finally, to be evaporated to dryness, and the iodide of platinum heated by the spirit-lamp flame in a small glass tube, when the iodine is disengaged in its characteristic violet vapour, and condenses on the sides of the tube in dark dendritic crystals.

The above process we have found to be extremely delicate and easy of execution. It is especially applicable to the urine or saliva. Occasionally in the urine, the simple addition of cold solution of starch and sulphuric acid will strike the peculiar blue colour, which may be considered sufficient evidence. This experiment, however, is by no means so delicate as that just detailed, and it is, moreover, exceedingly liable to be interfered with by the animal matters which the urine contains.

## REGENERATION OF THE LENS.

SOME years ago, MM. Cocteau and Leroy d'Etiolle published in Magendie's Journal a series of experiments, from which they were led to suppose that the lens, after having been extracted, is reproduced. The following is a brief account of these experiments. The extraction of the lens was always made on both eyes by an incision at the upper part of the cornea, and was generally attended by prolapsus of the iris, and followed by violent inflammation.

*First Experiment.*—This was made on a rabbit three months old. The lens could

not be made to prolapse, except by means of the curette; the eyes became violently inflamed, and when the animal was killed, a fortnight after the operation, the right eye was found almost destroyed by inflammation, and *without any trace of the lens*; but in the left, where the inflammation had been less intense, the capsule is stated to have contained *a small lentiform transparent body, of less consistence than the healthy lens, and in that respect almost similar to its external portion.* Of the size of the regenerated lens nothing is mentioned.

In the *Second Experiment*, which was also performed on a young rabbit, the same results were obtained, viz. in the right eye, *no trace of a reproduced lens was discovered* on the 33rd day after the experiment, but in the left eye the capsule was found to contain *a transparent lentiform body, of less consistence than the lens in its natural state.*

In the *Third Experiment*, the animal was killed on the 38th day after the operation; *no lens had formed on either eye*, and the capsule contained only some grumous matter of rather more density than the vitreous body, but in no respects resembling a lens.

*Fourth Experiment.*—During the operation, which was performed on a cat, considerable hæmorrhage took place, in consequence of a wound of the iris, which also prolapsed. Violent inflammation ensued, and when, on the 30th day after the experiment, the eyes were examined, the membranes were found firmly adherent to one another, so that their contents hardly admitted of any distinct examination. Nothing is said about the lens in the right eye, but in the transparent centre of the left eye, the experimenters found *a small body of almost lenticular form and amber colour, which firmly adhered to the surrounding parts, and was of great consistence, so as almost to resemble a dried portion of the lens, or a piece of thick membrane.* (Analogie du reste à une membrane épaisse ou à une portion du cristallin desséché.)

The *Fifth Experiment* was performed on a dog of middle size; considerable inflammation ensued, and when the animal was killed, about six weeks afterwards, *no trace of any lens could be discovered in the left eye, but in the right the capsule was found to contain a transparent lentiform body, of less size and consistence than the lens in its healthy state.*

The *Sixth Experiment* was performed on a rabbit, and it is stated that when the animal was killed, six months after the operation, the capsule of both eyes was found to contain *a transparent lens of the same size and consistence as those which had been extracted.* In order to obtain still greater certainty about the result, the reproduced

lenses were put into boiling water, by which they became opaque, hard, and friable, like those which had been extracted, except that the lamellous structure of the new lenses was evident in their external portions only. It is to be regretted that the last experiment is related in a few words only, while in the five former a detailed description is given of the operation and its immediate consequences up to the death of the animal.

From these experiments, MM. Cocteau and Leroy conclude, that no doubt can be entertained with regard to the reproduction of the lens, an inference which might appear extraordinary, if the experimental physiologists of the Magendie school had not the exclusive right of forming hasty conclusions from imperfect experiments. Fortunately, the above experiments have been lately repeated by M. Backhausen at Berlin, under the superintendence of M. Rudolphi, and we must state, that the manner in which his experiments are conducted and described, entitles them to much more confidence than those of MM. Cocteau and Leroy. The title of the work in which M. Backhausen has published his experiments, is, *De Regeneratione Lentis Crystalline Script. Ophthalm. Min. ed Radius*, vol. iii.

M. BACKHAUSEN begins his treatise with a few comments on the experiments of his predecessors. "It will be remarked," he says, "that, on the whole, twelve eyes were examined, in which the lenses had been extracted; of these, six did not exhibit any trace of a reproduced lens; in two (fourth and fifth experiments), after very intense inflammation, so as to produce a complete concretion of the tunics, lentiform bodies were found, of which the one 'resembled a dried portion of lens, or a thick membrane,' and the other was 'less in size and consistence than the lens in its healthy condition.' With regard to the first and second experiments, in which rudiments of the new lens were found after slight inflammation, I must observe, that the lenses of rabbits are so very large, as to render it extremely difficult to extract them entirely, and without leaving some portion of them, and if the removal of the lens requires the assistance of the curette, I am convinced that some division of it cannot be avoided. The pieces of lens which were found in the two experi-

ments in question, must consequently rather be considered as remains of the partially extracted lens, than as rudiments of reproduced ones. Lastly; the sixth experiment is entitled to no confidence at all, for the description of it merely states the fact of its having been performed, and attended with complete success."

We now give an abridged account of M. Backhausen's experiments. The incision of the cornea was always made at the upper segment with Beer's knife, or in very young rabbits with a smaller one.

**Exp. I.**—In a rabbit of four months both lensea were extracted; a small portion of the corpus vitreum of the right eye protruded, but the iris was not wounded in either eye, nor did it prolapse. Slight inflammation followed, but was speedily subdued by cold lotions; and after twenty-two days, when the animal was killed, both eyes, with the exception of the cicatrix of the cornea, were found healthy, without any effect of inflammation, but also *without any trace of lens* in the capsule, the posterior portion of which was healthy and transparent.

**Exp. II.**—A rabbit of two years was submitted to the operation, which, however, on account of the violent contractions of the infundibuliform muscle, proved unsuccessful. In the left eye almost half of the lens could be made to protrude, and was extracted; in the right the extraction could not be performed at all. On the death of the animal, twenty days after the operation, the left eye was found in a healthy condition, without any signs or effects of inflammation; the capsule was perfectly closed, and contained *a portion of the lens in a semi-transparent state*; the right eye was entirely destroyed by inflammation.

**Exps. III. and IV.**—In a full grown rabbit, the lens of the right eye was extracted; during the operation, a small portion of the iris prolapsed, but within a few days spontaneously went back, merely by keeping the animal in a dark place. After a week the lens of the left eye was extracted; neither of the operations was followed by any inflammation; and when the animal was killed on the 25th day after the extraction of the lens, the cornea of the right eye was found to be rather opaque, but the ether tunics, as well as the humours of the eye, were in a healthy state; *of the capsule and lens no trace could be discovered. The same was the result of the examination of the left eye*, except that in it the posterior lamina of the capsule was found.

**Exps. V. and VI.**—On a young rabbit the left lens was extracted without difficulty; slight inflammation followed, but having almost subsided on the seventh day, the operation was performed on the right eye; the section of the cornea was, however, unfortunately, not large enough, so that only part of it could be removed; the iris also prolapsed, and could not be reduced. Twenty-five days after the first operation the animal was killed; the left eye, with the exception of a slight opacity of the cornea, was perfectly healthy, but *without any trace of lens*; in the right the effects of iritis were visible, and the capsule contained *a small portion of lens*.

**Exps. VII. and VIII.**—The extraction of the left lens offered nothing of interest; that of the right was performed after an interval of a week, though not with complete success, for the lens did not prolapse entire, but was removed in several pieces. However, on the examination of the eye eighteen days after the second operation, *nothing of the lens was found in it*, so that it was either removed entirely by the operation, or what remained had been absorbed afterwards. In the left eye *no trace of the lens could be found*.

**Exps. IX. and X.**—In a rabbit of fourteen days, both lensea were extracted, the one six days after the other; hardly any inflammation took place; and when, after twenty-three days, the eyes were dissected, they were found perfectly healthy, but *without any trace of lens*.

The extraction of the lens was then performed on two other rabbits of the same age, *with exactly the same result*.

All the eyes on which the experiments had been made, were placed in spirit of wine, but even by this method no traces of lens could be discovered in any, except those which had been the subjects of the second and sixth experiments.

The researches of M. Backhausen appear to us to be almost conclusive against MM. Cocteau and Leroy; we should, however, wish to see them again repeated by as accurate experimenters as M. Backhausen, with the precaution of letting the animals live in some cases for six months after the operation, as was done by MM. Cocteau and Leroy in one case.



PUNCTURE OF THE SKULL IN  
HYDROCEPHALUS.

A late Number of the *Lancette Française* mentions a case of hydrocephalus in a child of fourteen months, on whom a Dr. Bedor, of Troyes, performed the puncture of the skull with complete success. The first puncture, which was performed on the 12th of December 1827, gave issue to about a pint of limpid serum, and was followed by the cessation of the effects of pressure on the brain, as coma, squinting, hemiplegia of the left side, and contraction of the left thigh. These symptoms having however returned, it was found necessary to repeat the operation, by which a smaller quantity of serum was evacuated with considerable relief. In this manner the operation was performed nine times within four months, after which period the child seemed to be perfectly well, and remained so for a year, when it died of pneumonia. On examination the right ventricle was found larger than usual, with attenuation of its parietes. At its upper part an infundibuliform impression was found, at the bottom of which were three fistulous points, probably the consequence of the punctures.

A CASE OF

SCIRRHUS UTERI,

WITH MALIGNANT ULCERATION OF THE UTERUS, AND EXTIRPATION OF THAT ORGAN.

By D. EVANS, Esq., Surgeon, Belper, Derbyshire.

[Communicated by DR. BLUNDELL  
and DR. CALVERT.]

JOSEPH HASLAM's wife, ætat. 47, of light complexion, stout, and not of unhealthy appearance, the mother of thirteen children, applied for relief in the beginning of April under the following circumstances:—

She states, that in Feb. last, during the severe frost and snow, she exposed herself to the cold at the time she was menstruating; the discharge disappeared suddenly, and ever since she has felt great uneasiness, and occasionally very severe pains in the region of the uterus, sometimes extending to the loins and down the thighs. She has

a very offensive discharge from the vagina. On examining with the finger by the vagina, the os uteri felt of a scirrhus hardness. With the assistance of a speculum, an unhealthy-looking ulcer, somewhat larger than a shilling, was discovered on the posterior edge, and rather within the os uteri; with the finger by the rectum the uterus felt harder than natural, and apparently somewhat enlarged. Her general health was pretty good: she had menstruated regularly since she left off suckling her last child.

She was directed to use a lotion, consisting of one part of the solution of chloruret of soda, and sixteen of water; to have the ulcer touched daily with a strong solution of argenti nitras, by means of a camel-hair pencil; to take the extracts of hyosciamus and cicuta three times a day, an opiate when the pain was violent, and to have the bowels regulated by means of castor oil.

This plan of treatment was continued until the time she underwent the operation, without any material alteration. She was seen by Drs. Calvert and Bent, who considered her case to be hopeless. The latter recommended the muriated tincture of iron to be used in the same manner as the nitrate of silver, which was to be discontinued.

In the beginning of July she took to her bed. Not deriving any material benefit from the treatment above mentioned, and being aware of the malignant nature of the disease from which she was suffering, she inquired if it were not practicable to have the diseased parts removed by an operation, and stated her willingness to submit to any measures, however painful, that would afford her a chance of recovery. She was told that no operation short of removing the entire womb could possibly benefit her, that this was an operation attended with extreme danger; that every possible means should be taken to palliate her sufferings, and with this assurance she had better be resigned to her fate. This, however, was far from satisfying her; she continued to urge an operation at every succeeding visit. Her solicitations were parried for some time, but at length consented to. With the assistance of Mr. Bennett, I performed the operation at one o'clock on Saturday, October 16th, in the following manner:—Before proceeding with the details of the operation, it may be proper to state the alteration that had taken place in the patient since her first application. Her general health was impaired, but not more than might have been expected from the long confinement and the suffering she had undergone: she was not much emaciated, but very pale. For the last seven or eight weeks she had had a considerable discharge of blood, which she called being unwell. The ulceration had extended considerably; the os uteri had quite a ragged appearance. In

the upper portion of the vagina there was a little hardness, but no ulceration. Her pulse was small, and quicker than natural; her tongue was pretty clean, and her appetite not bad.

*Operation.*—The patient was placed on her back with the legs bent, as in the operation for lithotomy; the hands and feet were not bound, but each leg was supported by an assistant. Weiss's speculum ani was introduced by the vagina, and a portion of the neck of the uterus seized with a pair of Lisfranc's forceps, which were passed between the blades of the speculum, and held by Mr. Bennett. The speculum was now withdrawn, and the uterus pulled down into the vagina, so as to be visible when the labia were separated. Another portion of the uterus was taken hold of by a second pair of forceps similar to the former, and likewise held by Mr. Bennett. He was requested to raise the uterus towards the pubes, so as to separate it as far as possible from the rectum, by which means the operator had a better chance of seeing the parts he was about to divide, and was also in less danger of wounding the rectum. The first incision was made with a common scalpel into that portion of the vagina which lies between the uterus and the rectum, dividing the mucous membrane and the fibrous substance of the vagina, but not penetrating the cavity of the peritoneum. The index finger of the left hand, armed with a straight probe-pointed bistoury, was passed into the wound, and the incision continued first as far as the right lateral ligament, and then as far as the left. Thus the posterior half of the vagina was divided. The uterus was now drawn down towards the anus, by Mr. Bennett altering the position of the forceps, so as to expose the parts between it and the bladder. I then proceeded to make a small aperture in that portion of the vagina situated between the uterus and the bladder, into the cavity of the peritoneum. Through this opening the index finger of the left hand was introduced, and the incision extended each way as far as the lateral ligaments, in a similar manner to what has been mentioned in dividing the posterior parts. At this period of the operation the bladder was unfortunately punctured, and from three to four ounces of urine escaped at the opening. This was partly owing to a fold of the bladder being dragged down with the uterus from its natural situation, and partly to the quantity of urine which the bladder contained. It was intended that the catheter should be introduced prior to the commencement of the operation, but as the patient stated she had just evacuated the contents of the bladder as well as the bowels, it was deemed unnecessary. There now only remained to be divided, the lateral ligaments and the parts

contained in them. The forceps being removed, and the hand carried into the vagina (which was easily effected), two or three fingers were passed through the anterior incision, and the fundus of the uterus hooked down by them. A strong tenaculum was deeply fixed into the uterus, by which it was drawn down, so as partially to protrude at the os externum; the left index finger was passed behind the right lateral ligament, it was then divided, with the round ligament and fallopian tube, and afterwards behind the left, which, with its contents, was divided in like manner. The uterus was now completely separated—it was removed without any difficulty. Two or three small portions of hardened vagina were left in the pelvis, to be removed at some future period if necessary.

The operation was borne with very great fortitude; it lasted about twenty minutes, and not more than five or six ounces of blood were lost. The patient appeared somewhat exhausted, but not more than might have been expected after so severe an operation. A little brandy and water were given, afterwards she was put to bed, and took sixty drops of laudanum.

*Examination of the Uterus.*—The uterus was rather larger than natural, and the os uteri a complete mass of ulceration. On cutting open the uterus, its walls were found to be thickened and exceedingly hard. The ulceration had not extended beyond the neck; the mucous membrane lining the body of the uterus had a healthy appearance.

Eight P.M. Complaints of occasional pains in the lower part of the abdomen, which she attributes to wind, but without any tenderness or distension. Countenance rather anxious; pulse 120, and feeble. Ordered fomentations to the belly, and thirty leeches if the pain be not relieved in the course of an hour; the female catheter to be introduced and allowed to remain in the urethra.

Second day. Nine A.M. Sunday. Has slept several hours during the night; pain relieved by the leeches and fomentations; took half an ounce of castor oil at her own request, which was rejected in a few minutes; still complains of sickness, and flying pains in the lower part of the abdomen; has had no stool; urine passes freely by the catheter; tongue slightly furred in the centre, and dry, but moist on the edges; pulse 120, and feeble; no fever. Apply twenty leeches to the lower part of the belly; let her take the saline effervescent medicine every three or four hours, and a second dose of castor oil immediately. Her diet to consist of milk-porridge and barley-water.

Nine P.M. Her general appearance is not

so favourable as in the morning; countenance rather anxious; complains of feeling low, and has been troubled very much with sickness; has slept at intervals during the day. She is free from pain; the belly is soft, and pressure is borne without pain. Ordered twenty drops of liq. opii sedativus, with a little mint-water, and the dose to be repeated in two hours if necessary; to have a little weak brandy and water, and to be kept very still and quiet.

Third day. Monday. Nine A.M. Something better; slept well till four o'clock, when the pain returned; she then took a second dose of liq. opii sedativus, after which she became easy, and fell asleep; pulse same as last night; tongue rather more furred, and drier; countenance more natural; is free from pain; has only had one evacuation; belly a little too full, but not tender. To take half an ounce of castor oil directly, and to repeat the dose in three or four hours if necessary. Continue the effervescent medicine.

Nine P.M. Scarcely so well. Complains of a pain in the right hip and groin, which has continued for the last two hours; the bowels have been purged rather violently (seven or eight times), which has produced a good deal of lowness; has been sick for the last hour; pulse 120, and feeble, as yesterday; has taken food several times, and slept at intervals. Repeat the anodyne draught.

Fourth day. Tuesday. Nine A.M. Something better this morning. Slept pretty well during the night; belly soft, and not at all painful; pulse same as last night; still complains of sickness; has not purged since last night. Continue the effervescent mixture.

Nine P.M. Not so well; has been disturbed by the family. Belly a little fuller than natural, rather painful, but not tender; sickness has not returned since morning; pulse 115, and rather stronger. Has had no stool since last night. Ordered fomentations to the belly; to take another composing draught to-night, and three drachms of castor oil the first thing in the morning.

Fifth day. Wednesday. Nine A.M. Something better; pain relieved by the fomentations; pulse 120; tongue rather furred in the centre; countenance more natural; belly still too large, particularly about the pubic region; has had no stool. The urine has passed by the vagina since last night. The catheter was withdrawn, and found to be quite stopped up with thick mucus; it was cleaned and again passed into the bladder, when about an ounce and a half of healthy urine came away. Has had a slight return of sickness this morning. A common glyster to be administered immediately. She had a return of pain in the middle of the day; it was relieved after the bowels had been moved, and twenty leeches applied.

Nine P.M. Much better; quite free from pain; a little urine passes by the catheter, but more by the vagina. Repeat the anodyne draught.

Sixth day. Thursday. Nine A.M. Has had a good night, and continues better in every respect.

Nine P.M. Not quite so well; catheter has got plugged up again, and the urine has come away by the vagina, causing severe smarting. In other respects she is quite as well as in the morning. The catheter was removed, cleaned, and replaced. To take another opiate to night.

Seventh day. Friday. Nine A.M. Has passed a good night; complains only of the smarting pain in the vagina; catheter quite stopped up; no urine has passed by it for some hours. The nurse was shown how to introduce the catheter, and requested to withdraw it frequently, clean it, and introduce it again.

Eighth day. Saturday. Nine A.M. Much better; pain quite gone; has passed a good night; bowels quite open.

Nine P.M. Continues better.

Ninth day. Sunday. Still better.

Tenth day. Monday. No material alteration. She takes milk-porridge several times during the day. From this time she has continued to improve. On the 30th of October a speculum was passed into the vagina; the parts appeared healthy; but, on examining with the finger, the cicatrix felt hard and scirrhous. The puncture in the bladder was not perceived; but as the urine continued to pass by the vagina, it was too certain that the wound in the bladder was not healed. She was requested to lie upon her belly as much as possible, so as to allow the edges of the wound to be in contact with each other; by this means it was hoped that union might take place. On the 5th of November, she had a slight return of pain in her back striking down her thighs and into the groins; it was relieved by the application of half a dozen leeches, and the hip-bath. At the present time, Nov. 16th, she appears better than she was before undergoing the operation. Her tongue is clean, her appetite good, and her countenance animated. She is unconscious of any other discharge from the vagina, except the urine; to-day she has been requested to discontinue the catheter altogether, and to wear a piece of sponge in the vagina.

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ARSENIC IN AGUE.—Dr. Dakin, of Columbus, states, that he has given Arsenic in large doses in Ague with great success,—in pills, in doses of  $\frac{1}{4}$  gr., 4 times a day;—in one case, 5 grs. in 3 days, and without any serious injury.

## OBSERVATIONS ON HERNIA.

By JOHN LIZARS, Esq., Surgeon to the  
Royal Infirmary, Edinburgh. *well*

When we take a survey of the cases recorded in the medical periodicals during the last few years, we cannot refrain from coming to the conclusion that we have not data sufficient to decide the propriety of operating in this perplexing disease; and these cases must convince every unprejudiced observer, that peculiarities occur in hernia which overturn all our anticipations and prognostications; while they seem to prove that little short of a life-time spent in a hospital is requisite to amass a sufficient number of cases to guide us in our diagnosis. From these cases, then, together with those which have fallen under my own immediate observation, as also from considering what has been written on hernia by some of the ablest systematic authorities, I am induced to offer a few observations on the subject, together with the reports of cases which appear to me worthy of attention in a practical point of view.

There are four species of hernia which, in my opinion, demand an operation, viz., the acute or inflammatory strangulated; the slow or chronic strangulation; the incarcerated hernia; and the obstructed hernia. Mostly all authors are agreed that an operation is indispensable in the acute kind of strangulation, and very few dissent from its necessity in the chronic species; but a difference of opinion exists amongst our greatest authorities regarding an operation being necessary in either the incarcerated or the obstructed hernia.

The incarcerated is considered synonymous with the strangulated, by Mr. Lawrence; and according to etymology he is nearly correct, as both of them mean an impediment or interruption to actions or functions. The term incarcerated, or imprisoned, applied commonly to an individual who is prevented from extending his actions beyond a given extent or boundary, is obviously employed by way of metaphor in surgery; whereas the word strangulated, as used in surgical language, means, when applied to the intestines, that they are suffocated or unable to circulate their contents. By Professor C. Bell, accordingly the incarcerated is considered distinct from the strangulated hernia; and it may be viewed as analogous to the chronic kind of strangulation in its first stage, that is, before the inflammatory symptoms have begun. In the writings, then, of the two authors now named, there is no difference between the incarcerated of the one, and the incipient stage of the chronic kind of strangulation of

the other; nor, strictly speaking, would there be any difference between these, and the obstructed of Mr. Stephens, did not this last author insist on adhesions being a condition of the obstruction. Mr. Lawrence himself allows that the symptoms are often of such a mixed and indefinite nature, as to allow of their being arranged without impropriety under either the acute or the chronic species; and Mr. Stephens considers mixed cases, that is, cases of obstruction and strangulation, to be of much more frequent occurrence than those of simple obstruction. These three species, the chronic kind of strangulation, the incarcerated, and the obstructed hernia, all prove fatal if not relieved, by inducing, first, impediment to the muscular or peristaltic action of the intestine; secondly, inflammation; and, lastly, exhaustion, or gangrene. "Surgeons," says Professor C. Bell, "should put this simple question to themselves: Does it not happen, that when there is obstruction in circumstances which do not prevent the blood passing to the diseased or obstructed part, when consequently there is not gangrene from deficiency of circulation, yet the patient is carried off with the same train of symptoms, and in the same period, and with similar appearances after death, as in what is called strangulated hernia? It is the obstruction of the canal, then, which kills the patient, not the strangulation and injury to a part of the intestine; and the obstruction kills by the violence of the inflammation occasioned by the accumulation in the upper parts of the canal, and the violent working of the muscular coat of the intestines." So much for Professor C. Bell's clear definition of incarcerated hernia.

"The slow strangulation," says Mr. Lawrence, "takes place in large and old herniæ, which have been often protruded and replaced, or which have been long unreduced. The contained intestines, removed from their natural situation, and no longer supported by the pressure of the respiratory muscles, are probably rendered somewhat indolent in performing their functions.—Irritation and obstruction, and a consequent accumulation of the intestinal contents, supervene."

Mr. Stephens, again, is of opinion, that adhesion of the intestine to the sac produces the same fatal result as the incarcerated hernia. "The character," says he, "which the disease assumes, is that of peritoneal and general abdominal inflammation:—the symptoms are not clearly those of strangulation: dissection, however, shows a very extensive inflammation of the intestines, &c., and more especially among the contents of the hernia. The inflammation here occurs as a consequence of the adhesions and morbid conditions which the parts, in a

rupture acquire; and therefore a hernia, besides the risk of its becoming strangulated, has other mischievous and fatal tendencies."

This preternatural adhesion of the protruded intestine in the last species, or obstructed hernia, it is obvious, must bind down the gut, so as to prevent its muscular or peristaltic action;—thence it becomes an obstruction to the course of the feces, and ultimately excites the contiguous portion of the intestine to inflame; just in the same way as, only in a milder degree than, Gimbernat's ligament binds down a small part of the paries, not the whole cylinder, of the intestine in crural hernia, and produces inflammation, with inverted action of the intestinal canal, and all the concomitant symptoms of strangulation. The adhesion of the gut, then, in this species, or obstructed hernia, must impede its natural functions more than in either the incarcerated or the slow kind of strangulation; for, in the first, or the obstructed, there is the adhesion combined with the removal of the intestine from its natural situation, together with the want of pressure by the respiratory muscles.

"It may be a question," says Mr. Lawrence, "whether the stricture produces its injurious effects, that is, the peritoneal inflammation which supervenes sooner or later by direct irritation of the parts included, or *more indirectly by obstructing the intestinal contents*;" and Mr. Travers observes, "that the symptoms of strangulated hernia *cannot be distinguished from those of mechanical obstruction*, unconnected with pressure."

Having made these preliminary observations, I shall proceed to detail two cases of obstructed hernia, one of which, not operated on, proved fatal; while the other, which had been operated on, was successful.

In the session of 1823 and 1824, I was requested by one of my pupils to visit a man about seventy years of age who was labouring under strangulated scrotal hernia. I proceeded to reduce it, and in my attempt heard a gurgling noise, and found the tumour so collapsed that I naturally considered I had succeeded in the reduction. I ordered a cathartic enema, and afterwards half an ounce of castor oil. The injection operated indifferently, but the oil copiously; still there remained a tenderness of the abdomen, with some febrile action, but no pain in the tumour. The patient died the fourth day from that on which I first saw him; fortunately an examination was allowed. To my surprise there were fully four inches of the ileum contiguous to the caput cecum coli without the abdominal canal, in the herniary sac, extremely dark-coloured, and coated with recently-formed coagulable lymph, besides some old adhesions; and between the intestine and the sac, nearly four ounces of sanguineous serous fluid were

effused. Within the abdomen, the intestine for some inches, both above and below the seat of obstruction, was of a dark colour, and much thickened in structure. The peritoneal surface of the rest of the intestines, where these rested or touched each other with their convex margins, was studded with patches of inflamed vessels.

Since the above case occurred, I have operated with success on several similar cases, which I feel confident would have proved fatal had no operation been performed. The next case which I shall relate, occurred in the Royal Infirmary, and I shall detail it at length from the Reports:—

"Janet Sutherland, aged 35, admitted on Saturday evening, November 5, 1830. She was a patient in the same ward about six weeks ago. On her admission, on that occasion, she had a crural hernia of the left side, which had been down for eight days, and was accompanied with obstinate constipation of the bowels, tenderness of abdomen, nausea, vomiting, and acceleration of pulse, but no pain of the tumour, although there was some tension. From the history of her case at the time, a portion of the tumour was known to have been constantly down for upwards of a year. The size of the tumour was considerably diminished by the taxis and the bath; and then by the use of purgative injections the bowels were freely opened, and their functions continued natural, the other symptoms disappearing. She states that, after leaving the hospital, the tumour still further diminished, and one day went up entirely. Nine days before her present admission, after costiveness of the bowels, the tumour again increased, somewhat beyond its former bulk, since which period the bowels have not been opened, and she has been troubled with pretty frequent vomiting of green bilious matter. There is much distension of abdomen, with pain on pressing the lower or sacral part of the epigastric region, also considerable distension of the tumour, but no tenderness of it whatever; the tongue is furred, and the pulse small and wiry. The patient was immediately put in the warm-bath, and on grasping the tumour with the hand, the contents of the intestine went back into the abdomen with a gurgling noise. The tension and size of the tumour being diminished to the same extent as when she left the hospital last, no further attempt was made at reduction. A turpentine injection was then given, which produced a very scanty dejection of hardened feces. A draught of salts and senna was next given, which was vomited; afterwards twelve leeches were applied to the abdomen.—6th. A turpentine injection was administered this morning, but was not retained; no stool; the symptoms continue unabated,

with vomiting of a greenish fluid, having a stercoraceous smell: no tenderness of the tumour. Mr. Lizars, in absence of Mr. Liston, again placed the patient in the warm-bath, and attempted the taxis, but without success; pressure on the tumour produced no diminution in its size, and no gurgling noise; the abdomen was remarkably tense and tender when pressed; the tongue brown, and the breath emitted a stercoraceous smell. A consultation was then held, when Professors Russel and Ballingall, and Mr. Lizars, were of opinion, that an operation should be immediately performed, which was done by Mr. Lizars in the following manner:—A T incision was made through the integuments, the fascia superficialis, and the cellular tissue, which were dissected aside, when the herniary sac was exposed, adhering extensively to the intestine, which was about three inches in length. There were two small cysts, containing a serous fluid, formed between the sac and the intestine, in consequence of these adhesions, which was evacuated. The intestine was of a dark livid colour. Gimbernat's ligament was now divided horizontally towards the pubes, when the contents of the intestine were attempted to be emptied, but in vain. A portion of the neck of the sac, therefore, in the contiguity of Gimbernat's ligament, was carefully dissected off from the intestine, and the gut was then emptied of its contents, which could not be done before. The intestine and sac, in consequence of their extensive adhesions, could not be returned, and were consequently left in their position; they were covered with the integuments, which were brought together by stitches; a compress was applied, together with a bandage, and the patient carried to bed. Half an hour after the operation, a purgative enema was administered, when the bowels were freely opened, an effect which could not be accomplished before. Twenty-four leeches were applied to the abdomen, and half an ounce of castor oil taken by the mouth. By the evening she had had two motions from the castor oil, and expressed herself free from pain; the abdomen was flaccid, and not painful on pressure; the pulse full and soft; and the tongue moist." From the hour of the operation she progressively recovered, and was discharged this day, January 6, 1831, cured. Upon an examination before her dismissal, there was no appearance of either the herniary sac or the intestine, in the inguinal region, both having retired into the abdominal cavity, and thus admitting of the application of a rupture truss.

This last case, in my opinion, is very instructive. It shows clearly the nature of Stephens' obstructed hernia; for it will be observed that no injections, no purgatives,

no warm-bath, no taxis, had the slightest effect in unloading the bowels, in lessening the pain in the abdomen, or in reducing its tenseness, until a portion of the sac was dissected off the intestine. At the same time I do not mean to deny that the constriction produced by Gimbernat's ligament, and the neck of the sac, contributed to produce this obstruction. From the fatal cases which I have witnessed, together with their dissections, I am decidedly of opinion, that in all cases of hernia, where there remain tenderness and tenseness of the abdomen, with inflammatory or febrile symptoms, after *apparent* reduction of the protruded viscera, or their contents, we are justified in operating; and it is my belief that the peculiar condition of the viscera, which will be found to be still protruded, form the chief, if not the sole cause of the fatal symptoms. If I am correct in this opinion, the motion of the bowels should be totally disregarded, as being equally deceitful with the *apparent* return of the protruded viscera. What do those, who object to operating in such cases as the preceding, say to the cases of hernia detailed by Sebatier, Dupuytren, and others; where, after returning the herniary tumour by the taxis, the symptoms of strangulation have continued—the patient has been made to cough so as to again protrude the herniary tumour—the integuments then divided and dissected back—the sac or its neck found to be the cause of strangulation—and where, on this being divided or dissected off, the intestine was relieved from all strangulation, and returned together with the sac, with success?

Edinburgh, 34, York Place,  
Jan. 12, 1831.

## OBSTETRIC AUSCULTATION.

LETTER FROM DR. CLINTON ON THE SUBJECT  
OF DR. KENNEDY'S REPLY TO DR. NAGLE.

*To the Editor of THE LANCET.*

SIR,—In Dr. Kennedy's reply to Dr. Nagle's paper on obstetric auscultation, certain charges are preferred against me, which are neither founded in fact, nor, as it appears to me, in the slightest degree warranted by that passage in Dr. Nagle's paper, which, as far as I know, furnishes the only ground for the accusation. In Dr. Kennedy's reply, it is insinuated that I have unthinkingly intrusted myself into the hands of Dr. Nagle; that I have acquiesced in his views without the trouble of inquiry; that I have not read Dr. Kennedy's paper, which my name is brought forward to overthrow; and,

lastly, that I have wilfully countenanced misrepresentation and ignorance. If it be a fact, as Dr. Nagle states, that I agree with him in opinion, Dr. Kennedy seems to argue that the truth of these charges must inevitably follow. It will be my business to show, that my own innocence of the above charges, and Dr. Nagle's veracity, are quite compatible with each other.

It will appear, on referring to Dr. Nagle's paper, that the only one of his views and statements in which he says that I coincide with him, is that which relates to the site of the soufflet. It is, therefore, unwarrantable to impute to Dr. Nagle the desire of identifying himself with me in *all* his views, and it is perfectly gratuitous to assert that the one opinion in which Dr. Nagle says we agree, was adopted by me on his authority, without previous examination. The contrary is the fact. I have long entertained the opinion, that the sound which is called the placental murmur is not seated in the placenta itself, but in the large arteries around the uterus. In this opinion I have been confirmed by the facts and arguments contained in Dr. Nagle's paper; for he was so kind as to communicate them to me, when he was making that point the subject of particular investigation. He was therefore perfectly correct in stating that I agreed with him in opinion respecting the site of the soufflet. But it does not by any means follow, that the charges brought against me by Dr. Kennedy are true; for it appears that there is no ground whatever in Dr. Nagle's paper for the charge of my adopting *ALL* his views, as that paper mentions only one instance of an agreement in opinion between us, nor any ground for the insinuation that such opinion was received by me without inquiry, as it, in fact, was previously entertained by myself. It is true, however, that the opinion in question was formed without consulting Dr. K.'s paper, and what perhaps will surprise Dr. Kennedy much more, it is equally true that it still remains the same, although I have since considered it with the advantage of all the lights afforded by Dr. Kennedy's able production. Perhaps the knowledge of this circumstance will induce Dr. Kennedy to change his opinion respecting the facility with which I may be led to adopt the views of others without due examination. It is not very probable that the opinions of a man who could resist the force of *his* arguments would yield to those of another, whom Dr. Kennedy considers very *ignorant*; nor is it likely that such a man would *unthinkingly* intrust himself into the hands of any writer, even though it were Dr. Kennedy himself.

As to the supposition that my name was brought forward to overthrow Dr. Kennedy's paper, it scarcely deserves a serious refuta-

tion. It can hardly be imagined that Dr. Nagle could expect to derive any support to his opinions, from the authority of a man who was not known to have paid any attention to the subject in dispute between him and Dr. Kennedy. Besides, Dr. Nagle is well aware that facts and arguments alone can decide a disputed question in science, and that the authority of any individual, however respectable, scarcely deserves any consideration. I therefore ascribe the use which he has made of my name to a very different motive, to a desire of making it known that I was not inattentive to a branch of medical science, which all those who know me might suppose to be wholly neglected by me. To me it is a matter of wonder, that those who know Dr. Nagle, who is one of the most accurate auscultators with whom I am acquainted, should suppose he could derive any advantage from appealing to my authority in support of his particular views regarding obstetric auscultation.

It is obvious that, as I had not read Dr. Kennedy's paper before Dr. Nagle's was published, I could not be a party to the *alleged* misrepresentations contained in the latter; and this I hope will preserve me from the calamity of forfeiting Dr. Kennedy's good opinion, which I shall be very happy to retain as long as I can do so, without the hazard of losing my own.

It will also be granted that, as I have now attempted to correct the *unintentional* misrepresentations of Dr. Kennedy, it is not very probable that I would sanction the *wilful* misrepresentations of Dr. Nagle, if I knew of any such. It appears, however, that as far as I am concerned, the charge of misrepresentation against the latter is quite unfounded; and I may now add that I do not know any man who is less capable of wilfully misrepresenting another than Dr. Nagle, and least of all a gentleman for whom he entertained a high respect, as I know he did for Dr. Kennedy, at the time of publishing his first letter.

I am, Sir,

Your obedient humble servant,

P. CLINTON.

Dublin, Jan. 21, 1831.

#### REPLY OF DR. NAGLE TO DR. KENNEDY.

"Neque ego illi detrachere animum,  
'Hæreret' capiti 'si ulla' cum laude, coronam."

To the Editor of THE LANCET.

SIR,—If in his letter, published in THE LANCET of the 8th inst., Dr. Kennedy had confined himself to facts and arguments, instead of resorting to intemperate and uncourteous declamation, he would have act-

ed better for his own respectability at least. Indeed, could I condescend to aim at "victory in dispute" over him, the vituperative language in which he has been pleased to indulge, would furnish the very best proof, that he felt himself deficient in argument. To "misrepresent" him *intentionally*, would be not only the extreme of folly on my part, his paper having gone before the profession, but quite inconsistent with the feelings and principles by which I hope I have hitherto succeeded in regulating my conduct.

He has been pleased to say that I affixed "M.D." to my name! The pages of *THE LANCET* prove the contrary; and I can assure him, that I should be extremely sorry to take "M.D." as a *substitute* for M.B. Though I admit that, "a rose, by any other name would smell as sweet;" yet, if there be any-thing in a title, it will be conceded, by the intelligent at least, that those who enjoy the privilege of attaching M.B. to their names, need not be anxious to sacrifice it for even Dr. Kennedy's "M.D."

His creditable attempts to prove me "ignorant of anatomy," I am sure that you, Sir, and gentlemen of your cultivated understanding, have read with that pity and forbearance towards him which are always the characteristics of a superior order of intellectual endowment.

Does it follow that, because I said "the murmur from the epigastric arteries can be heard at the mesial line," the vessels themselves must necessarily be situated there? I shall prove even to him, that I at least have not fallen into a mistake of that kind. In *THE LANCET*, p. 398, col. 1, sixth last line, I laid it down as an incontrovertible fact, that "the resonance extends a considerable way from the point de depart, or centre of radiation." On this principle let us examine my words, of which he so very judiciously (!) attempts to avail himself:—"I was unable to detect the murmur under the mesial line, except when it proceeded from the epigastric arteries, from which it can, in such a case, be easily (mark!) proved to arise." *LANCET*, p. 397, col. 2, line 24. Now when we move the cylinder from the mesial line outward, the murmur faintly heard at that line gradually increases until we come on the trunks of those vessels, and it is heard with loudest intensity over that trunk only; and this intensity can be traced a little outward and downward towards the internal abdominal ring. So much for his judgment and accurate stethoscopic researches! It is very unlikely that I, not intending myself for a "*mere accoucheur*," should, during my anatomical studies at the admirable schools of this house, and the College of Surgeons, have neglected so important a part of anatomy as the course of

the epigastric arteries. For a mere accoucheur such knowledge I admit may not be requisite, and Dr. Kennedy might be prudent in excluding from the "store-house of his memory" all unnecessary "lumber."

Equally unsuccessful shall I prove him to have been in the other, as it were, but yet is not, instance of my ignorance of anatomy. Suppose me unacquainted with the course of the lateral uterine artery, would that instance be sufficient to establish my ignorance of the important parts of anatomy to be learned in the dissecting-room alone, and not from the convenient inspection of casts and plates? But even such inspection might satisfy Dr. Kennedy, that "the lateral uterine artery passes forwards, inwards, and runs between the laminae of the broad ligament to the inferior part of the side of the uterus, where it divides into a number of branches, which anastomose with those of the opposite side, and are all greatly enlarged during pregnancy and disease of the uterus." (*Harrison on the Arteries*, Vol. II. 2nd edit. p. 82.) This extract may not only silence Dr. Kennedy, but prove to him that when the gravid, or diseased uterus ascends, the murmur may be traced "upward," inward, and forward, towards the mesial line. So much for my "ignorance" of anatomy!!

How Dr. Kennedy can reconcile it with prudence to say, that the feeble murmur, occasionally audible in the "stillness only of night," and to which description of murmur alone did I allude, "is at least 'ten times' louder than the foetal pulsation!" I am perfectly at a loss to account for any other principle than this,—that his stethoscopic ear may be endowed with the rare and enviable faculty of magnifying sounds in a proportion scarcely less remarkable than had that augmenting power possessed, as we are informed, by the celebrated ear of the suspicious tyrant Dionysius, who converted into a stethoscope his ingeniously constructed prison, sarcastically denominated the "ear of Dionysius;" and thus, like Dr. Kennedy, had recourse to "mediate auscultation," for the purpose of ascertaining murmurs, aye, and the workings of the human heart.

That I have not even attempted to "misrepresent" Dr. Kennedy, will appear evident to any one who is pleased to take the trouble of consulting *The Edinburgh Medical and Surgical Journal* for January, 1831. Where (page 151) it will be found, that he entertained the following opinion:—"Another advantage resulting from the use of the stethoscope in ascertaining the existence of the placental thrill is, that it enables the accoucheur to pronounce on the life or death of a fetus in utero." (*See D. H. Rep. vol. v. p. 267.*) Not a word said here respecting the necessity of taking into consideration



"the pulsations of the fetal heart." The editor, forsooth, had some unworthy motive for "misrepresenting him." Again, *Journal*, p. 148, "The placental sound is present in pregnant women *only* when the utero-placental circulation exists, and ceases when the vessels which perform this office become impervious (D. H. Rep. vol. v. p. 242), where, in continuation, Dr. Kennedy says, "a fact which we can ascertain by examining a woman shortly before parturition, when we observe this phenomenon in full energy; and again, when the uterus is empty and perfectly contracted after delivery, or when the fœtus, having died in utero, an obstruction in this system of vessels is produced, in all which cases not the slightest vestige of the phenomenon can be discovered." Now mark how inconsistent is all this with what follows, "for the death of the fœtus in utero and consequent cessation of the fetal circulation, do not of necessity cause the discontinuance of the soufflet, although they alter its characters." (D. H. Rep. vol. v., p. 244.) This is but one instance of the numerous inconsistencies with which, I must take the liberty of saying, his paper is replete; and which justify me in having said that "I regretted to think it would scarcely stand the test of serious examination." The *Edinburgh Journal*, p. 149, sect. 3, says, "From several cases, two of which are given in detail, the author shows that, when the fœtus expires within the womb, and before the placenta is detached, there still continues a thrill, abrupt, however, and short and void of the sibilous lengthened sound by which the placental circulation in its healthy and entire state is distinguished." (D. H. Reports, vol. v. p. 245.)

This is part of the "dangerous theory" I have taken the liberty of combating, without, I hope, condescending to have recourse to unbecoming observations. It will be seen evidently from these extracts, that I have neither misrepresented nor unfairly suppressed any part of Dr. Kennedy's opinions, yet he has been pleased to do me the injustice of insinuating, at least, that I am guilty of both. If at any time I can succeed by facts and arguments in establishing my positions, I am sure the profession will concede that I need not envy Dr. Kennedy that singular species of felicity derivable from undeserved vituperation and assertions, unsupported by a single satisfactory argument.

I deny, in the most unequivocal terms, having said in any part of my paper on "obstetric auscultation," that Dr. Kennedy, at least, considered the placental soufflet as an "unquestionable test of impregnation." When showing that "the presence of a placenta is not necessary for the production of a murmur, such as we ordinarily hear in

the advanced stages of gestation," I used only the expression "test of pregnancy," (p. 399, col. 1, line 5, of *THE LANCET*.) Also in p. 396, col. 2, line 16, I said merely that "the placenta has, in *my* mind, nothing to do with the production of the murmur, though I know the contrary opinion is confidently maintained by Dr. Kennedy." He will not deny that, under certain restrictions, he does "consider the placental" soufflet a "test of pregnancy." How could I say "unquestionable test," when (*LANCET*, p. 501, col. 1, line 22) the words "their knowledge of practical midwifery in a very questionable shape," taken from his paper, show that the point is levelled directly at him, as *not* considering auscultation the "only unequivocal sign of pregnancy," which (202) he should admit if he deemed even the soufflet an unquestionable test of it. Thus, Sir, can I easily repel even this charge which he (I will not say so disingenuously) would endeavour to fasten upon me.

Having through the middle of his paper (D. H. Rep. vol. v. pp. 241-2-4-6-7-9) laid it down that, the abrupt murmur indicates the death of the fœtus in utero, he attempts to support such theory by giving cases illustrative of his views. Then, by way of peroration, and to make certainty doubly sure, he comes to the following conclusion (H. Rep. pp. 268-9)—"We have elsewhere treated of the manner by which the placental soufflet affords us an indication of the death of the child, viz., either by ceasing entirely after having been previously heard, or having its character altered from the continuous murmur with its lengthy sibilous termination, to an abrupt, defined, and much shorter sound." So much for the certainty, and that too elsewhere. Now for the doubly sure. "This," he very sapiently subjoins, "together with the impossibility of detecting the fetal heart's action, particularly if such had been before observed, places the fact of the child's death beyond a doubt." What valuable information this! He then asks,—"Why was the concluding portion of this quotation so cautiously, so unfairly, suppressed?" My answer, I hope, will appear quite satisfactory to the profession. First, because no such concluding portion can be found in the part where he elsewhere treated of the manner, &c.; secondly, he himself did not consider it absolutely necessary; thirdly, even the *Edinburgh Journal* could not find it given by Dr. Kennedy as a necessary adjunct; fourthly, his own friends have been giving out (for I discussed the question with some of them), as an important "discovery," that the "abrupt" murmur (see *LANCET*, p. 495, col. 2, last lines) is sufficient to indicate the death of the child; fifthly, and lastly, he

ought to recollect that I disputed the very point with himself in the presence of some pupils of the hospital (LANCET, p. 500, col. 2, l. 15 from bottom); that I then, followed by some of the pupils who were present, took him up to one of the labour-wards to convince him, by an instance, that his theory was not correct; that he still persevered, and made use of these very modest words—"Read my paper, and you will then be convinced!" He cannot deny all this. How then could he assert, "for I have given a case (p. 250, D. H. Rep.) where the sound was not abrupt, although the fœtus was dead?" Well, then, the abrupt murmur is no longer to be considered a diagnostic mark of the infant's death!

Now, I hope I shall be able to convince even Dr. Kennedy himself, that he did consider the sound abrupt in the very case he alludes to, for there he says—"No fœtal heart's action could be discerned; the placental sound was, however, audible in each iliac region, less abrupt, and approaching more to the natural soufflet than in those above described." Here a clear admission is implied, at least, that the murmur was abrupt, but less so; was not natural, but approaching more to the natural than in those above given; and that he himself considered it abrupt will appear evident from the following observations relating to this very case too (pp. 250-1, D. H. Rep.) "From these observations, let it not, however, be supposed, that the placental sound is always observable, even of this modified character." So much for the applicability of his logical crotchets, the *suppressio veri* and the *assertio falsi*!

With respect to the soufflet he found produced by an enlarged liver (D. H. Rep. vol. v. p. 26), I thought it really undeserving of attention; first, because he does not even say in what part of the abdomen it occurred; secondly, he, without adding even a qualifying term, says, "it resembled the placental soufflet," which, in the next page, he admits to be "quite distinct in its nature, and easily recognised by persons at all conversant with it, resembling a sound quite distinct, and one easily recognised." What consistency! I must be pardoned for taking the liberty of dissenting from two assertions of his in p. 267, D. H. Rep.; first, that "the placental soufflet can be heard indifferently over the abdomen;" secondly, "that the soufflet produced by a tumour can be removed by altering the position of the patient." For in Corrigan's case (LANCET, p. 399, col. 1) the soufflet continued, no matter what position the patient was put into. In the same case there was heard by me and others, as I stated, "the self-same, identical description of murmur, which usually occurs in the ad-

vanced stages of pregnancy." I am, therefore, warranted in withholding my assent to Dr. Kennedy's assertion, that "the placental soufflet is in its nature quite distinct and easily recognised;" and, indeed, one of two consequences must follow from this assertion of his, namely, that either his opinion is incorrect, or the soufflet placental, as he calls it, must be considered as "infallible" proof of pregnancy, "if it be owing to the presence of a placenta; and if it be of such a quality as to be, in its nature, quite distinct and easily recognised by persons at all conversant with it." For, if it be "owing to the presence of a placenta," as he thinks, but I take leave to deny, we can have it only where there is a placenta, and, consequently, pregnancy; and, if "it be in its nature quite distinct and easily recognised," as he says (p. 267), I should like really to know how he can reconcile it with right reasoning to deny, that it, when heard, should not be considered an "infallible test" of utero-gestation. But, talented and accurate logician as he is, I apprehend he will find it rather difficult to extricate himself from such a dilemma. It must strike every rational man, as a manifest absurdity, that this soufflet should be designated "quite distinct in its nature," and also placental, yet be denied as an "infallible test of utero-gestation." He, however, denies it! and is found to have expressed himself to the following effect (vol. v. D. H. Rep. p. 257): "When a perfect placental soufflet exists in any part of the abdominal tumour (particularly if the fœtal heart's action also can be detected), we may pronounce the woman pregnant." Suppose the fœtal heart cannot be heard, and that, however, "a perfect placental soufflet" is audible, it must, according to his theory, appear to any one, that "we may pronounce the woman pregnant."

I cannot condescend to notice his observations on the expression "ninety-nine in a hundred," a very general phrase in our language, and never used in its strict, literal sense. Though Dr. Kennedy evidently prides himself on the perspicuity of his style, for he is astonished how even I could misconceive his meaning, yet he is, I am sorry to think, often contradictory, unclear, and unhappy in his mode of expressing that meaning, as in the following (p. 496, col. 2, of THE LANCET):—"I would, however, and with justice, have been to blame, as well upon my own account as on that of the profession generally, had I allowed such a tissue of misrepresentation to remain uncontradicted. Having now done so, I must," &c. Having done what? Why, having allowed such a tissue to remain uncontradicted. Besides; a tissue uncontradicted!

It is true I cannot prevent him from—

"doubting whether I am capable of recognising the phenomenon of which I treat;" but he ought to have recollected, that I am, however, the first in these countries, at least, who detected, by means of auscultation, the existence of twins in utero (p. 232 of *THE LANCET*);—what he, with all the facilities afforded him by one of the most splendid hospitals in Europe, was never yet able to accomplish; else we should have heard something of that "discovery" also—"*Hinc ille lachrymæ, inanesque ululatus in auras!*" I am sure it will be conceded by the profession, that he has done me great injustice even respecting my much-valued friend Dr. Clinton, whom, as will be seen by reference to p. 400 of *THE LANCET*, I have not even attempted to identify with any one of my views and statements, further than by merely saying, I felt gratified having my opinion coincide with his, as far as related to the "site of the soufflet."

Thus far, Sir, have I endeavoured to meet candidly, fairly, and fully, I hope, the unmerited imputations thrown out against me in Dr. Kennedy's letter; and I shall take leave to avail myself of this opportunity of assuring him, that should I, in future, have occasion to speak of the contents of his *valuable* paper, it shall be done in the words, but not in the spirit, of the sarcastic Roman poet—"Euge, omnes, omnes, bene miræ eritis res!"

Believe me, Sir, sincerely yours,

DAVID C. NAGLE.

33, Trinity College, Dublin,  
January 18th, 1831.

## THE LANCET.

*Bondon, Saturday, Feb. 5, 1831.*

To the scandal and deep injury of the public, and to the insult and degradation of the members of the medical profession, attorneys, grasp-all, or land-sharks—or whatever other term may be used to denote avarice, conceit, and ignorance,—continue to occupy the office of CORONER. Public opinion, however, has at last decided that attorneys are not competent to discharge the high and mighty functions of the Coroner's Court; and powerful and cunning as are the parchment-mongers, they are not strong enough to bear up against the torrent

which is opposed to them, and on they must swim upon the surface of the stream in all sorts of company, or sink to the bottom never more to rise. The latter catastrophe would be a great loss, a sad misfortune to the public. Attorneys are so revered by the public, their labours produce so much wealth, their demands are always so moderate for their kind and attentive services, they are so charitable withal, constantly providing for the poor and houseless the most secure of lodgings—in a word, their labours are of such value, that society would long deplore the loss, if by any sudden and unforeseen calamity the whole race of attorneys were to be swept from the face of the earth. Mark us well!—we refer to attorneys—to the practical, the operative attorney; not to the men as a body of social and intellectual beings—not to the man who feels delight in reprobating the abuses of the law, who refuses to employ the law as an instrument of extortion and vengeance against the victim of misfortune; we reprobate the *trade*, and not the *men*, unless the men, or all that *should* be excellent in the man, be absorbed in the villany of the occupation. In denouncing the sanguinary character of our criminal code, in reprobating the uncivilised and barbarous executions for the crime of forgery, the voice of humanity is not directed against the men, but against the legislators—not against the individual who carries into effect the remorseless decrees of the law—not against the man, but the hanger of men. The *occupation* is condemned. So we, in speaking of attorneys, refer to the character of their profession, and not to the private and individual characters of the gentlemen themselves. A horse in a mill is compelled to proceed within the limits of a certain circle, because he is confined to the lever; and attorneys, in a great measure, are bound by the unyielding fetters of the law, and cannot escape from their trammels. When, however they do contrive, either by the inadu-

ence of extraordinary talent, or by the exercise of that well-known legal acquirement denominated impudence, to leap without the boundary of statutory limitation, it were well could they contrive to take footing upon a position more congenial to their habits, qualities, and wants, than upon the bench of the Court of Inquisition, where they are always ill-at-ease, and where, in their various movements, they produce little benefit for themselves, and effect much mischief for the public. Here they are deplorably out of their natural *professional* element. Attorneys are so commonly hired to pervert the truth, they are so constantly hired to lie, and so continually lie to be hired, that they are never so much puzzled as when they have only to deal with truth. Present a keen-sighted, thorough-going, quirk-and-quibble-eyed lawyer with the most prominent features of a really just cause; let him see in the entire view of the case nothing but accuracy of representation and honesty of purpose;—he at once feels shocked, uncomfortable, and indicates pretty strongly his doubts of final success, being well experienced in the kind of obstruction he may receive from an infernal array of shuffling, fraud, and perjury. The mere “practical” attorney, therefore, divested of the high attributes of human nature, divested of sound judgment and acute conscientiousness, will never make an excellent equity judge. Who, for example, would place ADOLPHUS or SCARLETT in the seat now occupied by Lord BROUGHAM—in the seat once so admirably filled by the venerable ELDON? No, no. Your mere professional lawyers are not the best calculated to preside over courts where *truth*, when it can be discovered, is law, and where *law*, before a really learned judge, and an honest and intelligent jury, would never be permitted to enjoy an unhallowed triumph over *truth*. If this position be tenable concerning questions with which the mere trading attorney may be supposed to be well

acquainted, how much more is it strengthened when he is called upon to preside over an inquiry, of the intricacy of which he can have no possible knowledge? Still, thus is it with attorneys when they are unthinkingly thrust into the office of CORONER. But, thank Heaven! the public have at last decided against their competency.

Events connected with some recent inquests have called forth these remarks from us, but our attention has been more particularly directed to the subject of *malo-dramatic* inquisitions by perusing a very copious report of the proceedings at an Inquest held at the Guildhall, ROCHESTER, which terminated on the 25th ult. The account is exceedingly voluminous, and runs to such an extent as to defy a *verbatim* publication in this journal. The facts, however, connected with important public questions are but few, and these we will endeavour to throw into a condensed, but readable and intelligible account of the most prominent features presented during the three days’ scrutiny.

The Coroner and Jury assembled at the Guildhall, Rochester, on the 20th of Jan. The inquest was on the body of a female.

The CORONER, THOMAS PATTEN, Esq., commenced by stating that he had received an anonymous letter, attributing the death of the pauper, *Caroline Gilbert*, to her improper removal to Cranbrook in defiance of a medical certificate.

Mr. NEWSON, Surgeon, of Rochester, immediately declared that he was the author of the letter.

Mr. FURRELL, examined; Is assistant overseer. Deceased became chargeable to that parish (St. Margaret’s) on the 31st December 1830, by her husband applying to the SELECT VESTRY for relief, when he said that his wife was near her confinement. On the 12th January last he was sworn to his Parish, and an “order” was signed for their removal to Cranbrook; I applied for the suspension of the order, on the ground that the woman was near her confinement, as specified in the surgeon’s certificate, which was laid before and read by the mayor. The removal order however was made out, and the mayor said he would inquire further into the case before he would suspend it. On Friday the 14th went to the Town

Clerk's office, when Mr. Prall gave me the removal order, and said the magistrates had not suspended the order, and that the mayor had seen the woman, and saw no reason why she should not be removed. The overseer consequently said the blame would be with the magistrates, and the woman was removed in Baker's light cart to Cranbrook. The carriage in which she was conveyed, is a light spring cart, with a cushioned seat, and a rail at the back.

Mr. NEWSON, *surgeon*, said he was instructed by the relatives of deceased to act as counsel for the interest of the husband.

Mr. LEWIS, *solicitor*, on behalf of the overseers, called upon the Coroner to resist the application, and observed that, as medical men were ignorant of the practice of law, their thus daily stepping forth as counsel in courts of justice would cause "anarchy and confusion."

Mr. NEWSON having asserted his right to act on behalf of the relations of deceased,

The CORONER observed, that Mr. NEWSON's admission, that he was the author of the anonymous letter, incapacitated him, in his opinion, from acting as counsel, and added, "I decide, therefore, that he shall not be permitted to do so."

Mr. NEWSON. I enter my protest against your decision.

James Baker. On the 15th of the present month, I conveyed deceased and her husband to Cranbrook. They left at 3 P. M., and arrived there at 8 o'clock, when the overseer ordered a bed for Gilbert and his wife at the White Lion. The next morning deceased expressed a wish to be with her mother at the period of her confinement, and accordingly at her own and her husband's request I agreed to take them back to Rochester. I asked her whether she was capable of going back? when she said, "Oh, yes."—I brought them back. I heard no expression of illness from her until we reached Maidstone, when deceased was sick, and had some brandy and water, and biscuit. Having become a little better, her husband was anxious that they should be moving as soon as possible. Before I could get the horse into the cart she was sick again, had some more brandy and water, and was removed by the servant-maid to a room in the New Inn where there was a bed. Her husband said he wished to get her home if possible; I therefore put some straw in the cart, and assisted him to lay her thereon. I walked the horse from Maidstone to Rochester, and while passing Fort Clarence, she said "For God's sake make haste; I am so sick." On her arrival at her own home, her husband took her in his arms and carried her in.

By the Court.—"I had a reason for asking at Cranbrook, whether she was able to

go back, having had a job of this kind before, when a woman was delivered of her child in my cart, while removing her by an order of a magistrate, about five years ago."

After some discussion,

Mr. NEWSON addressed the Coroner. "I now apply again, Sir, to be allowed to act as counsel on the part of the husband, who is now present, and who, through me, desires your consent. I come forward with a desire to promote justice and humanity, and on this ground I demand to be heard."

Mr. LEWIS then submitted to the Coroner that the inquest be adjourned, that the husband and the servant-maid be summoned to attend, and that the certificate be produced.

The Coroner assented, and an adjournment took place to 11 A. M. on the next day, when, the jury having been sworn, Mr. NEWSON again presented himself before the Coroner.

CORONER.—"I adhere to my first decision, and will not allow you to act even for the husband."

At this moment, Mr. ROBERTSON, *surgeon*, Chatham, entered the Hall, and advancing to the table of the court, addressed the Coroner. He said, that the husband being denied the benefit of Mr. NEWSON's services, had authorised him (Mr. R.) to appear for the purpose of seeing that full and ample justice was done to him.

Mr. LEWIS.—"Certainly there can be no objection to Mr. Robertson?"

CORONER.—"Mr. Robertson, I accede to the point."

Mr. ROBERTSON begged it to be understood that he appeared there as counsel for the husband as a matter of right.

Mr. Richard Prall, clerk to the magistrates of Rochester, sworn; produced the certificate of the surgeon of the parishes to the unfitness of deceased for removal.

Mr. LEWIS.—"This certificate is merely waste paper—it is not legal evidence. I cannot receive it."

Mr. ROBERTSON observed, that before the close of the inquest, Mr. Lewis would learn the true value that ought to be attached to it.

Examination continued.—The certificate was read.—Mr. Prall corroborated the evidence of Mr. Furrell. The Mayor, he said, having interrogated the husband of deceased as to his willingness to be removed, the husband said he did not wish to be sent to his parish; that he only wanted work, or a little assistance. The Mayor having seen the woman, said he could not conscientiously sign the order of suspension.

Cross-examined.—The Mayor is always reluctant to sign orders of "suspension," because he thinks that in some parishes the medical men frequently contract with the

parish in the hope of making up the deficiency by suspending orders. The Mayor is in the habit of never signing a "suspension order" till he has himself seen the bodily condition of the pauper; and he went in this instance to see the state of health of deceased, and to ascertain the necessity of the suspension of the order for removal.

*William Gilbert.*—I am the husband of deceased. When I applied for relief, I told the select vestry of the state of my wife; that she was "over her time, and did not know one hour from another." I attended the magistrates on Wednesday, and told them I did not wish my wife to go to Cranbrook, as she was over her time. The certificate was produced, but the Mayor said he should not abide by that—he should go and pass his opinion upon her himself. He came to my house on Friday; he asked my wife how she was. She said, "Very ill, and had been so several days." She told him she was over her time. The Mayor said he would speak to the overseers. On Saturday, about one o'clock in the afternoon, Furrell and Baker came to my house, and asked what time I should like to go? I said at two, or a little after. I said to my wife, I think you are not fit to go, and told her if she did not wish to go, she should not. She said she had no money, and could not pay for a doctor if she should be taken ill while I was gone, and therefore wished to go with me. Whilst we were talking, Baker sent to say he was ready. I asked Baker whether he had any allowance for refreshment on the road. He said, No. He told me to go and see the Mayor about it. The Mayor was not at home, so I went to Farrell, who gave me a half-a-crown. I then went to Baker, assisted my wife into the cart, and we set out upon the journey. I frequently asked her how she felt. She said she was not well in her head. All the way down she complained of her inside. \* \* \* At the Bull Inn, where we stopped, she was 'up and down all night, sick, and complaining, and wishing for daylight. In the morning she wished much to return to Rochester, to go back to my mother, as all around her were strangers. Baker asked me if I thought my wife would be able to go home. I said she hardly knew, but wished to get home if she could. On our return, we stopped at the New Inn, and in the stable-yard she was sick, and fainted in my arms. All the way home she complained of her inside. (Here the evidence was a corroboration of Baker's.) When we got home, I took my wife in my arms, carried her in-doors, and laid her on the bed. I ran for the doctor immediately. Mr. Tribe not being at home, Mr. Ely came instead.

My wife was delivered of her first child a twelvemonth ago last August.

*Cross-examined.*—She fainted after she was delivered, and said her inside was shook all to pieces by the jolting of the cart, and she was afraid she could not get over it.

*Mr. Ely, Surgeon.*—I attended the deceased in her labour on Sunday evening last. I found, on visiting her, that the membranes had been previously ruptured, and was given to understand by the mother, that they were so on the preceding Friday night. I supposed they had been so, by not finding the usual discharges. I was with her a short time, during which she had several pains of a languid nature, but in a quarter of an hour had three or four severe ones, during the last of which the child was expelled. The placenta came away shortly after by a natural effort. The patient, after her delivery, said she was very comfortable, and grateful to me, but also expressed herself very despondently as to her hopes of recovery. She said once she felt "jolted to death," and several times "jolted to pieces." These expressions were before her delivery.

*Mr. Tribe, Surgeon.*—I saw the deceased about twelve o'clock on the day after her delivery. She complained of pain in the stomach, which I considered the common symptom after delivery. I was with her five minutes and then left, and went to Brompton to visit a patient; but on my return home, I heard that the sister had been down, saying that the deceased was suddenly taken in a fit, and was dying. I went immediately, and found her dead. She had not died a quarter of an hour after I was there. She was as well as women usually are after delivery. Upon opening the abdomen, no marks of disease. The contents of the chest were equally healthy. I then examined the head, and in paring down the brain, I opened one of its cavities, and found a large quantity of water, which gushed out. I proceeded deeper in the brain, and there discovered a large quantity of coagulated blood, the effect of a rupture of a vessel at the anterior part of the base of the brain. It was quite sufficient to, and did, cause death. Rupture of vessels may arise from a variety of causes. I consider it most probable in this case to have arisen from the journey which she undertook. I should think it occurred on her journey to Cranbrook.

*Cross-examined.*—I did find fluid blood, and also coagulated blood. Having found fluid blood, I consider the rupture to have been a recent one. It is deemed by the profession, that a medical certificate ought to be acted upon.

*Charlotte Harnden.*—My sister died on Monday, the 17th inst. She told me before she was removed, the waters had come

away. I was not there when this happened. She was averse to go to Cranbrook. The waters came away on Friday evening. She was at home. Did not say she wished the doctor to be sent for. I did not propose it.

Mr. RYE, *Surg.*, proved his certificate.\* I saw her on the 6th and 11th of January. She complained to me that she had lingering pains every half hour. She had one while I was with her. I worded my certificate according to her own words, that she "expected hourly to be confined." I have been twenty-six years in practice, and my certificates have been numerous, and always respected by the magistrates, with this exception. I conceive that the rupture commenced on the journey down.

Mr. W. BELL, *surgeon*. Attended post-mortem examination. I believe, that in the closing period of gestation, there is a preternatural fullness of the vessels. I concur in the opinions of Messrs. Tribe and Rye, that the journey was the cause of the rupture of the vessel.

*Cross-examined.*—I think, in any case, such a rupture of the vessel may have occurred after delivery, but, viewing every symptom and circumstance connected with the situation of a patient at so advanced a period of gestation as the deceased, I infer that the rupture of the vessel was produced by what the deceased termed "that killing or jolting motion." There may be an effusion of serum.

CORONER.—See—ruin! How do you spell it? With an S or a C?

Mr. ROBERTSON.—S.

Witness.—Or there may be coagulated blood in the sinuses.

CORONER.—Pray, Sir, do not use learned words; use expressions which the jury can understand. Tell the gentlemen what "sinuses" are.

Witness.—I will. Gentlemen, there are compartments in the brain, which —

CORONER.—There, gentlemen of the jury, you hear "sinuses" are compartments. Now we all understand it.

Mr. ROBERTSON.—Stop, Mr. Bell. Now, Mr. Coroner, you and the jury know as much about sinuses as this poet does. [Witness here described the sinuses in a very satisfactory manner.]

*Cross examination continued.*—I saw coagulated, as well as fluid, blood, from which I concluded that the vessels had been slowly pouring out their contents for some time. I believe the patient might have felt quite comfortable, and that five minutes would have been quite sufficient time for the effu-

sion to have so far increased as to destroy life.

F. FURRELL *recalled*.—Husband of deceased applied for relief on 31st December. Stated that he belonged to Cranbrook parish. He did not say that his wife was "over her time;" did not say that she "did not know one hour from another." I believe the husband said that she was near her confinement. He did not say any thing more.

R. PRALL *recalled*.—Gilbert told the magistrates that his wife was near her confinement. He said nothing further.

[Here the proceedings of the second day closed, with an agreement amongst all parties that no more witnesses should be called. The inquest was then adjourned to Monday the 25th. At the meeting of the Court on this day, Mr. LEWIS declared that he did not consider that the ends of justice would be completed if all the medical gentlemen were not recalled.]

Mr. ROBERTSON offered his decided opposition to the adoption of such a course.

Mr. LEWIS never knew an instance in which the judge refused.

Mr. ROBERTSON protested that it was an infraction of the agreement entered into on Friday.

The CORONER decided that the witnesses might be recalled.

Mr. ROBERTSON here complained, that two of the select vestry were amongst the jury.

The CORONER said that the objection came too late:

Mr. BELL *recalled*.—I stated before in my evidence, that effusion to a certain extent was compatible with the existence of sensibility. Half an hour is not a long time for a person to remain sensible after an effusion of blood in the head. Large abscesses may exist for a long time in the brain without producing insensibility. The cavities of the brain were filled with blood, and serum that had separated from it. Judging from the previous symptoms and the extent of the effusion, I should think that the vessel had been pouring out its contents for a considerable time before death. I ought to remark, that frequently in cases of sudden death, there is no coagulation of the blood. There was considerable difficulty in ascertaining the size of the vessel.

*Cross-examined.*—Commencement of insensibility would in great measure depend on the size of the vessel and the quantity of blood effused. A person may take a journey unconscious of the rupture of such a vessel—serum forms slowly. The clot of blood may sometimes suspend the hæmorrhage. It again takes place—a clot again forms, which is again forced away by the pulsations of the heart, until the extent of the effusion becomes incompatible with the

\* "This is to certify that Caroline Gilbert expects hourly to be confined, which prevents her being removed to her parish for the present."

"Jan. 12th, 1851."

"AN. RYE, Surg."

existence of life. I before stated it as my belief, that the rupture of a blood-vessel was occasioned by the journey.

*By a Jurymen.*—What reasons have you for believing that the rupture took place during the journey?—I stated before that there was great fulness of the vessels at that period of gestation, and there is a close sympathy between the vessels of the brain and uterus, which would render it, in my opinion, very unsafe, that a journey should be undertaken at such a period.

Both Mr. Lewis and Mr. Robertson declined to call any more witnesses.

Mr. ROBERTSON now addressed the jury at considerable length. In the course of his remarks, he contended that it was contrary to law to remove a sick pauper; that medical certificates had been received, in that parish, as sufficient evidence of incapacity for removal, during twenty-six years; he dwelt with much emphasis on the circumstance of the mayor himself having been to see the pauper after the surgeon had signed the certificate declaratory of her illness. What question could be put to this unfortunate woman? for he was not a medical man, and, more disagreeable still, he was a magistrate. Was his visit delicate? Was it decent? Was it consistent with the respect due even to the lowest woman in her peculiar situation? Every man knew the repugnance which women near the period of their delivery had to the presence of strangers. The same feeling prevailed instinctively in the brute creation. They retired from the observation of their own species, and in solitude and sorrow brought forth their young. But why did the chief magistrate thus violate the respect due to one said to be "hourly expecting labour?" Because, said Mr. Prall, he suspected that the parish-surgeons frequently contracted to attend the sick poor at a low rate, trusting to make up the deficiency by "suspended orders." "I deny (said Mr. Robertson, emphatically), on the part of my profession, that this is the case; but if it were true, let the odium be fairly divided; let the overseers, who are bound to look after the poor, have their just share in this disgraceful conduct. Let them pay their medical attendants as gentlemen ought to be paid, and the system will be immediately destroyed. Mr. Rye's certificate was dated on the 12th instant. Did the magistrate visit her on that day? No. Not until the 15th did he exercise his judgment on the state of the pauper, and on the same day he ordered her instant removal." Need he ask if this delay did not greatly augment the danger and render her removal more improper? Reviewing the evidence, he asked the gentlemen what was the condition of this woman before she was removed? Mr. Rye swore

that when he last saw her she was in the pains of labour. The sister said the waters were broken. Was this woman, then, in a fit condition to be carried a journey of twenty two miles, over rough roads, and in an open cart? The actual condition of the deceased, and the state of her feelings on the journey, are to be gathered from the evidence of her husband, rather than from that of Baker, for the latter has a deep interest in the result of this inquiry. He styled it a "job." I proclaim it a transaction disgraceful to a Christian country.

Now, what was the cause of her death? Doubtless, the rupture of a blood-vessel, and all the medical witnesses concurred in the opinion that it took place during the journey, and not after the labour. The history, symptoms, and dissection, all formed a medical demonstration of the fact. Death could neither have been caused by congestion, nor by interrupted circulation. The appearances of death from apoplexy, and those from sudden rupture of a blood-vessel, were very different. The countenance of deceased was serene, as if the soul had left its tenement without a pang. There was none of the loathsome appearance of the apoplectic—no distorted features—no froth covering the lips. The brain and the membranes covering it were healthy. The consequences of the rupture of a blood-vessel were modified by circumstances. The position of the vessel—the spot where its contents were deposited—the quantity of blood effused, and finally the rapid or slow formation of the coagula, would all tend to have their effect in terminating existence, some of these causes acting much more rapidly than others.

He had thus laid before the jury, the condition of the pauper previous to her removal; the medical history of her case during her journey from Rochester to Cranbrook and back again; the appearances on dissection, and the medical opinions relative to the cause of her death. And he had now, in conclusion, to tell them what was his prayer. It was that they would say the deceased was *improperly removed*.

Before he sat down, he begged to assure them that he did not come there from any vindictive feelings against the chief magistrate—far from it—a more respectable or humane character he did not know; he was the last person from whom an unfeeling action might be expected; but notwithstanding that strong impression, this inquiry was imperatively called for, and he had yielded to the request of the husband to conduct it on his part, because he was poor and friendless, and was denied the helper whom he had originally selected. He had felt convinced that none but a medical gentleman could conduct it, and



the important facts elicited during the inquiry with regard to the medical evidence, were very convincing arguments that the Coroner himself should be a medical man. Mr. Robertson concluded by thanking the Coroner and Jury for the attention with which they had listened to his observations.

Mr. LEWIS addressed the jury on behalf of the parish officers. He strongly disavowed on the part of the chief magistrate that the case was selected as an isolated one, and said that the act of removal was entirely a discretionary one on the part of the magistrates. "It is a matter of discretion, precisely the same as other matters of discretion. There is no doubt that there is a variety of forms acted upon by the several benches of magistrates in these instances. Some are satisfied by evidence from the paupers; others by a medical certificate; others by the oath of the parish officers; others, again, by a personal view of the sick pauper, yet still these various modes and acts are all strictly legal, provided they have no improper motive."

Mr. Lewis displayed great ingenuity in his attempt to throw discredit upon the medical evidence, assuming as a fact that it was entirely conjecture, and concluded by calling on the jury to return a verdict of *natural death*.

The CORONER summed up, detailed the evidence very minutely, and also called for a verdict of *natural death*.

The Jury retired at midnight, and at two o'clock in the morning returned the following verdict:—"We are of opinion, that the deceased came by her death in consequence of a rupture of a blood-vessel in the head, produced by the fatigue of a long journey; and we cannot but deeply regret, that under the peculiar circumstances of the deceased, a medical certificate of her incapacity to be moved having been given, an order of suspension was not signed by the chief magistrates."

The Hall was as crowded at two o'clock after midnight as it was during the early part of the day.

Such are the principal facts which were proved upon oath in the progress of this interesting inquiry. The proceedings were conducted in an exceedingly irregular manner, and hence it was that the inquest did not terminate until after three days had been fully occupied in the examination of witnesses. This, however, must always be the case, so long as *non-medical* men are permitted by law to preside over institutions which involve medical inquiries. The at-

torneys in this case proved themselves to be singularly incompetent, not only from the ignorance they exhibited in matters purely medical, but also in their acquaintance with the law relating to medical testimony. This, we believe, is the first instance in which advantage has been taken of the precedent which was furnished to the profession by the appearance of a medical counsel at the inquest held on the body of Miss CASHIN. On that occasion a brow-beating, bull-headed, Old Bailey barrister, was twisted round the finger with all the ease and suppleness of a newly-grown reed. The attorneys can talk and prate confidently enough upon a medical or upon any other question, until they are opposed by persons acquainted with the subject under inquiry, and who are actuated by no other motive than that of the public good. An attorney is not equal to the task of conducting an adequate medical examination; hence, he not only fails to extract the truth from the witnesses, but he is incapable of exposing the ignorance of his attorney adversary, or of detecting a like deficiency in the attorney-coroner; the entire proceedings, therefore, under the direction and management of such men, is a mockery—is a delusion; or worse, it is positively injurious, by diverting the public mind from some investigation to satisfy the ends of justice, and afford security to the people. The coroner's court is a legitimate arena for medical candidates, and we hope that medical men will never again be found wanting, when their presence is required either by the dictates of humanity, or considerations connected with the respectability of their own profession. Attorney-coroners will shrink from presiding over inquiries where their ignorance is sure to be proved, and where they must become the *effete* objects of heroism before even ill-informed spectators. The day for attorney-coroners is gone by; the ground is open to the members of the medical profession, and if they do not step forward to occupy it, the blame

of the omission must ever remain with themselves.

The *verdict* which terminated this inquest will, we hope, act beneficially upon the minds of magistrates, parochial officers, and others; for the poor are often *carted* about the country over the roughest roads, and in the most severe weather, with as little care and consideration as dead cattle. If the cause of death could, in the instance before us, have been clearly traced to the circumstance of the journey from Rochester to Cranbrook, we hesitate not to say that the verdict ought to have been one of *manslaughter* against the Mayor, for not having suspended the order for removal. We say the journey from Rochester to Cranbrook, because the Mayor, legally, could not be responsible for any occurrence after the pauper had been properly and safely lodged in her own parish. The journey *back*—that is, from Cranbrook to Rochester, was the voluntary act of herself and her husband. She reached Cranbrook, be it remembered, at eight o'clock on the Saturday night, and she made her election to return to Rochester sixteen or eighteen hours after her arrival in her own parish. This, therefore, in any court, would be taken as legal evidence confirmatory of the fact, that during the journey to her parish under the authority of the magistrate's order, she had received no injury. The fact may be otherwise, but it does not admit of proof; and for ourselves, we must in candour state, that the course of induction, by which it is inferred that the injury to the head was sustained during the journey to Cranbrook, is both unsound and illogical. Nevertheless, the journey *home* was the act of herself and her husband, for the consequences of which, neither in law nor in justice, should the Mayor be made answerable. Women have an instinctive feeling which binds them to the spot where the pains of labour are upon them; and if she had felt such pains when at Cranbrook, we believe that no consideration would have

induced her to return to Rochester. If her head were injured at all during the journey, which we think is more than doubtful, it is probable that the damage occurred on the return home, while the poor creature was extended on the floor of the cart. But, as it is distinctly given in evidence by two witnesses, that the labour was in every respect natural, and that she was quite well, and comfortable within an hour of her death, it is manifest that her dissolution must be attributed to a cause entirely unconnected with the journey. This is our opinion, and to withhold it would be uncandid in the extreme. In stating thus much, let it not be supposed that we approve of the conduct of the Mayor, who, we think, acted officiously and unwisely, if not most unfeelingly. The neglect with which he treated the certificate of Mr. Rye was most unpardonable, and it might have cost him a verdict of *manslaughter*. He has received, however, a correction, which will sting him to the last hour of his life. The medical men have done themselves real honour by their conduct in this transaction; they have made the attorneys feel their importance, and have shown the public how to appreciate their knowledge and utility. The exertions of Mr. Robertson in particular cannot be too highly commended.

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We refrain from entering into the question connected with the expulsion (for it is nothing less) of the surgeons of his Majesty's navy from the levee-chamber of the "Sailor King," because we hear that the subject is to receive the consideration of the Lords of the Admiralty. Sir James GRAHAM, who holds the rank of First Lord, is a man of spirit and mettle; further, he is a scholar and a frank-hearted gentleman, and we believe that he will not lend himself to any act which can have the effect of offering the surgeons of the British navy a deliberate, cold-blooded, insult. If the

prohibition be not quickly rescinded, there ought to be an aggregate meeting of the Profession to take the matter into consideration, and to agree to a petition for presentation to his Majesty upon the subject.

DR. SIGMOND.

*To the Editor of THE LANCET.*

SIR,—I beg you will do me the justice to state, that I most distinctly disavow all connexion with the house to which your correspondent "Chirurgus" alludes, and that if my name has been employed in the way he states, it is a most shameful and unjustifiable breach of truth. In the year 1829, when Dr. Milligan quitted England, I undertook his practice; a pupil of his, Mr. Wray, called on me, and requested me to visit for that gentleman, an establishment he (Mr. Wray) had formed, similar to the *Maisons de Santé* of Paris; I saw for him four or five patients, and paid about five visits, since which period I have never been near the place, nor did I at any time receive either directly or indirectly, the slightest remuneration.

I have the honour to be, Sir,

Your obedient servant,

GEORGE G. SIGMOND.

Jan. 30th, 1831.

We feel much satisfaction in giving a place to this letter, because it is evident that a most unwarrantable use has been made of Dr. SIGMOND's name. A printed card, however, upon which that name has appeared, is in our possession, and it can be forwarded to Dr. SIGMOND, in order to satisfy his mind that we did not publish the former communication on the subject without just grounds.

It will be seen that Mr. JEWELL has also addressed us on the same subject, but not with the same effect as Dr. SIGMOND. We apprehend that Mr. JEWELL's communication will not prove very agreeable to the admirers of professional etiquette.

MR. JEWELL.

*To the Editor of THE LANCET.*

SIR,—I can have no possible objection to state, in reply to your very courteous corre-

spondent "Chirurgus," that I have, until lately, attended the institution in Holborn Hill, and to which several of the most eminent men in the profession have been also attached. I believe the plan of the institution to be precisely that adopted by the *Maison de Santé* in France, and the *Asylum* for the Recovery of Health in this country, except its being on a more confined scale. I beg to deny, in the most positive terms, having been remunerated in any way but by such fees as are usually given to medical men. I have the honour to remain, Sir,

Your obedient servant,

GEORGE JEWELL.

Sackville Street, Feb. 1.

## LONDON MEDICAL SOCIETY.

*Monday, January 31, 1831.*

Mr. CALLAWAY in the Chair.

### **PATHOLOGY OF HOOPING-COUGH.**

Dr. BURNE brought forward the subject of the pathology of hooping-cough. Many reasons, he said, had concurred in concealing the morbid changes connected with this disease from the notice of the profession. Children seldom die absolutely of pertussis; in most cases, therefore, the appearances are not single, but are complicated with other pathological phenomena, disease of more than one tissue being present. Occasionally also the true pathological signs of pertussis are not so prominent in their character. His first post-mortem investigation of a case of pertussis took place in 1824, and he then noticed appearances which struck him as peculiar to that disease, namely, hepatization of the lobules of part of the lung, generally of its external border, frequently of the middle lobe of the right lung, and in that part of the left lung where the lobes face each other, especially in the fissures. Why changes should occur in these particular spots it was difficult to decide, but a peculiar locality of morbid changes is not infrequent in diseases of the lungs, in phthisis for example, in which, as it is well known, the superior lobes are most usually affected. One peculiarity which he believed to exist in the hepatization of hooping-cough, is, that instead of the increase or fullness in the volume of the lung which occurred in the ordinary of pneumonic hepatization, there is in pertussis a contraction or diminution in the affected parts. The degree of hepatization was small and circumscribed, confined to the lobules alone, the septa shrinking in, as it were, and leaving superficial furtrows on the external surface. It appeared as if it arose from sub-

acute inflammation, and consequent deposition of organisable matter in a part of the lung to which air was not previously admitted.

Dr. Burne exhibited a specimen, which he considered a very good one, of the changes in question. The morbid parts were taken from a child who had been but a week ill, and in which a violent attack of bronchitis had supervened on the original disease. Dr. Burne then entered at some length into a discussion on the question whether the deposition in the hepatized lung took place in the minute lobules or in their interstitial cellular tissue, and he concluded from various reasons that it occurred in the latter. He explained also the respiratory process in whooping-cough, and expressed his belief that the circumscribed nature of the hepatization which he considered peculiar to this disease, was occasioned by the extreme exhaustion of the lungs from the protracted and convulsive expirations. In reference to the respiration and coughing, he expressed his belief that the extent of the expirations afforded a good criterion of the danger of the disease, and that the popular belief was entirely correct, that as long as the child could "cough out" effectively, there was little or no danger to be apprehended. Dr. Burne said he had made nine or ten dissections of this kind, and in all the same pathological appearances occurred. His colleague, Dr. Alderson, had already published accounts of some of these cases in the *Medico-Chirurgical Transactions*. Dr. Burne concluded by inflating the preparation and sending it round for examination.

Dr. Stewart inquired if Dr. Burne had attended to the condition of the brain and nervous system, in his investigation of these cases.

Dr. Burne replied, that it appeared to him that the phenomena which in fatal cases of pertussis are occasionally noticed in the head, arise entirely from difficult transmission of blood through the lungs, and that they were seldom or never noticed except in the instances in which bronchitis had supervened. In the present case, the brain was rather hard; in the lateral ventricles there was about half an ounce of serous extravasation; the centrum ovale had besides an unusual marbled appearance. In fine, he believed that permanent congestion of the brain only took place in cases complicated with bronchitis. It might exist in a transitory degree in simple instances, it was true, but on the whole he considered the brain as secondarily engaged.

Dr. Stewart said, that from the convulsions which so commonly occurred in whooping cough, and from its suspected contagious nature, he was inclined to attribute it to an affection of the nervous system.

Dr. Whiting, in consequence of the epithet "suspected," which fell from the preceding speaker, expressed his decided conviction, that no disease was more certainly contagious than whooping cough, and in proof of this belief he adduced some very convincing cases. In reference to the views laid before the Society on this occasion, he was obliged to say that he did not consider them at all satisfactory; he thought they did not distinguish between the cause and the effects of the disease, and he was still inclined to consider the subject obscure. He believed the origin of the disease to be, an impression on the nervous system, which induced a specific irritation in the lungs; that the occurrence was analogous to the contagious origin of the inflammation of the salivary glands or the "mumps." It was not common irritation, or inflammation, but *specific*, by which term he of course only meant to designate a thing, the nature of which was not understood. The evidence of the peculiarity of the impression was to be found in the unusual action of the respiratory muscles. Moreover, that the disease was not attributable to hepatization, as Dr. Burne believed, was, he thought, further proved by the very mild course which some cases ran, and the rapid, sudden convalescence which was so frequently observed, and which, he believed, would be incompatible with such serious organic derangement.

An explanatory conversation then ensued, but it possessed no additional interest. One gentleman, whose name we could not learn, stated that he had witnessed several dissections in fatal cases of pertussis, and in all had remarked the appearances described by Dr. Burne. The discussion was then adjourned till the next meeting, when the treatment of the disease will be brought under consideration.

## WESTMINSTER MEDICAL SOCIETY.

Saturday, January 22, 1831.

Mr. CHINNOCK in the Chair.

### ON THE EMPLOYMENT OF SECALE CORNUTUM IN VARIOUS HÆMORRHIAGES.

Dr. NEGRI read a lengthened and interesting notice of the papers published by Dr. Spairani, in the *Annali Universali*, on the efficacy of the secale cornutum in arresting various hæmorrhages, as well from the lungs, nostrils, and urinary organs, as from the uterine apparatus, on which its peculiar action has been hitherto most frequently observed. Dr. Negri detailed eight cases of menorrhagia, in which the remedy had been successfully employed. We select two

short cases, which at the same time exemplify the efficiency of the remedy, and show one of the usual causes of the distrust of its powers which some practitioners still persevere in maintaining:—

“E. M., æt. 36, had been delivered in the 8th month of pregnancy of her sixth child; the lochial discharge stopped a month afterwards; the catamenia appeared again for four days; after two months it again stopped, which gave reason to suppose she might be pregnant again. However, at the end of Feb., 1828, after suffering pain at the abdomen and surrounding parts, a bloody discharge began, which at last was very profuse, and mixed with clots of blood. Bloodletting, at first, and other means were employed, but with little, and that not permanent, relief. She went on in this precarious state till March the 30th; when the blood beginning to flow as profusely as before, Dr. Spairani was called for, who, in examining her *per vaginam*, found the *os uteri* half open, swelled, and in a venous state. He ordered one drachm of ergot of rye, divided into six powders, two of which were taken the same day, the 30th. The bloody discharge and the pain speedily diminished under the use of this remedy, and she was permanently cured by the 3d of April.”

“N. F., after a long and painful labour, was delivered of her sixth child. Eight days afterwards she was taken ill with pain in the abdomen and loins, and a profuse menorrhagia took place, which more or less continued for two days, when Dr. Spairani was called in. He ordered the usual dose of *secale cornutum*, but no effect took place; another dose was directed, but without any relief; a third dose was ordered to be bought at another chemist's. The first powders of the new parcel speedily diminished the hæmorrhage, and it was completely stopped before the whole quantity was consumed; the remedy was as usual continued for some time afterwards to secure the good effect of it.”

Four cases of uterine congestion follow, in which the same plan of treatment was followed, and with the same results. By uterine congestion, Dr. Spairani means that state of local irritation of the vascular system of the womb, which is not, properly speaking, a state of inflammation, but which may be considered as the first step towards it. Instances of this kind are to be met with in cases of irregular menstruation, which are very often accompanied by great pain in the hypogastric region and loins, with other symptoms of greater or less general disturbance.

Two cases of epistaxis are related in Dr. Spairani's paper; Dr. Negri considered them very interesting, as being quite novel

in regard to the employment of this remedy. An epistaxis took place from the left nostril in a child five years old. Cold applications to the head quickly reduced the loss of blood, but it did not prevent the irregular recurrence of the hæmorrhage for several days. Eight powders, of four grains each, of the *secale cornutum*, mixed with a little sugar, were ordered to be taken every two hours. The hæmorrhage stopped in a few hours, and did not appear again. Another packet was ordered to be given at longer intervals, which insured the cure of the disease. The second case was that of a girl 15 years of age, not yet menstruating, who was kept in bed with gastric fever. Towards the 15th of August, 1829, epistaxis took place from the left nostril, which she had previously been subjected to. Her head being relieved by the loss of blood, nothing was at first done to check it. Relaxing however for too long a time, means were applied which had been found beneficial in other instances. In spite of them, however, the hæmorrhage continued till the morning of the 16th. Dr. Spairani was called in about seven o'clock A.M.; he ordered 24 grains of *secale cornutum*, divided into six parts, one powder to be given every ten minutes. As the nostril contained clots of blood, and cold lotions were still applied to the forehead, he suspended the latter, and the nostril was well cleaned before the remedy was exhibited; but a clot of blood came away, and the hæmorrhage went on with greater violence. Almost all the first dose was consumed in half an hour, and the hæmorrhage did not stop. Another dose was ordered, and the epistaxis was checked after the seventh powder was taken, viz. the first of the second dose. The remedy was continued through all the day, and no more blood flowed. On the next morning, however, Aug. 17th, and on subsequent days, a few drops of blood appeared again almost at the same hour, which was constantly stopped by the administration of some portions of the remedy. The fever went on through its regular course, and in March, 1830, the girl was enjoying perfect health.

“CASE.—A girl of twelve years of age was subject to an obstinate habitual catarrh. On the morning of the 26th of January, 1829, she had an attack of cough followed by hæmoptysis, which afterwards continued, mixed with mucus. Half a drachm of the ergot of rye in eight parts, taken in the first 24 hours, reduced very much the quantity of blood, which then only slightly tinged the expectoration. The remedy was augmented to two scruples and a half in the twenty-four hours. On the fourth day no more blood was to be seen in the spitte, and, what was surprising, the mucous expectoration at first diminished on

the subsequent days, and ceased at last, so as to leave the patient quite cured on the eighth day, having from the fourth gradually diminished the quantity of the remedy.

Two cases of hæmaturia cured by the same remedy are the last which are recorded in the *Annal. Universali*. Dr. Negri considered them of deep surgical interest.

1st. A gentleman of 70 years old had an attack of ischuria which required the use of the catheter. This operation had at first no bad consequences; but after having been employed for many times, it was followed by hæmaturia, which at last becoming rather alarming, Dr. Spairani thought proper to have recourse to the *secale cornutum*. This experiment succeeded so well as to permit afterwards the use of the catheter without any loss of blood at the time of the operation or afterwards.

The second is a gentleman who was labouring for many years under chronic disease of the bladder. The great discharge of mucus which passed with the urine was at last mixed with blood. Many remedies were employed to arrest the hæmorrhage, but without success. Although it was rather difficult to believe it possible to stop a hæmorrhage which was the consequence of an organic lesion of the mucous membrane of the bladder, yet it was thought proper to try the *secale cornutum*, were it only for the purpose of satisfying the mind of the distressed patient after having failed in other attempts. To the astonishment of the other medical gentlemen who attended the patient, the hæmorrhage ceased a few hours after the new remedy was employed. This, however, could not save the life of the sufferer.

Dr. Negri also noticed, briefly, the historical details connected with the use of the *secale cornutum*, he also noticed the principal writers who have testified to its therapeutic value.

The *secale cornutum*, which by chance was originally known for its pernicious qualities when taken mixed with food, and as having produced abortion in pregnant women who ate bread which contained it in small quantity, was at first used empirically by the common people to promote labour-pains, and to diminish the immoderate lochial discharge, and sometimes *criminally* to produce abortion. It was afterwards taken into consideration by obstetrical practitioners, and its *elective* action upon the *uterus* being ascertained, it has been successfully employed by them to excite the too languid contractions of this organ.

Professor Bigeschi in 1823, in Italy, and Dr. Guillemont in France, in 1829, employed this drug as the most convenient remedy for uterine hæmorrhages occurring from want of contractility after delivery. In

1822, Dr. Aslee of Philadelphia, and Dr. Balardini in 1826, used it to arrest hæmorrhage occasioned by deficient uterine contractions. Dr. Shallcross recommended it in menorrhagia occasioned by partial detachment of the placenta. Professor Dewees in 1826, expressed his belief that it would have an influence over hæmorrhages in general; and Dr. Marshall Hall at last mentions in the London Medical and Physical Journal May, 1829, a case of *menorrhagia* cured by this remedy after three months' trial: he recommends it also in leucorrhœa.

Four other cases, two of menorrhagia and two of hæmoptysis, were afterwards published in the subsequent number for May and June of the same year, by Dr. Pigualla; and another case of menorrhagia subsequent to parturition, cured by the *secale cornutum*, which was given in the dose of ten grains every two hours, for three times, by Dr. P. L. Manrage, was extracted from the *Archives Gén. de Méd. Avril* 1830, and inserted in the number of *Omodei's Annales* for March, 1830.

In respect to the mode of employing this remedy, Dr. Spairani makes, at last, the following general remarks:

To obtain good and speedy effect from it, it is necessary to get the remedy of the best quality, or it will fail, as in the case of menorrhagia. The dose of it must be generous, and often and regularly repeated, from *xxiv* grs. to *lxxij*, distributed through the 24 hours. If the hæmorrhage be violent, it must be given every ten minutes in retracted quantities; if not, every two hours, or longer, will be enough.

Dr. O'SHAUGHNESSY related a case of uterine hæmorrhage consecutive on premature parturition, which had recently fallen under his observation, in which he used the *secale cornutum* with considerable success.

Dr. Blicke denied that the ergot possessed any anti-hæmorrhagic property; he had used it in the most abundant doses, and had procured it from the most respectable sources, but never could find it to produce any effect; he considered cold the most efficacious mode of arresting uterine hæmorrhage.

Dr. BARRY said, that in Rust's Magazine there was an account of experiments instituted on men, for the express purpose of deciding whether the ergot possessed any and what physiological action. After a few drachms had been consumed, vehement tormina and flatulent discharges invariably succeeded, and the ergot was obliged to be discontinued. This he considered sufficient proof that it did possess some action, and he moreover thought that numerous proofs had been afforded, by experience, of its control over the uterine functions. Perhaps its arresting hæmorrhage might receive a mechanical explana-

tion from the distension of the adjacent hollow viscera, by the copious production of flatus, which, in the German experiments, had been seen to be a constant effect of the use of the ergot. He further alluded to the diseases it was known to produce, viz., the dry gangrene of the feet, and concluded by expressing his conviction of the great anti-hæmorrhagic virtues of the remedy.

Mr. GILBERT BURNET alluded to the epidemic injury produced by the eaters of the ergot in bread, one of the effects of which was the induction of premature labour. He did not agree with Dr. Harry's flatulent theory; for example, he could not see how it could explain the cure of hæmorrhage from the nose.

Dr. O'SHAUGHNESSY stated, that a specimen of suspected ergot of rye had some months since been given to him for analysis, and he found it to be composed of the sulphate of lime, which had been cast in a mould and coloured, so as to imitate very closely the natural ergot. This circumstance, he believed, would account for many of its supposed failures. He believed all controversy might be readily terminated by experiments instituted on pregnant animals of the lower grades. Mr. Evans, of Beak Street, a gentleman in extensive obstetric practice, had recently informed him, that he had lately used the ergot of rye in several cases of amenorrhœa and menorrhagia, and with the best success.

Mr. KING conceived, that concerning the action of the ergot nothing had yet been determined, and it should therefore be used with the utmost caution. He wished the experiments alluded to by the last speaker to be performed, but in this country there was no encouragement for any scientific man to devote his time or trouble to these investigations. He thought it not improbable that the ergot might act as an irritant on the mucous membranes to which it was applied, and that by the contraction thus set up, hæmorrhage from the uterus might be arrested.

On the 29th, Mr. QUAIN brought forward some valuable observations on the diagnosis of cerebral affections. The discussion on this subject was adjourned to the 6th of February. We shall notice Mr. Quain's paper in our next.

## ST. GEORGE'S HOSPITAL.

### COMPOUND FRACTURE OF THE LEG.

EDWARD EVANS, ætat. 52, admitted December 30th, 1831. In passing along the street he slipped and fell. The tibia and fibula were fractured; there was some ex-

travasation of blood, and the fracture was comminuted. He is a collector for a brewery, has lived freely, and is of an irritable habit. The leg was placed in a junk; lotion ordered to be kept constantly applied, and to have an anodyne draught.

31. Has passed a restless night; is fidgety and talkative; incoherent on some points; skin cool; pulse irregular, slow, and full; tongue moist; has vomited three or four times. Ordered beef-tea; gin; and the following draught to be taken at bedtime. *Compound spirits of juniper, one drachm and a half; sedative liquor of opium, 25 minims; camphor mixture, 11 drachms.*

Jan. 1, 1831. Has passed another bad night; no sleep; his countenance still expresses anxiety, is very talkative, his mind continually wandering; pulse soft and full, 84; tongue dry, and very slightly furred; vomited several times in the course of the day. *Gin to be continued; the anodyne draught to be repeated at bed-time.*

Jan. 2. Still greatly excited; delirium came on suddenly in the night, and in so violent a manner as to require several men to hold him, while a strait-waistcoat was placed on him. He had during the night a draught as follows:—*Sedative liquor of opium one drachm; wine of tartarized antimony, half a drachm; camphor mixture, eleven drachms;* after which he rested better than in the fore part of the night; this morning he does not complain of pain, except in the leg, which was produced there by his disturbing the junk during the fit of delirium; pulse quicker, 96; tongue more furred; the pupils of the eyes contracted. Ordered—*R. Carbonate of ammonia, six grains; sedative liquor of opium, ten minims; camphor mixture, one ounce and a half. Mix. Let this draught be repeated every four hours.* The gin to be continued, and to have some fish for dinner. The anodyne draught to be repeated at bed-time.

3. Has passed a better night. No return of the delirium; pulse slower, full, and soft. Bowels not open since his admission. Ordered—*Compound extract of colocynth, eight grains; Castile soap, three grains; blue pill, three grains. Mix; make two pills to be taken immediately. An anodyne draught at the hour of sleep. Gin to be increased.*

4. Has passed a bad night, is excited; has disturbed the junk during the night; his mind is wandering on his family concerns; his bowels have been opened; feces dark-coloured and offensive; tongue dry and furred; pulse not increased. *Sedative liquor of opium, half a drachm; sulphuric ether, wine of tartarized antimony, of each fifteen minims; camphor mixture, eleven drachms. Mix; to be taken directly; the anodyne draught to be repeated at bed-time.*

5. Is better, has slept well; complains of thirst, and has vomited dark matter several times; tongue furred, but moist; pulse increased; perspires; bowels confined. Ordered, *calcined magnesiu, rhubarb, of each five grains; carbonate of soda, twenty grains; simple syrup, one drachm; water, one ounce. Let it be taken with half an ounce of lemon juice after the vomiting, and repeat it if requisite.*

7. The vomiting has been checked for a short time by the effervescing draught, but it has returned; he keeps nothing on his stomach; he seems however much easier. Obscure tenderness of the abdomen. *Let a common enema be administered daily. R. Best mosch, five grains; opium, one grain. Mix; form a pill to be taken at bed-time. To have some port-wine every day.*

12. There has been no variation in the symptoms for the last five days; the vomiting still continues, and purging occasionally; what passes is very dark-coloured and offensive; the tenderness of the abdomen is rather increased; has an exacerbation towards night; no delirium; he has been ordered burnt brandy for the sickness of his stomach. *Mercury, with chalk, three grains; extract of hyoscyamus, James's powder, of each three grains. To be taken at bed-time every night. A blister to be applied over the epigastrium. To have a starch enema with one drachm of laudanum.*

13. There has been no vesication produced by the blister; cannot pass his water; vomiting continues; purging has ceased. *The catheter to be used. Eight leeches to the epigastric region.*

14. The symptoms do not vary; pulse full, and measures 90; very little urine has passed; slight purging; vomiting continues. *Mercury, with chalk, extract of henbane, of each six grains, to be taken at bed-time. To be cupped on the right side to the extent of six ounces. A blister to be applied afterwards. The effervescing draught as before, to be taken every six hours.*

15. The vomiting is violent; rejects every-thing he takes. Pulse irregular, quick, and febrile; countenance anxious; tongue very much furred; mind continues incoherent relative to his business and family concerns; is ordered arrow-root and beef-tea; no urine passes. *Brandy to be given as usual. The anodyne draught to be repeated at bed-time.*

16. Died.

#### *Post-Mortem Examination.*

*Brain* unusually healthy.

*Thorax.*—The lungs were also in a very healthy state. The heart was loaded with fat.

*Abdomen.*—Liver healthy. No traces of inflammation in the stomach or kidneys. The small intestines were, for the most part, in a high state of inflammation. Their mucous coat was loaded with vessels gorged with dark blood; they were also very much ulcerated. The bladder was contracted to a very small compass.

#### REMUNERATION FOR PROFESSIONAL ATTENDANCE ON PAUPERS.

*To the Editor of THE LANCET.*

SIR,—Having been for many years a reader of your valuable book *THE LANCET*, and an admirer of the spirit of rectitude which generally pervades it, I feel greatly desirous to trespass upon you for an insertion, to obtain, if possible, correct information on a subject which involves in it the interests of a large class of country practitioners, who, with myself, I can answer for it, would feel highly gratified by its perusal. The subject is the *difficulty* with which medical men obtain remuneration for paupers out of the parish in which they reside, in extreme cases, before an order can possibly be received from the overseer. It is exceedingly lamentable that a pauper should die from want of medical attention, and very hard that humanity on the part of medical men should not be rewarded, and particularly if they advise the parish of the circumstance as early as possible. The following recent occurrence, in my own experience, will illustrate what I mean. I was called suddenly to a case of peritoneal inflammation, in a pauper whose parish was seven miles off; it being a second attack, I supposed she would not recover. The next day I wrote to the parish per post acquainting them with the extremity of the case, the impossibility of the pauper paying for attendance *this time* (she having, with great difficulty, discharged her former bill), and soliciting their immediate order for attendance, informing them, at the same time, *“that I should continue my attendance, and do what was proper, until I heard from them.”* These gentlemen took no notice of my letter, and I took it for granted that I was in the path of duty in attending until the patient was out of danger, after which I sent my bill per post, which these worthy gentlemen refused to pay, alleging, as an excuse, that I had no order from them. Now, I should be exceedingly glad to know, whether the above parish is not liable from the date of my letter. I remember a similar case being tried a few years ago, I think before the excellent Lord Tenterden, and it



was decided in favour of the *medical man*. I am sorry it was not *then* generally published.

I am, Sir, your obedient servant,

JOHN HOARE, M.R.C.S., &c.

Warminster, Jan. 21, 1831.

#### SPONTANEOUS COMBUSTION OF FINELY-DIVIDED CHARCOAL.

#### CAUTION TO GUNPOWDER MANUFACTURERS.

In the last number of the *Annales de Chimie*, &c. which has arrived in this country, we find a paper on this singular subject by M. Aubert, colonel of artillery. He details the several circumstances of the spontaneous combustion of charcoal, which took place in the powder mills at Metz, in 1828; and he also gives an account of the experiments instituted in order to investigate the nature of the occurrence. The following are the results of the inquiry:—

Charcoal in the state of minute division, to which it is reduced by trituration on a large scale, assumes the appearance of a thick unctuous liquid, and in this condition it occupies considerably less space than it does in the undivided state; it also absorbs air with much greater rapidity. This absorption is accompanied by an intense disengagement of heat, which must be regarded as the true cause of the spontaneous combustion. The combustion often takes place within twenty-four hours after the trituration, and commences towards the centre of the mass of charcoal. The variations of the thermometer, barometer, or hygrometer, have no apparent influence over the occurrence. The charcoal most readily affected in this manner is prepared by distillation, and in order that the spontaneous inflammation should happen, it is necessary that there should be at least 30 lbs. weight of charcoal together. The combustion usually occurs the more certainly in proportion to the shortness of the time between the carbonization of the wood and trituration of the charcoal. Free access of air is essentially necessary. During the trituration, the air in the apparatus undergoes no change, neither is air decomposed till the combustion commences. Sulphur and saltpetre added to the charcoal, prevent the spontaneous combustion, though the temperature of the charcoal, nevertheless, experiences a marked elevation; but though this increase is not very great, M. Aubert considers it dangerous to leave these mixtures exposed to the air in large masses after trituration.

**CAUTION.**—Medical men are cautioned to be on their guard against an impostor who is in the habit of calling at private houses, when he is certain that the master is out, and inquiring if Mr. — is at home. On being answered in the negative, he requests to be furnished with pen, ink, and paper, to write to the gentleman whom he pretends to be most anxious to see, but fears he shall not be able to call again. He is, therefore, shown into an apartment for the purpose of writing, and watches for an opportunity to pocket whatever appears to him worthy of that distinction. Having written a few lines describing himself to be a medical man in embarrassed circumstances, and requesting some pecuniary assistance, he leaves the house. This man having watched Mr. Dixon, surgeon, of New-man Street, out of his house on Monday last, took advantage of his absence, and gained admittance under the pretence above mentioned. The servant very foolishly showed him into the drawing-room for a few minutes, during which time he contrived to pocket, unperceived by her, a medallion that had been presented to Mr. Dixon some years ago by the Duke of Sussex, as president of the Humane Society, for having restored a youth who had been in a state of suspended animation from drowning.

**SURREY DISPENSARY, Feb. 1, 1831.** *To the Editor of THE LANCET.* Sir,—I beg to correct the misstatement made in the last number of your Journal respecting the Surrey Dispensary. The promises in the prospectus made to the pupils have been fully performed, as will be testified by those gentlemen who have availed themselves of all the opportunities this institution affords for information.

The examinations have been conducted with only one exception (and that was on Christmas day) on Saturday evenings at half-past six o'clock; and clinical lectures on the cases present have been given regularly on Wednesdays and Saturdays between the hours of eleven and one. Will you have the goodness to insert this in your next number, as the misstatement requires immediate correction. I have the honour to be, Sir, your obedient humble servant, JOHN STADDON, *apothecary to the Dispensary.*

#### TO OUR READERS.

The present Number contains an extra half sheet, paged from 589 to 596, which half sheet we shall be obliged if our readers will substitute for the leaves containing corresponding pages in our last week's Number. The lecture contained in that Number was, by a singular mistake, put into the printer's hands before the short-hand writer's notes had undergone the customary corrections, and the error by another rare mistake passed through the press unamended. We accordingly now present our readers with a perfect copy of the lecture in such a form as will permit of their cancelling the old leaves, and inserting the new ones in place of them.

#### CORRESPONDENTS.

*To the Editor.*—There are several men practising in this neighbourhood (Evesham) who have recently inoculated scores for the small-pox; if you wish I will send their names, and get all properly authenticated: can they be punished?

CHIRURGUS.

There is no law to prevent the practice of inoculating for small-pox, but it is a most disgraceful and dangerous practice, and the promoters of it cannot be too severely reprobated. The publication of their names, however, would be useless, as they must already be insensible to every feeling of shame.—*Ed. L.*

A Pupil of St. Thomas's must send us his name and address in confidence.

The letter of Mr. Johnson next week.



# THE LANCET.

VOL. I.]

LONDON, SATURDAY, FEBRUARY 12.

[1830-31.]

*A Treatise on Fever.* By SOUTHWOOD SMITH, M.D.

*Clinical Illustrations of Fever.* By ALEXANDER TWEEDIE, M.D.

*Memoirs sur le Traitement des Fievres Graves, &c.* Par M. DANCE.

(Continued from page 589.)

IN our previous notice of Dr. Smith's Treatise, we laid before our readers a faithful abstract of his theoretical speculations on the nature of fever, and its close connexion with inflammation. We also endeavoured to show, that the course of reasoning adopted by Dr. Smith was by no means so unimpeachable as the profession had been, by certain medical and non-medical commentators, taught to believe. We shall select for our present consideration the chapter of this treatise which relates to the *treatment* of fever. It is a peculiarity in the entire work, that each chapter forms, as it were, a separate and individual memoir, which may be perused without disadvantage apart from the rest of the publication. The first sentence in the chapter on the treatment of fever is deserving of much attention, as by it we shall have to measure, subsequently, some practical points of signal importance. We shall offer no observation, however, on the assertion it contains, until we have completed the analysis of the rest of the chapter.

"We have seen that the first indication of disease in fever is traceable to the nervous system; that the nature of this primary affection of the nervous system is unknown; that it may possibly be the commencement of inflammation, modified by the nature of the nervous substance, in which the inflammatory action has its seat, and by the nature of the cause that excites it, namely, a peculiar poison; or, on the other hand, it may possibly be something distinct from inflam-

mation, but having a peculiar tendency to excite it. In either case, the inflammation that is present in fever is peculiar and specific, differing essentially from ordinary or simple inflammation."

A little further on it is stated, "that febrile and ordinary inflammation are not identical, and that the difference is such as to require a very considerable modification in the treatment appropriate to each." We are next told, that the only morbid condition in fever of which we have any *knowledge*, is inflammation; and in the same sentence the author states, unequivocally, that "inflammation is the only condition of fever over which the medical art possesses any control." Though inflammation does not take the lead in the author's chain of morbid action, yet he considers it the first which admits of treatment, and he says, that the remedies proper for it "do not differ from those which are adapted for ordinary inflammation, but they differ materially in the mode in which they ought to be applied and the extent to which they ought to be carried."

The next observation of importance, consists in the author's assertion, that fevers cannot be arrested in their commencement, or "cut short," as it is quaintly termed. On this point Dr. Smith declaims, for in truth he does not argue, at considerable length; he contends for the impossibility of the occurrence, and also mentions the imminent danger of even making the attempt. Fever, he asserts, may be moderated, "but cannot be instantaneously cured."

We then arrive at the author's remedial measures, and commencing with the mildest fever "of this country," he says it requires little or no treatment; but that whenever the fever passes beyond this, it becomes a serious disease, and either proceeds to, or has arrived at, a *peculiar inflammation*. The

author's own words are here important to the development of his particular ideas.

"If excitement be set up in an organ which has as ~~invariable~~ a tendency to terminate in inflammation as a stone to fall to the ground, what is the proper remedy to prevent the transition of excitement into inflammation? Bleeding. Before we can say that inflammation is established we may foresee that it will come; if the preceding excitement be not stopped, we know that it will as surely come as that blood will flow from a wounded blood-vessel. Because we cannot tell the precise moment when increased vascular action passes into actual inflammation, are we quietly to look on and do nothing until we have made that discovery? We know that inflammation is at hand; we know what will prevent it, or, at any rate, what has a powerful tendency to prevent it: shall we not bring into immediate and vigorous use our means of prevention, or shall we wait until the inflammatory action shall have given unequivocal and alarming indications of its presence and operations before we interfere? To trifle in such a manner, to lose these precious moments when we have such a fearful, such an active, and, if once it be allowed to become active, such a masterless enemy to contend with as fever, is as great a folly as it would be when a building is on fire to stand idle by as long as the fire is smouldering, and to take no measure to extinguish it until it has burst into flame, nay, not until the flame has spread from the floor to the ceiling, and from the ceiling to the roof. - - - The physician, in the first stage of fever, armed with his lancet, is to his patient what the fireman with his engine, before the flames have had time to kindle, is to a building that has taken fire. At this early stage, the former can check inflammation with almost as much ease and certainty as the latter can prevent the flames from bursting out."

So much for the prevention of inflammation; with respect to the cure of *febrile* inflammation, he speaks in the following impressive terms:—

"When inflammation has actually come on, there is then not a moment to be lost; that inflammation must be stopped; the accomplishment of this object is the great end which the practitioner should aim at in every thing he attempts; until he has done this he has done nothing; until he has done this he ought to give neither sleep to his eyes nor slumber to his eyelids; until he has done this, he ought to feel that there should be no rest for himself, because there is no safety for his patient. Until the inflammation is subdued blood must be taken; be the quantity it may be necessary to ab-

stract, in order to accomplish this object, what it may; be the bleedings it may be requisite to repeat what they may; the vein must be allowed to flow, and it must be opened again and again until this object is secured."

In a subsequent page Dr. Smith declares that he does not wish to countenance *large* bleedings in fever, as febrile inflammation can be subdued with less loss of blood than the common. We must, however, look to the quantity which he considers, on the average, to be correct, and accordingly we find the following estimate at p. 386:—

"If, after the abstraction of sixteen ounces of blood at the commencement of the attack, the vascular excitement be not completely subdued, in the course of three or four hours the same quantity must be again taken; and if, the next morning, that excitement continue, it will probably have already passed into inflammation; and, therefore, the vein must be once more opened, and the blood allowed to flow until the pain, wherever seated, be entirely removed."

After a "due impression" has thus been made, purgatives are to be given, to the extent of producing three or four stools a day; cold sponging, if the skin be hot, perfect quiet, &c. Such is the method of treatment which Dr. Smith considers appropriate to the common fever of London. The employment of wine next attracts the author's attention, and he admits its occasional efficacy in conditions when the powers of life have been exhausted by inflammatory excitement. In doubtful cases, he judiciously states that the experiment may be made of a few ounces, the effects of which may be ascertained before any more is allowed. The severest forms of fever are to be treated after the same manner, "the most powerful remedies are to be employed immediately,"—"the delay of an hour is pregnant with danger,"—"exceedingly few of these cases would be lost were these remedies employed with *due vigour* at the commencement of the attack." Proceeding a little further, we find that Dr. Smith considers some modification of this method essential in cases where the affection of the head, the thorax, or abdomen, becomes eminently prominent. "When the attack commences with severe cerebral pain, the bleeding must be proportionably large and early, as it is copious." A case is quoted in illustration of this opinion, in which the quantity of

blood taken by cupping and venesection, at the onset of the disease, was 86 ounces drawn at five times in two days. In this form of fever the author also recommends the "cold dash,"—that water should be poured from a considerable height, and in a small stream, on the head of the patient. Of the value of this remedy he speaks in glowing terms.

When an *abdominal* affection preponderates, Dr. Smith speaks of venesection as follows:—"General bleeding has but little influence over the disease. If employed early, and with due activity, it will prevent the affection from occurring, but when once it has supervened large bleedings are out of the question, and even small and repeated bleedings are not as effectual as leeches." These should, he considers, be applied most abundantly as long as the abdomen remains tender. When purging occurs, the *hydrargyrus cum creta*, in small doses, and Dover's powder, with occasionally a stronger opiate, and sometimes an anodyne enema, constitute the treatment prescribed. When the stools are mixed with blood, or there is considerable hæmorrhage from the intestines, the infusion of roses acidulated with a few drops of sulphuric acid, and sometimes a drachm of the tincture of *hyosciamus*, are directed. Now and then, he observes, "a stimulant has a greater effect in checking the hæmorrhage than an astringent, and then the *oleum terebinthinæ* is the best remedy."

In thoracic fever, Dr. Smith relies almost exclusively on the tartar-emetie treatment; and says of bleeding, that in the severe bronchial affection, it is of little avail; "it weakens the patient without making a decided impression on the disease."

The foregoing observations are next applied to the treatment of scarlet fever. "Bloodletting may be carried to a greater extent, and will be attended with still more decided and more certain efficacy, than in the ordinary fever."

Finally, the treatment during the period of convalescence is briefly adverted to. In this division, however, Dr. Smith advances no peculiar views, with the exception of the startling assertion, that "of the great tendency to relapse during the whole of this period, few medical men are suffi-

ciently aware, and the unprofessional attendants on the sick are entirely ignorant of it." The author exaggerates here a little. The tendency to relapse in fever has almost become a vulgar proverb.

Such are Dr. Smith's opinions as to the principles of the treatment of fever. Their application, he illustrates by a description of five of the mixed cases.

Having fairly and candidly, we trust, submitted this outline to the reader's attention, we proceed to comment on it, *ex incepto*, in a critical, but not in a captious spirit. We shall make no assertion without the support of rational argument, so that Dr. Smith and his admirers will have, at any rate, no cause for being displeased with our remarks. We feel, then, no hesitation in asserting, that this treatise is, as far as theory is concerned, replete with error. In a practical point of view, we find it in many places self-contradictory and confused; in several parts altogether feeble and imperfect; lastly, we believe that the principles of treatment laid down are fraught with danger to the patient. The first count in this indictment we have, we believe, already substantiated; we proceed to adduce our evidence in support of the remaining charges. That it is self-contradictory, is proved by his statement in one part, that in the "intensest" form of fever, the abstraction of the smallest quantity of blood is fatal (p. 407), and by the admission of the inutility of general bleeding in the thoracic and abdominal complications. How far both these accord with the principles so dogmatically and strenuously propounded in the foregoing quotations, it is perfectly easy to determine. Logic is not necessary to show that they are as opposed to each other as the extremes of a perfect antithesis. Again, that some parts are feeble and imperfect, becomes manifest, when the treatment of intestinal hæmorrhage is taken into consideration. Infusion of roses, and a few drops of sulphuric acid, with sometimes a drachm of the tincture of *hyosciamus*! Who that has ever treated fever, and witnessed the tortures this complication engenders, would content himself with such inert, such useless, *internal* remedies. No practitioner of greater energy than a superannuated nurse would adopt such a mode of proceeding, while opium or

morphine, or astringents, or the acetate of lead, could be procured.

Again; in the treatment of the common fever, we find no allusion to the use of tartar emetic. Blood is drawn, and drawn again, but the production of nausea, that state so incompatible with inflammation, is not at all recommended. We are told in one place, that the abstraction of an ounce of blood more than is absolutely necessary, does mischief. What mischief, we must ask Dr. Smith, would tartar emetic produce in these cases? Or is it that the learned author is a concealed localist, and inclines, with Broussais, to dread the irritation of the mucous membrane of the intestinal tube. Though his words repudiate, yet his treatment occasionally favours, such a suspicion. Had we space to prosecute the argument, we could adduce numerous additional instances of contradictory assertions, and injudicious treatment. Let us next investigate the last charge we brought against the treatise, namely, that it is fraught with danger to the patient. It is particularly necessary to remind our readers, that though Dr. Smith professes to give a systematic treatise on fever, yet he acknowledges that he does not speak of the treatment proper for the disease as it exists elsewhere; he has seen only the common fever of London and its neighbourhood.

It is our bounden duty to state, that we dissent entirely from the extravagantly bold depletory treatment recommended by the author. It is necessary particularly to caution the young and inexperienced on this point; the strong metaphorical language in which Dr. Smith not unfrequently indulges, is imposing; it is apt to mislead, but he evidently labours too hard to produce effect. His simile of a house on fire with a good engine at hand, is certainly unhappy, especially as he intimates, that it is in vain to hope to terminate fever by a stroke of art, an assertion which speaks but little for the author's experience of the disease.

Though Dr. Smith tells us that the mildest form of continued fever in this country requires little or no treatment, we are surprised to find this the only caution given. Bloodletting seems to be the chief, the only remedy. Has he witnessed no epidemic in which this evacuation in the early stage would be almost fatal, and certainly

fatal, if carried to the prodigal extent he advises? Has he never heard of the precautions given by the immortal Sydenham on this practical point, who states that on some occasions he lost two or three patients before he became acquainted with the particular character of the malady? Dr. Smith surely cannot be ignorant of the fact, that in particular years, nay, at particular periods of the same year, there is an unknown condition of the atmosphere which renders blood-letting less called for, and even positively dangerous. Yet the most indiscriminate adoption of this powerful and often dangerous practice is enjoined. No limitation as to form of fever, age, habit, sex, or idiosyncrasy, is even hinted at. Bleeding is the passport to the salvation of every patient. Would the Doctor allow of no restraint to his bold adoption of the lancet, according to the circumstances of each case? Would he bleed a starved pauper, or a Spitalfields weaver, with the same unsparing hand as he would use on a city alderman, a fattened Duke, or stall-fed Bishop? Or would he recommend the same amount to be drawn in the typhoid forms as in the more acute varieties of fever?

In short we should have expected some didactic precepts from one of the physicians of a fever hospital, who writes with no small pretensions to dictatorial superiority, some leading principles to guide the young practitioner, but we are compelled to say there are none. For these reasons we hold this work to be in every respect improper for the young practitioner; it will give him the most fatal notions of the principles on which blood should be abstracted in fever.

The treatment of scarlet fever is grounded on the same principles. Bloodletting is the corner stone. It is even enforced here to a greater extent from there being less nervous and sensorial depression, while there are no precautions as to any peculiar epidemic. Would bloodletting be expedient in some forms of the malignant disease which has prevailed for two or three seasons past? No allusion is made to this most important principle,—the occasional occurrence of a malignant epidemic, which, as last year, swept off many children of the same family, and was attended by such peculiar symptoms that an inexperienced observer would scarcely have imagined the dis-

case to have been the same which appears in ordinary seasons. We have to notice also, that the appearance of the blood when drawn is not alluded to as a good criterion of the propriety and safety of its abstraction. In short the treatment would lead us to suspect that the author considers fever and inflammation as identical, though, from some passages in the work, he denies this opinion.

Although we have thought it necessary to criticise the indiscriminate adoption of bloodletting in all types of fever, without respect to the circumstances which are occasionally observed in particular epidemics, and the occurrences in each individual case, we nevertheless are strong advocates for the occasional and prudent antiphlogistic treatment of the disease. Bloodletting forms only one item of this mode of treatment, and though imperiously called for in some epidemics, and necessary to subdue particular symptoms, we are satisfied that its indiscriminate employment can only result from an imperfect experience of the principles on which the treatment of fever should be conducted.

Finally, we dissent entirely from the assertion that "the only morbid condition in fever of which we have any knowledge, and over which the medical art possesses any control, is inflammation." Surely Dr. Smith will not deny that we know something of congestion, or that debility sometimes occurs in fever, and he can scarcely contend that over debility we have no control. Again, it does not follow, that because we have no knowledge of the nature of a morbid action, we are therefore not to treat it in the manner which experience, sage though empiric experience, has taught us to be correct. What do we know of the morbid condition of the system in intermittents? Is inflammation the first condition to be combatted there? Yet this is fever, and for it we suppose Dr. Smith himself, if he were prescribing in the close lanes of Bermondsey — "celum, non animum, mutans" — would desert the lancet and venture on the sulphate of quinine.

But we have allotted space enough already to this treatise, and we shall pursue its exaggerations no further. Before we conclude, however, we have to notice the admission in the eighth chapter of the author's belief in contagion, and as we must again

postpone the notice of Dr. Tweedie's *Chemical Illustrations*, and M. Dance's *Memoir*, we shall defer our concluding notice until another number.

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PRACTICAL OBSERVATIONS ON THE  
PATHOLOGY AND TREATMENT  
OF  
DEAFNESS.

No. II.

By JOHN FOSBROKE, M.D., &c. &c.

IN my first communication on deafness (*LANCET*, Jan. 15), I stated, that the exclusive subdivision of the profession under the denomination of *pure aurists* was absurd and superfluous, as well as useless to the public, except for picking their pockets; that the histories of cures performed by aurists, whether stationary, sham, or vagrant aurists, and whether their cures be printed in catchpenny books, in placards on whipping or other posts, chalked on walls, or advertised in venal country newspapers, are, for the most part, nothing but lies to catch ignorant credulity; I wish to impress on the general practitioner, whose avocations are too numerous and various to admit always of his divided attention to a particular subject, the circumstance that there is nothing relative to the ear to which he is not competent, and I recommend him to avail himself of extracts from the remarks of others and myself, for insertion in the provincial press, as far as its system of abject servility, venality, and interested suppression of truth, will admit, wherever those remarks may serve to expose the pretenders who come across his path as *ear-doctors*. I have tried this plan myself with considerable success, in weeding out several descriptions of quacks; for in the deplorable state of the medical institutions and medical legislation of this country, the press (and even that is bound hand and foot by an unprincipled libel law more calculated for the defence of scoundrels than the protection of honest men) is the only means we have, of affording security to the profession and the public, against the successful swarms of these mountebanks. "A caution to the public" in a local journal upon the spot, is to them an excellent lift to general practitioners, a body to which I account it honourable to have belonged seventeen years, and from which I am separated, as far as a degree goes, only in compliance with my particular interests. A simplified discussion, with the views I have stated, may be useful, and if, as on former occasions, some of them can

assist me with the communication of facts, I shall be glad to receive them.

*Symptoms.*—Deafness varies from a diminution of hearing, to an almost total extinction of the sense. A noise in the ears, resembling either the roar of the sea, the ebullition of boiling water, or the rustling of the wind among trees, accompanied sometimes with noise in the head, exists in almost every case of deafness, to whatever cause the deafness may be owing. The patient, if deaf in both ears, may be deafer on one side than the other. The left ear is almost always the least deaf, though the membrane of the tympanum on that side may have been ruptured. If the deafness of both ears be attended with inflammation of the external porches and discharge, the discharge is generally most from the right ear.

From obvious causes, the deaf hear better at some times than others, according to the weather, temperature of the air, the state of their bodily and mental health, and various other circumstances. Some hear better in foggy weather, when the air is most dense, moist, and elastic; on account, perhaps, of the increased force with which the air, in that state, is vibrated by sounds; sudden changes from fine and settled to cold and irregular weather, increase the difficulty of hearing. Analogously, almost all local, and most general diseases, vary from the same impressions. Parts injured or weakened in structure or function being more susceptible, as we all know, than the sound parts of the frame, experience the presentiment of changeable weather with talismanic vivacity. Deafness is generally increased during spring and autumn, through the rapid and extreme changes of the temperature and moisture of the atmosphere at those seasons, which excite peculiar temporary movements of the circulating and nervous systems in man, as of the first of these systems in plants. Indeed it is often brought on at these seasons from the greater susceptibility of the body, which then exists, to diseases in general, and affections about the throat especially. Our climate, in consequence of its variability, is very productive of deafness. M. Itard, the physician to the Deaf and Dumb Institution of Paris, and a writer of a very able work on the diseases of the ear, informed me, that the deafness of the majority of English who apply to him, is caused by polypi in their nostrils, the frequency of which growths he ascribes to their climate. I became myself hard of hearing in one ear, with scantiness and induration of wax, whilst at Trinity Coll. Dublin: A young Englishman, who went over to Dublin, with whom I was acquainted, was affected in the same manner. I know of no other cause of these affections, than the

impression produced by the extreme humidity of the climate of that part of Ireland.

The ear is exquisitely sensible of cold. A deaf man going abroad at dewfall, finds his hearing instantly affected for the worse. The observation generally is, that, as soon as the sole of his shoe is wetted, "he feels the cold fly to his ears." The balance of the circulation being disturbed by a cause applied to one part, the effect may be felt at a more remote and weak part.\*

Hearing is sometimes influenced according to the medium and quality of sound. Some hear better amid a loud and uniform noise than in perfect stillness, because, probably, the torpid nervous system of the ear, and especially the nervous expansions which supply nervous influence to the membrane of the tympanum and its muscles, require being excited generally to a certain pitch to raise their sensibility to the ordinary standard requisites for receiving vocal impressions, and distinguishing one class of sounds from another. Others, who cannot comprehend a strange voice at a bawling pitch, can interpret a voice to which they are used habitually and familiarly, just raised above moderate loudness. This circumstance shows the nicety with which some individuals are able, by constant attention, to recognise particular forms or figures of impression. Others hear only sharp and acute sounds, being much more forcible than long and diffused sounds.

Since morbid impressions of all kinds strike most heavily upon injured parts, almost all incidental deteriorations of health and derangements of other parts of the body produce an aggravation or renewal of this infirmity. Some deaf people find their ears colder and *deaf post coitum*, an effect produced by other causes of general diminution of vigour. Irregular actions of the skin, heat, dryness, and cold sweats, for instance, are, in this respect, unpropitious, and often conjoined with deafness in hypochondriacs, and certain diseased conditions of the mucous membrane of the alimentary tube, which I have described in my observations on the kidneys. Those two important tissues, the skin and mucous membrane, as forming part of the structure of the ear, and as connected and continuous textures, participate with each other in disease. Local affections of every kind go wrong, when either of these tissues is out of order.

The state of the mind, that mighty influence upon health, and the cause, when wrong, of the decay and dismantling of the frame, greatly affects the hearing of the deaf. The depressing passions aggra-

\* For observations on the effect of climate, &c., on the ears, and precautionary information, see M. Rostan on Hygiene.

vate deafness, and sometimes even call it into existence, whilst the exhilarating passions alleviate it, so long as the patient is under their influence. Lady Baghot, who was subject at times to deafness, had always a renewal of it after every cause of mental depression. On one occasion, a letter, merely stating the death of a relation, renewed the difficulty of hearing. The Rev. Jeremiah Lowe, a patient of mine, states, "I find that any trouble or anxiety increases my difficulty of hearing, and that feelings of a different nature improve it. If I take more wine than usual, or if any thing exhilarates the spirits or braces the frame, I am the better for it." These facts indicate the direct operation of the mind in altering the balance of vascular and nervous action.

The period of the day has sometimes an influence. Some deaf persons hear better in the morning than at night; sometimes the reverse.

Deafness is generally gradual in its progress. The voice is often very much changed, the deaf not being able to regulate it. One patient writes: "From not hearing my voice, it is to strangers difficult to understand me, which considerably aggravates my affliction."

*Exciting Causes.*—These are very difficult to be ascertained. The most universal are, catarrh, exanthematous cases, fever, local affections in neighbouring parts, as abscesses and suppressed eruptions of the scalp, syphilis, abuse of mercury, the action of lead, remote affections especially of the bladder and urethra, and external violence; but the chiefest of all is catarrh.

Catarrh, scarlatina, small-pox, measles, cynanche tonsillarum, excite deafness, not only by simple extension of inflammation from the throat to the eustachian tube, but by striking at the internal ear at once, perhaps by determining an irregular flow of blood to the brain and internal ear. I suspect, in many of these cases, a permanently congested state of the veins of the internal ear.\* At all events, in numerous examples, it has been impossible to trace the continuous and consecutive progress of local diseased action from part to part.

The exposure of the ears to cold, and from neglect of proper apparel about the head, as is now the fashion among rout-going women at night and in the open air, ear-achs, with which the patient may be affected three or four years previously, the formation of abscesses periodically about

the head and behind the ears, and especially the *improper suppression* of local affections of the scalp by *local treatment* alone, are constantly followed by deafness.

"Among the accidental causes of otitis and inflammation, which very rapidly spread to the interior of the ear, and so often induce caries of the bones, permanent deafness, and fatal affections of the brain itself, cold applied suddenly to the ear through the medium of a stream of air, is one of the most common."—*M. Lallemand sur l'Encephalite.*

The action being suppressed in one part near the ear, is succeeded by another in the ear itself. Sometimes abscesses follow in this manner behind the ears, which penetrate into the meatus externus through a hole in the bone large enough to admit a gold-wire probe; at others, discharges from the meatus externus, with ringing in the ears and hardness of hearing. My case-books are full of facts, which prove the dreadful consequences to the ears and eyes from entrusting cases of the nature thus described to the pernicious treatment of the various descriptions of certain wholly uneducated, or half-educated men, who are permitted to practise in England, especially of that class whom I call *druggist-surgeons*, and to whom, along with others of the St.-John-Long school, I shall shortly call public attention, by a full development of their merits.

The permanently debilitating influence of the venereal disease upon many, although that disease may be cured in all its *local* forms, may lead to deafness, by the tendency of reduction of power to increase the susceptibility of the ears to morbid impression; and sometimes, it is said, the disease itself produces deafness by causing venereal action at the anterior orifices of the eustachian tubes. Mercury also, since it debilitates numerous constitutions, when injudiciously administered, and most of all acts upon the more minute and susceptible organs, is similarly injurious.

Deafness, I have reason to think, may follow the incautious use of water impregnated with lead. One of my patients used water brought through lead pipes, for every domestic purpose, in his diet, and washing his head. He was subject to colic, very slow bowels, and stitches in different parts of his body, especially the muscles of his chest, under which he found it difficult to breathe.

Affections of the bladder and urethra appear particularly to bring on deafness, or produce a relapse of it. In two cases of stricture of the urethra, attended with extreme irritability of the part affected, and participation of the whole constitution in the local affection, and in a third case of diseased bladder under my care, deafness took place, but gradually disappear-

\* Catarrh is preceded by headache, determination of blood to the head, unpleasant and restless sensations, and certain feelings of the skin, which are always relieved when the nose begins to run. I regard the catarrh—that is, the increased efflux from the nostrils, not as the disease itself, but as the secondary affection, and a salutary process.



ed with the amendment of the original disease. Mr. F. came to me in 1828 for stricture of the urethra, and spontaneous emission every morning, seemingly from the vesiculae seminales. The emission ceased after the cure of the stricture, and he was immediately seized with ringing of the ears and deafness. An habitual hæmorrhage from the nose had also ceased. He heard very well when he was swallowing, and I therefore ascribed his deafness to his throat; leeching relieved his head but not his ears. In this case I think the deafness was owing to change of determination consequent on the ceasing of the discharges.

Other causes of deafness are local and mechanical, as in deafness caused by the sudden explosion of cannon, and that by continued noise, as blacksmiths' deafness. The former is ascribed to rupture of the membrane of the tympanum by the force of the vibratory impulse, when the ear being taken by surprise the membrane consequently is not regulated and prepared by its muscles to encounter the shock. I conceive that this accident is most likely to happen, as we know the structure of the ear to be various in that respect, where the meatus is very straight in its course, and the membrane of the tympanum is less oblique than commonly in its position. "Nonnulli statuunt," says the learned Sennert, "membranam hanc et acutissimo et vehementissimo sono, et bombardarum et campanarum ingenti sonitu, sicut et a frigore vehementi, non dolore solum affici, sed et rumpi posse. Alii tamen nimis saltum tendi a talibus vehementibus objectis membranam hanc existimant, atque ita nimis tensem laxiorem reddi, ut sonum amplius edere non possit." Dr. Parry records two cases of deafness from extreme noise; that of Lord Rodney after the eighty broadsides fired from his ship the *Formidable*, in 1782; a second from the report of a cannon close to the individual at the battle of Copenhagen. The blacksmiths' deafness is a consequence of their employment; it creeps on them gradually, in general at about forty or fifty years of age. At first the patient is insensible of weak impressions of sound; the deafness increases with a ringing and noise in the ears, slight vertigo, and pain in the cranial bones, periodical or otherwise, and often violent. No wax is formed. It has been imputed to a paralytic state of the nerve, occasioned by the noise of forging, by certain modern writers, and by the old writers, to permanent over-tension of the membrane, which they compare to fixed dilatation of the pupil.

Sudeley Place, Cheltenham,  
January 17, 1831.

## CASE OF HYDROCEPHALUS,

IN WHICH THE OPERATION OF TAPPING WAS PERFORMED.

Treated by W. MARSDEN, Esq., of London,  
M.R.C.S.

On the 16th Dec. last, an infant, aged sixteen months, was brought to me, which had been afflicted upwards of a year. Her appearance and symptoms were, tumid abdomen; flesh flabby and spare; skin colourless, soft, and relaxed; eyes full and bright; pupils greatly dilated, and the retina insensible to light. Nausea, with occasional vomiting, had existed for a considerable period; the alvine evacuations were pale, watery, and frequent; urine scanty and high-coloured; tongue dry and dark; respiration and pulse both very quick and feeble, and for several months the child was generally in a comatose state. It had short intervals of screaming, with occasional convulsive fits, but neither of these symptoms was violent; had taken the breast and other food freely till within the last three weeks; and during the last two days had rejected every thing, except a little barley-water given in a teaspoon. The extremities were cold; the skin was damp, and, to all appearances, life was fast drawing to a close. I had no doubt respecting the nature of the case, nor any with regard to the impropriety of relying solely on medicinal treatment. I therefore concluded that it was a proper case for the operation of tapping, although by no means a favourable one for recovery,—other visceral disease existing, and the vital power being already too much enfeebled by the long continuance of pressure on the brain.

Having stated my opinion to the child's parents, they consented to any plan I might think proper to adopt: I therefore at once proceeded to the operation of tapping, assisted by my friend Mr. Greville Jones. The child being placed on a table in a supine position, its head half inclined to the left resting on a pillow, with a common hydrocele trocar, a perforation of the membranes was made at the left coronal suture, midway between the fontanella and the temporal bone (the suture at this part being open); and having introduced the instrument one inch and a half into the brain, the stiletto was withdrawn, when about sixteen ounces of transparent colourless fluid were gradually drawn off, after which the canula was withdrawn, and the wound left open. A bandage was applied to the child's head, but the sutures being generally closed, this was of little or no utility. The operation was performed within the space of five minutes, and not a drop of blood was spilled. The child was then placed in the cradle, in a

position to allow the evacuation of any further accumulation of fluid.

During the ensuing night, about four ounces of fluid like the former came away, and three days afterwards the external wound was perfectly healed. The effect of the operation immediately after drawing off the water was very doubtful; the extremities continued very cold, and the surface of the body was covered with a cold watery exhalation. The lips were livid, the eyes sunken, respiration and pulse scarcely perceptible. The following mixture was ordered:—*One ounce of French brandy, and two of gruel; a table-spoonful of the mixture to be given immediately, and a tea-spoonful to be repeated every ten minutes.*—the extremities being wrapped in warm flannel.

Vitality now gradually increased, and, after forty-eight hours, slight fever came on, with inflammation of the conjunctivæ. Three grains of calomel, with six of rhubarb, were given, which produced three or four evacuations. A saline mixture followed, and was continued for several days. The febrile symptoms subsided, the child took its food well, urine and stools were regular and natural, respiration free, sleep sound, and to all appearance the child was perfectly recovered from the effects of the operation, and its general state of health much improved. At the expiration of ten days, a second accumulation of water was discovered, which, by shaking the child's head, was distinctly audible, and, from the sound, I supposed the ventricles were not much diminished, this latter circumstance, no doubt, arising from the cranial bones being for the most part united. Three weeks afterwards, symptoms of nervous debility came on, rapidly increased, and the infant expired at the end of three days, without any appearance of pain.

On opening the head, the external membranes were found to be perfectly united, as was also the perforation through the brain; but the perforation of the membrane lining the ventricle was distinct, slightly dilated, and free from any appearance of disease. About three or four ounces of transparent fluid were found in the cavity, but the brain was of a healthy appearance.

This case, in my opinion, satisfactorily proves, that by the operation of tapping, in cases of hydrocephalus, when done soon after the fluid has begun to accumulate, and before the constitutional powers have suffered too much from that cause, the lives of many children may be saved. And had the present case been treated six or eight months earlier, I have little doubt but it would have been attended with success; for when this disease is fully developed, we have not on record a single instance in which

the child has recovered by medicinal treatment alone; indeed I believe medicine to be of no use, till the pressure is removed from the brain. Mr. Callaway, I have heard, is the gentleman who first ventured on performing the operation, and I regret much that a man of his talent should have discontinued a practice which, in all probability by this time, would in his hands have been attended with the most beneficial results. Dr. Armstrong, I believe, performed the operation in several cases, but I fear that delay on the part of the parents, in giving consent to permit the operation, has been the chief cause of failure. The trocar used by me in the case above described, was the common one, but in future I shall use one which I have contrived, the stylet of which is *spear-pointed*, the canula of an *elliptic* form, three inches and a half in length, a section of the calibre, perpendicular to its axis, being somewhat larger in area than that of the common hydrocele trocar. I see no necessity for so small an instrument as that which some surgeons recommend, since that part of the brain which I perforated sustains no injury from the instrument. Moreover, I consider this part of the brain to be the safest, in consequence of the instrument's passing anterior to the great meningeal vessels.

Thavies Inn, Jan. 27, 1831.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Jan. 24, 1830.

VARIOUS CASES. — MERCURIAL DISEASE — IMPETIGO — CHRONIC BRONCHITIS, &c.

ONE of the cases which were presented last week, Gentlemen, was of so much more importance than any of the rest, on account of its rarity, that I intend to devote the chief part of the lecture this morning to it, and will speak in a more cursory manner of the others. The case I allude to was that of *scurvy*, which I showed you in the theatre when we last met.

Respecting the other cases, I would briefly mention that they were seven in number; three of them cases of rheumatism; two of that peculiar state of the system which is seen after syphilis and mercury, and which some persons call a mercurial disease and others a pseudo-syphilitic state,—one that is not very well understood, and the treatment of which is by no means satisfactory, though

many place great confidence in the treatment of it by sarsaparilla. The case of *impetigo* of the hands, to which I directed your attention in endeavouring to draw the diagnosis between it and pustular itch, did well. I said the treatment was to be antiphlogistic, and that she would be cured; the woman was cured by bleeding and purging, low diet, and the application of cold water and oxyde of zinc: she went out with her hands perfectly well. I believe if I had not bled her, no local application would have been of any use. There was the case too of remittent fever, in which I gave the salicine, and which was speedily cured; and one of bronchitis also cured. But another case of bronchitis proved fatal; it was chronic. Nothing is more unpleasant to treat than chronic bronchitis. When you consider the vast extent of mucous membrane that must be affected when every tube is diseased, and in this man, I believe, there was not a single tube not diseased: and when you recollect what a small portion of mucous membrane lines the urethra, and yet how difficult it is to cure gleet or old gonorrhœa in the male or leucorrhœa in the female,—you may easily imagine the resistance offered to a cure when the whole bronchiæ are diseased, particularly when you also reflect, that that surface is continually exposed to irritation from the admission of cold air, or air of variable temperature. It is hardly possible, unless you could change the climate or procure a perpetual summer here, to do a great deal of good in many of those cases. That every part of the tubes was affected, I concluded from having heard a sonorous rattle at every spot on applying the stethoscope. At last the case resembled phthisis, and no one could have said, except by the use of the ear, that it was not a case of phthisis. He was spitting up a great deal of pus, and was greatly emaciated; the ends of the fingers were not enlarged, but otherwise every symptom of phthisis appeared. When I examined him there was no pectoriloquism, nor cavernous respiration, nor gurgling rattle. A case of erysipelas of the head also proved fatal. The patient had not come to the hospital till the eighth day of the disease.

I proceed, however, to the case of  
SEA SCURVY.

Robert Haines, aged 25, was admitted on the 13th of January, with scurvy. He said he had been ill a month; that he had that morning landed, after having been seventeen weeks on his passage in the *Lavinia* of London, from Buenos Ayres hither; that he had had salt-beef and salt-pork all the passage, together with bread; that two pigs had been killed on the passage, one only so recently as Christmas-day, when he had been ill some time, and was not able to

taste it; and that the other had been divided among the whole crew of thirteen, and was a very little pig, so that each had but a mouthful or two. With that exception he had eaten nothing but salt-beef and salt-pork on board for seventeen weeks; so that you might almost say he had had no fresh meat at all. They had no lemon-juice on board nor citric acid, nor any medicine of any kind, nor a doctor. His appearance you saw last Monday; there were petechiæ on different parts of the body, particularly on the legs; spots and specks innumerable, of a very purple and dingy-red, down the thighs and legs. You observed that on the inner and lower part of the thighs there were large ecchymoses, large black and blue patches, as though he had been severely bruised. You observed, likewise, that there was considerable hardness there; the thighs felt there as hard as a board. His gums were a little affected, not materially. The fact, I believe, was, that he was already much better when he came into the hospital. He said his gums had been very bad; that his mouth and breath had been very offensive; and that his gums had been so severely affected that he must have lost altogether about a pint of blood from them. He felt exceedingly weak; his spirits were very much depressed, and the stiffness and pain of the thighs made him lame. When he came here he had had fresh meat for a week: he had been so near shore for a week, i.e. after his arrival in the *Dowas*, that he had had an allowance of fresh meat and had improved considerably. The day on which he was admitted, it was necessary for him (for the purpose of making some arrangements) to go out again, and he had to walk some distance. Through the exertion the inside of his thighs became very much more ecchymosed and hardened than before; they were dreadfully hard; in fact the insides of his thighs were little more than one great mass of ecchymosis and perfectly unyielding substance; the stiffness had become so great that he walked very lamely, being unable to extend his left knee.

*Symptoms.*—The usual symptoms of scurvy, as you will find them stated in books, are petechiæ, vibices, and ecchymoses; petechiæ being, as you know, the most minute, the vibices larger, and the ecchymoses being the size of bruises. You will find likewise mentioned, that the thighs particularly are very hard. Where the case is severe, there is always induration of the thighs. The surface of the whole body, too, is in severe cases swollen, and the person altogether looks very unhealthy—bloated. If you examine the gums, you find them to be spongy, and the teeth fall out. This man's teeth were loose, so that you could move some of them about; he said they had all

been quite loose before he obtained fresh meat. The gums sometimes are exceedingly swollen, and of quite a fungous appearance. I recollect distinctly, when a pupil, seeing a man with scurvy that had been to one medical man, and had taken out several teeth for him. He had been also to a very eminent surgeon, who had pronounced it a case of cancer—a case of fungous hæmatodes of the gums. Now all these blunders arose from a case of scurvy being so exceedingly rare—so rare, that many even in the navy have never seen a case. It is necessary, therefore, that I should on the present occasion particularly draw your attention to it, for though some of you may never meet with a case of the kind, yet others may meet with one, and if you had never seen such a case, you might treat it as the case I have mentioned was treated, and pull out the tooth; or you might despair of curing it—consider it a hopeless case, and let the patient die; whereas by recognising the disease, you will be able to cure it with the greatest ease. It is on this account that I consider the present case the most important of the set.

There are also mentioned in books, depression of spirits, general weakness of the body, and absolute fainting. There is such debility, that persons cannot get out of bed, and the least effort will make them faint, and the pulse, under such circumstances, is feeble. This man was low-spirited, weak, and faint; and his pulse feeble, and the surface of his body cold. It frequently happens, too, that there are ulcers upon the surface of the body, and these discharge a thin, fetid, bloody fluid. The discharge from them is as fetid as the breath and the discharge from the gums, and, at last, what was a bloody fluid, becomes, both in the ulcers and in the gums, real blood—coagulated blood, which is separated with considerable difficulty, and after you have removed it, you find the parts below, dark, soft, and spongy; for the solids of the body, as well as the fluids, become affected, and if you remove this coagulum of blood, it is instantly renewed, and at length a fungus sprouts out, and will spring up as fast as you cut it away, just like a case of fungus of the brain after an injury to the head, where the bone has been fractured and a fungus arises, and is reproduced as fast as it is removed. This is called, in the case of scurvy, by sailors, *buttock's liver*, from its resemblance, I suppose, to that organ; and many of those funguses acquire a monstrous size. If you repress them by pressure, a gangrenous tendency is observed, the less will swell, grow spotted and painful, and mischief is produced. You know, too, that in the case of fungus from the head, if it is compressed carelessly, and without precaution, comatose symptoms will come on, and death,

perhaps, result. So it is in scurvy,—if you compress the fungus, you give a tendency to gangrene; you produce swelling of the extremity, which will also grow much more spotted than before. Any part of a person labouring under scurvy, may, if bruised ever so slightly, become ulcerated, and when an ulcer is produced, it assumes the characters which I have already described to you. Old wounds in this disease will break out afresh, showing that those parts of the body which have been once injured and repaired, are still weaker than other parts. Not only so, but the callus of bones that have been broken will soften down, and the solution of continuity again occur. A very extraordinary symptom sometimes takes place in this affection, which one would not be prepared to expect, and that is nyctalopia. It has been spoken of, for example, by Mr. Bamfield, who practised abroad, and by Sir Gilbert Blane.

*Cause.*—Respecting the causes of this disease, the case before us as fully illustrates the cause as the symptoms of the affection. It is always, I believe, a want of fresh animal and fresh vegetable food; consequently it was formerly very common at sea, where there were not fresh, but salt provisions, and bad management. So great was the havoc by this disease in former times, that Lord Anson in 1741 lost one half of his crew in six months: 961 sailed with him, and of the 961, 335 only were alive at the end of the year; at the end of the second year, of the 961, 71 only were fit for the least duty,—not for any, but for the least duty. Formerly deaths were so common, as to amount to eight or ten every day in a moderate ship's company; and bodies sown up in hammocks, lay washed about upon the deck for want of strength and spirits on the part of the miserable remaining sufferers, to cast their old shipmates overboard. Formerly, too, it was common in London, so that in the seventeenth century from 50 to 90 deaths were stated in the bills of mortality as occurring annually; and in the year of the plague, 105 deaths took place.

I might also give you another illustration of its prevalence in the navy by stating, that in 1726, Admiral Hosier sailed with seven ships to the West Indies; that he buried his ships' companies twice, and then died himself of a broken heart. You will find in Roderick Random, and in Smollett's History of England, a good account of the mode in which sailors were supplied formerly with food. Smollett gives an account of the armament that was fitted out to Carthagena, much about the same time at which Lord Anson's voyage took place; and he says the provisions consisted of *putrid salt beef*,—to which the sailors gave the name of *Irish horse*,—(I suppose the contractors

lived in Ireland, and that it looked like horse-flesh),—salt-pork, and musty bread. The salt pork came from New England, and was neither fish nor flesh, but savoured of both. The bread came from the same country, and every biscuit was like a piece of clock-work, moved by its own internal impulse, occasioned by the myriads of insects that dwelt within it. As to their butter, it was served out by the gill, and exceedingly like train oil thickened with salt. You cannot wonder, then, that the men should have the scurvy. He also adds in proof of the bad management, that though there was water enough on board for every man to have half a gallon a day for six months, each was allowed only a purser's quart, in the torrid zone, where a gallon would have been hardly enough to repair the loss by perspiration.

As regards the cause of it in England in former days, the food was very different among the common people to what it is now. They lived on salt-beef and pork, and veal. The lower orders of society had very little else in the time of Henry the Eighth. Land was then but very little cultivated; the chief were pasture lauds; and even hay was not made as extensively as it is at present. The consequence of all this was, that the cattle were all killed as soon as they were fattened, or ready for killing, and salted. Beef and pork were salted, and put up as provision for the winter; no more cattle were killed during the winter; for there were little means of supporting the cattle after the grass season was over; every-thing was salted at the beginning of winter, and the people lived during the winter on the cattle so killed and so salted. In those days, too, there was hardly any garden stuff: for, in 1700, a cabbage cost three-pence, which, in 1760, cost only a half penny. Other greens were at first proportionally dear; and garden stuff was only used then as a dainty, when people had company. Queen Catherine, of Arragon, one of the numerous wives of Henry the Eighth of blessed memory, in the beginning of the sixteenth century, had actually a gardener sent for from the Netherlands to raise her a salad, there not being a man in England who could at that time manage such a matter. It is also said, that in Henry the Eighth's time, the price of salt-meat was fixed at one-twentieth, and wheat at one-tenth of the present prices, because salt-meat formed the chief support of the people, and the attention of government was directed principally to it, for the purpose of affording a cheap supply to them. However, it is not the salt-meat that produces the scurvy, nor is it putrid meat; for the disease will occur where there is no salt-meat used, nor any meat at all. It is

not owing to this kind of meat being eaten, but through fresh meat and fresh vegetables not being eaten; that scurvy is produced. It is the want of other food—the want of fresh animal and fresh vegetable food. You will find in the second volume of the Transactions of the College of Physicians, two cases, published by Sir Francis Milman, of women who had the scurvy in the country (I think Derbyshire), who had eaten no meat at all, but lived merely on tea and bread and butter, having formerly been accustomed to better food. I myself had a poor man in the hospital with scurvy in January, 1828, who had fallen from good circumstances into the most abject poverty, and lived on tea and gruel for some time. I may remark that sea and land scurvy are the same, though once considered different. Other cases of the kind I might refer to; for many persons have had the scurvy who have had no salt meat, who have had no putrid meat, but who have been merely living in a state bordering on starvation.

It is also mentioned by writers, that the scurvy was not only common in London (as you might well suppose from the food I have mentioned); but in a work published in 1703 by Dr. Musgrave on the Gout, it is said to have been common in Somersetshire; and we read in Pliny that it prevailed in the Roman armies when in Germany, and in the armies which served in the war, impiously called, like some other things, holy.

*Predisposing Causes.*—Although this want of fresh animal and fresh vegetable food appears to be the cause, yet many other circumstances increase the tendency to scurvy. Cold, and want of exercise, greatly predispose to it. This is proved by the fact, that sailors will suffer it in cold climates under all the other circumstances in which they escape it in warm climates. As to exercise, Sir Gilbert Blane mentions that the prime seamen only of a ship's company used to suffer, who were excused from working the pump, the ship being leaky; while those who worked it escaped. Captain Cook informs us, that the Kamashkans who are habituated to hard labour, have no scurvy, while the Russian and Cossack in garrison are indolent and subject to it. The disease was first particularly noticed in 1497, in the men of Vasco di Gama.

The difference in ships' crews, now and formerly, as regards scurvy, is very striking. In the two accounts of Lord Anson's voyage and Capt. Cook's, you will find that while Lord Anson's crew suffered in the way I have mentioned, Capt. Cook's, in going round the world, suffered nothing, because they had a good supply of portable soup, sour crout, and fresh meat. They were kept regularly exercised, extreme cleanliness and proper ventilation attended

to; and they were only out about three weeks at a time on their longest cruise, though absent so long.

*Treatment.*—The remedy for this state is fresh food, vegetable and animal food, and particularly lemon-juice. With respect to the man whose case I have been considering, I gave him no medicine; the case was not so severe, but that I felt satisfied a change to healthy diet would entirely cure him. If I had given him lemon-juice, no inference could have been drawn as to the virtue of it, for, of course, it was my duty to give him proper food.

Scurvy is a disease (if any disease is) purely *chemical*. The body, structure, and functions are not in the least in fault; in one sense, each part of the system is ready to perform all its functions, but one of the external things necessary for its doing so is taken away. In the case of *suffocation*, the body is not at all in fault, but it suffers from a want of fresh air; so in scurvy, the functions are all right, but the food which the body by nature requires, is withheld from it. Give the body this proper food, and it will make proper use of it; give it a good sound raw article, if I may so speak, and it will manufacture properly, and the diseased state will disappear. This is very different from the state of some other cases in which chemical remedies have been employed. For example, you know that in cases of softness of the bones, some have recommended a good supply of bone earth—of phosphate of lime, as though the bony substance was only wanting. Here there has been no want of proper supply of any thing, but the system is wrong; and give it what phosphate of lime you will, that will not put the body in order. The disease does not consist in a want of bone earth, but in the want of the proper functions which make the bone, or evolve it from the materials they receive. So in the case of diabetes; it is not that the body is overloaded with an excessive supply of sugar, or been deprived of a due quantity of animal food, but that the functions of the body which form the compound fluid called urine are diseased, that occasional the diabetes, in which sugar appears, and urea, lactic acid, and salts, are deficient; and yet you may keep a person exclusively to animal food, but very rarely I believe cure diabetes in that way. You may assist somewhat by giving only animal food, in making it more difficult for the diseased function to manufacture the peculiar urine, but as to curing it by animal diet, I believe that, in general, you will find this impossible—I, at least, have found it impossible.

To take a chemical view of such affections is not even countenanced by chemists themselves. The case of scurvy is exactly like the case of impending suffoca-

tion—the body would be in good health if not deprived of its proper external supply. I therefore gave this man fresh diet, and he at once became well; fresh meat every day, and fresh vegetables twice a day—greens night and morning, for farinaceous vegetable food is insufficient. An improvement was visible every day; and, in fact, in four or five days after I showed him to you he felt so well that he would not remain in the hospital any longer, but determined to lose no time in going into the country to his friends whom he had not yet seen; he felt that he had nothing to do but to live out of the hospital as he lived in it, and then that he would get rid of the very slight remains of the complaint that were still perceptible.

The power of lemon-juice over the disease is said to be very great—its effects speedy and marvellous. The compiler of Lord Anson's voyage, seeing the dreadful appearance of the body in this disease, seeing how fatal the disease was, and how horridly it disfigured and disabled the body, making it a loathsome offensive mass of corruption (perhaps more than any other disease whatever), declared that a cure was impossible by any remedy or by any management that could be employed, and no hope of ever curing it could be entertained; and yet now we know that such a state as that may be at once removed by a change of diet, and by a little lemon-juice! This circumstance, I confess, gives me great hope of the improvement of our profession. Many diseases certainly can now be cured which were formerly considered hopeless, from our sounder pathological views. By looking out for inflammation for example, generally, and by treating it vigorously and steadily, we cure any affections that formerly were despaired of (for inflammation is now known to be the foundation of numerous diseases). There can be no doubt also that a number of drugs, both mineral and vegetable, have greater power over diseases than is yet known. I consider the marvellous effects of lemon-juice in this, the most horrid state of the body that can be well conceived, sufficient to justify a hope that a number of drugs may be known in the course of time that may cure a number of diseases, which even at present appear to us to be hopeless. Let me again mention that formerly the scurvy appeared to be entirely incurable, and the attempt to cure it absolutely ridiculous.

The power of lemon-juice over this affection is said to have been known two hundred years ago. It is said to have been mentioned in a book called *Woodall's Surgeon's Mate, or Military and Domestic Medicine*, by John Woodall, Master in Surgery, which was published in 1636; and he ends his praises of it by saying he dare not write how good a sauce it is at meat, lest

the chief in the cabin should want it to save vinegar. It is said even to have been known earlier, and been mentioned in Purchass's *Pilgrim*, published in the year 1600; and yet, notwithstanding all that, it appeared to have been almost forgotten. And this is again a very instructive circumstance to us. It teaches us not to despise a medicine without very good reason. If a medicine is recommended on good authority, we are bound, be the authority old or new, to ascertain whether what is said of it is true, unless we have other medicines that fully answer every purpose. I have no doubt that many medicines were once used and are now forgotten, which would be very good in certain cases, or certain states of cases, and have been thrown aside without any reason whatever. As to the colchicum, when I was a pupil, I recollect that it was not employed—I never saw it used,—I heard it mentioned undoubtedly in lectures, but as a remedy that was highly dangerous, and yet this is as old a medicine as there is in the *Pharmacopœia*, praised by very old writers for its powers of cleansing the joints, in short for its power in gout and rheumatism. The lemon juice was, though so well appreciated so long ago, so little known as a remedy in scurvy in the last century, that Sir Gilbert Blane states (and his select dissertations, as well as his other writings, are full of excellent information) that when the London College of Physicians was applied to by Government for a remedy in scurvy, they advised the use of vinegar, which has very little power: and that in 1753 a Fellow of the College wrote a book on the subject of scurvy, and never even mentioned lemon-juice. It was owing to Dr. Lind chiefly that the knowledge of lemon-juice was revived. Above a century after Woodall published, he stated its peculiar power.

The Navy, however, suffered very severely from scurvy till 1795, when Lord Spencer, the father of the present Chancellor of the Exchequer, was at the head of the Admiralty, and at the recommendation of Dr. Blair and Sir Gilbert Blane, established a full supply of it to the Navy; in which from that time scurvy has been scarcely known. Such has been the difference of the disease that though so late as in 1780, nearly two centuries after the publication of Purchass's *Pilgrim*, there were 1754 cases of scurvy in Haslar Hospital, in 1806 there was but one, and in 1807 but one!

I believe that the lemon-juice itself is considered more efficacious than the citric acid. I, of course, can speak from no experience of my own, but some people imagine that the lemon-juice itself is more efficacious. It is preserved very well, I believe, by putting about one-tenth part of spirits to it. All the *Hesperidæ* have the same virtue,—

the lime, the Seville and unripe China orange; malt and sour cream are also thought good. An ounce of lemon-juice with an ounce and a half of sugar daily is the navy allowance; and now scurvy is never known on the longest voyage, unless in an instance of gross neglect, like that of the man whose case I have now considered. Before the supply took place which is now served out, the average of patients sent to hospitals was in the preceding nine years, one-third of the whole Navy. In the succeeding nine years but eighty-four cases occurred.

I may mention as a good illustration of the use of lemon-juice, that *The Suffolk* left England in April, 1794; that she had no communication with land for twenty-four weeks, and yet only fifteen of her crew were slightly sick, and were soon cured by an augmentation of the usual allowance of two-thirds of an ounce, and not one had the scurvy on her arrival. In 1800 the Channel Fleet had no fresh provisions for sixteen weeks, but plenty of lemon-juice, and not a case of scurvy occurred; whereas, in 1708 the Channel Fleet could not keep at sea beyond ten weeks, and was worn out with the scurvy and fever.

The best application to the ulcers is also the lemon-juice,—a slice of lemon, as Pere Lebat appears to have pointed out in his voyage to the Antilles. Pain in the breast and limbs is often felt during the scurvy, especially, it is said, if rapidly cured by lemon-juice.

In 1600, on the 2nd of April, Commodore Lancaster sailed from England with three other ships for the Cape of Good Hope, and arrived at Saldanha Bay on the 1st of August, the Commodore's own ship being kept in perfect health by the administration of three table-spoonfuls of lemon-juice every morning to each of his men; whereas the other ships were so sickly as to be unmanageable for want of hands, and the Commodore was obliged to send his own men on board to take in their sails, and hoist out their boats.

With respect to the time at which the scurvy begins, I think this man began to have the disease at the end of five or six weeks. He told me, but I have not made a note of it. Sir Gilbert Blane (to whom I myself, and Mr. Herschell, evidently also, am much indebted for information on this subject) says that the disease usually begins on the 6th or 7th week of sea victualling. Some have of late doubted whether the lemon-juice has any such power as has been ascribed to it. A most excellent man, a friend of mine, Dr. Stevens, the gentleman who in the West Indies first tied the external iliac artery, has peculiar opinions respecting fever, and contends that the blood is in a diseased state in this disease; and that after a time the proper remedy is, cer-

tain substances to alter the state of the blood; minute doses of neutral salts. According to his account (and his statements are all to be depended upon), in the yellow fever, and other fevers, after the first attack is over, when the blood has fallen into this depraved condition, life is saved by administering minute doses of neutral salts, and remedying this defect in that fluid. I have seen them in his experiments render the blood very florid out of the body, and acids make it black. He contends that acids, therefore, must be injurious in scurvy, and citric acid among the rest, and advises nitre; but I must say, that when we have so many evidences of the loss of ships' crews without the use of lemon-juice, and of their remaining healthy under the use of the juice, I think more evidence must be brought forward than he gives to induce persons to agree with him. However, his work on fever will be well worth reading; I recommend it to your notice as soon as it is published, and you will judge for yourselves. In Mr. Herschell's works on the cultivation of the Physical Sciences, just published in Dr. Lardner's Encyclopedia, he mentions, among the great improvements that have been introduced for the good of society, the cessation of scurvy. He mentions this as one of the greatest blessings that have been accomplished for mankind in modern times. You will find him saying, that "at present scurvy is almost completely eradicated in the Navy, partly, no doubt, from increased and increasing attention to general cleanliness, comfort, and diet, but mainly from the constant use of a simple and palatable beverage, the acid of the lemon served out in daily rations. If," he adds, "the gratitude of mankind be allowed on all hands to be the just meed of the philosophic physician, to whose discernment in seizing, and perseverance in forcing it on public notice, we owe the great safeguard of infantile life, it ought not to be denied to those whose skill and discrimination have thus strengthened the sinews of our most powerful arm, and obliterated one of the darkest features in one of the most glorious of all professions."

In regard to the etymology of the word *scorbutus*, I believe it is *scharbock*, corrupted and latinized, and that *scharbock* itself comes from *scharf-pocke*, sharp or violent pock, or *schorf-pocke*, scab or scurf-pock; though scurvy is the medical English name for the disease *scorbutus*, and common people designate any cutaneous disease, with scurf or scabs, by the term *scurvy*. You may remember that when I desired the sister of the ward to bring the man not with the leprosy but with the scurvy, she brought me the man with the lepra, assuring me that that was the man with the scurvy, and

had no idea of the sailor's disease being called scurvy.

Respecting the cases that were admitted this week, there were, among the women, a case of continued fever—a case of rheumatism—a case of bronchitis—and a case of hysteritis. Among the men, a case of nephritis, and two of bronchitis. Among the women there was also a case of

#### PREGNANCY MISTAKEN FOR DROPSY.

When I came to the hospital I found that one of my beds appropriated to women was filled with a female with a large abdomen, who said that her doctor (Dr. Fiddle) had told her she had got the dropsy, and had better come here to be cured. Now, when I was a pupil, I saw a very sharp, clever physician admit two cases of women with big bellies, and prescribe for them squilla, superacetate of potash, and other anti-hydropsics, and in due time, indeed before the week was out, each of those persons had a little one sinking at her side. (*Laughter*.) However, this would have been a very annoying and discreditable circumstance now, in these days of diagnosis, and therefore I condescended, or my physicianship condescended, in this case to use mechanical means of investigating her state. I not only inquired whether there was fluctuation or not, as physicians are allowed to do, and ascertained that there was not any, but I had her undressed, as I make it a rule in all cases of disease of the trunk whenever there is a suspicion of organic disease. I believe it is considered very discreditable by some for a physician to use his hands or his ears; but as nature has given us both our hands and ears, I for one am very grateful for the gift, and wherever the phenomena of touch or sound occur, I consider them equally worthy notice as phenomena of sight or as details given, and despise not the assistance afforded by nature. I therefore mechanically examined the whole abdomen of this young lady, and found a considerable tumour of the abdomen, quite hard; it was broader and broader upwards, till at the commencement of the epigastric region I felt it well defined; its edge rounded off, and its shape something like the segment of a circle. On looking at the breast, the areola appeared to be of the darkest brown. This of course made me very suspicious. At one part of the tumour of the abdomen, the upper part, in the right hypochondrium, I found a smooth, dense, globular projection, as if there was a lobule there; while my fingers were upon it, however, the lobule disappeared—away it went. On applying my fingers there a second time I found it again, but more in the centre; then it receded, and I felt it lower down; while I was feeling it there, it gave



such a kick that I started and withdrew my hand. The nature of the case was perfectly clear, but I said nothing about it; and asking the maiden how long she had had the dropsy, she replied a month. I asked her if she still menstruated, and she replied that nothing of that kind had happened for ten months; I asked her if she was ever sick, and she replied, "Sick all day and every day."

I think it very likely from all this, and from what I have often observed, that she had no idea of being pregnant. I believe that many women become with child and are not aware of it; not that they are not conscious of having taken the proper means of getting into that state, but that they have no idea that those means have taken effect. It is so common for women to indulge and think no harm will come of it, because so frequently no harm does come and they perhaps themselves have so long indulged with impunity. It is so common for women to suppose that no harm can come, and not to know that in these matters very little sometimes goes a great way. (*Much laughter.*) From earnestly hoping that no harm will come, some will really go on in pregnancy for a long time, without at all suspecting their situation, and at last are taken by surprise. I know that some are impostors, declare themselves not to be with child when they know they are, and protest and pretend they are so virtuous, that the thing is out of the question, or quite impossible. Yet I do believe many women are themselves deceived. This woman, I think, must have been deceived, and for this reason—that she told me very honestly and frankly, that she was continually sick, and had not menstruated for many months. Now I think, if she had really wished to deceive, she would not have admitted all this. I have been told by gentlemen who practise midwifery, that single women frequently are so little aware that they are with child, that they will be taken with their labour pains, and not even then believe the real nature of their state. I have been told of women who suffered the commencing pains of labour, without being at all convinced that they were, still persisting that they could not be with child; of course it must then be absurd for a woman any longer to attempt deception, and I think it must generally be from not believing it. I think that women who are in the family way, frequently have not the least idea how very easy it is for them to become so. (*Much laughter.*) A man cannot be too tender towards the other sex, and I therefore did not reproach her with imposture, nor even declare her state to her in express words. I said nothing more than that she had not got the dropsy, and requested you to listen to the little one's heart, which beat dis-

tingently 120 in a minute, while the mother's pulse was 76.

The case was interesting, particularly on this account:—When we applied the stethoscope to the abdomen low down on the left side, the child's heart was heard distinctly pulsating with a double beat. I myself, and several of you, counted it 120, while the mother's pulse was 76. It was perfectly distinct; there could be no doubt at all about it, and several gentlemen examined it as well as myself. I never heard a foetus's heart pulsating before.

Respecting the treatment of the case, the prescription I wrote was "*Excus*—Let her depart in peace."

The case is also important, as showing the necessity of taking pains to make a careful diagnosis. Any one might suppose that a mistake at this advanced period of pregnancy could not be made; but, as I have said, I do recollect, when a pupil, two cases admitted into a hospital, but not examined in bed, prescribed for, where, after an examination with the clothes on in the admission room, diuretics, and other remedies of dropsy, were employed. Though, luckily, no harm was done, yet it made the physician look exceedingly ridiculous; it occasioned a laughing and a talking among the pupils, and must have made the patient herself think, at all events, that he was no conjuror.

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## MODERN SURGERY.

*To the Editor of THE LANCET.*

SIR,—The very horrible narration which you gave in a late number, of the case of the poor boy who was so unscientifically mangled at Bartholomew's, is enough to chill the blood, even of a Hospital-surgeon himself. If the nail had been driven into the petrous portion of the temporal bone by a hammer, then perhaps we might have supposed such violence as was used in this case justifiable, but, most certainly, unwarrantable in the present instance. I am an old practitioner, and have met with many cases in which substances have been introduced into the meatus auditorius, but have always succeeded in extracting them by introducing beyond them the eye-end of a silver probe slightly curved.

I cannot help taking this opportunity of saying, and I do it with grief, that I think the art of surgery, especially in the metropolis, is fast declining, and that it will continue to do so, whilst some of the most eminent surgeons are content to keep their hands in their breeches-pocket (except to

receive their fees), and satisfy themselves by looking at their patient's tongue and prescribing medicines, of the composition of which most of them are ignorant: To amputate a leg, to apply a roller, and to perform the minor operations, are too carpenter-like for the scientific surgeon, who seldom takes up a knife now-a-days, but when about to tie an aorta, or to perform some such desperate deed, I would ask what surgeon of the present day in London is there whose fame will out-live him as many weeks as that of such men as Cheselden, Pott, Hunter, &c. has outlived them years?

I studied in the day when the cure of an ulcer of the leg was thought mainly to depend upon the skilful application of a roller; but I am informed by a late apprentice, who has recently returned to this part of the country, having finished his medical education (as it is called) at Bartholomew's Hospital, that a surgeon in London never degrades himself by applying an outward remedy, that being left to the patient or a nurse; but that he prescribes a blue pill every night, and a black dose occasionally in the morning, which does the whole business. Upon inquiry, I found that this young man, although he had acquired little more (except of anatomy) than he ought to have been in possession of before the expiration of his apprenticeship, had not performed one operation beyond that of bleeding, tooth-drawing, opening an abscess, or making a seton or an issue.

Is this the way, Mr. Editor, to advance the art of surgery? Or is the number of certificates and diplomas which a young man brings with him from the centre of medical knowledge, to be considered as a sufficient warranty of being capable of meeting with due effect the serious cases which he may be early called upon to treat, the whole responsibility of which, in the country, generally falls upon himself?

The country is the school for a general practitioner; he has no means of shaking off the responsibility which a practitioner in London has, who is too much in the habit of relieving himself from the exercise of his own judgment by calling in the aid of a hospital physician or surgeon; thus begetting an indolence of mind, incompatible with a zealous disposition towards the advancement of his profession.

Your spirited journal has already done much, and I trust will do still more in weeding and laying out, to the best advantage, the garden of medical knowledge.

I have the honour to be, Sir,

Your very obedient servant,  
AN OLD COUNTRY PRACTITIONER.

Brighton, December, 1836.

## LITHOTRITY.

To the Editor of THE LANCET.

SIR,—I beg to transmit for insertion in your popular Journal, some additional cases of stone, treated by Baron Heurteoup according to the lithontritic system. I forward them immediately on their receipt, from his present translator, Mr. Biggs.

I am, Sir, your most obedient servant,

D. O. EDWARDS.

Westminster Hospital, Feb. 8, 1831.

## FIVE CASES OF STONE

TREATED BY

## BARON HEURTELOUP.

*First Case.*—Mr. Goldsmith, solicitor, about 30 years of age, residing at Watford, was presented to me by Mr. Bransby Cooper, who, having sounded the patient and discovered a stone, advised him to have recourse to lithotritry, which mode of treatment Mr. Cooper thought advantageous, on account of the age of the patient, his good constitution, and the favourable state of his bladder. The "perce-pierre" seemed most suitably adapted to this case on account of the small size of the stones, two or three of which were immediately seized and comminuted; but one of them, although laid hold of by the branch, eluded the grasp several times: as soon as the perforator was put into action, this clearly denoted a flat stone, and I resolved to destroy it with the "brise-coque," with which instrument it was instantly seized and crushed.

A circumstance worthy of notice in this case is, that Mr. Goldsmith, having some business to transact which required his attendance, went to Watford between the second and third operation; while he was absent, a fragment became enlarged in the urethra, and harassed the patient considerably; he returned to London immediately, and I pushed the fragment back into the bladder, employing means so as not to lacerate the passage; when he had obtained relief from the removal of this fragment, the operation was continued, and the portion which remained was extracted.

The shape of the flat calculus deserves attention: it consisted of two small stones, each of which resembled a large lentil; they were joined together by their edges, so that, although separately they did not exceed six lines in diameter, together they formed an elongated, smooth, flat stone, which the "perce-pierre" found great difficulty in seizing, and could not maintain with sufficient firmness to allow the perforator to act

upon it. The patient passed a fragment which corresponded to the part where these two calculi were united.

Mr. Goldsmith was operated on in the presence of Messrs. Bransby Cooper, White, Warren, Biggs, &c.

*Second Case.*—A baronet, 63 years of age, after having observed for more than a year the symptoms which denote the existence of a calculus in the bladder, consulted Mr. Brodie, who sounded him, and discovered a stone; this gentleman, considering this a fit case for lithotripsy, did me the honour to call me into consultation, and placed Sir \*\*\*\*\* under my care.

By means of the sound, a spherical stone, of about ten lines in diameter, hard, smooth, and easily displaced, was discovered. Judging that it was composed of uric acid in concentric layers, and of a friable nature, from the sound produced when it came in contact with the instrument, I thought the “perce-pierre” might be employed with advantage. In three applications of this instrument, the calculus was reduced into powder or fragments, sufficiently small to be voided by the urethra, and the patient was restored to health.

The case of Sir \*\*\*\*\* is simple; the stone was a spherical uric-acid calculus, the two most favourable conditions for allowing the patient to be speedily relieved; its spherical shape facilitates its seizure by the “perce-pierre,” and its chemical composition renders its destruction easy by means of the drill. This operation was, however, attended with difficulty, on account of the violent contraction of the bladder.

I must here make mention of a circumstance of some importance, which proves how little inconvenience patients sometimes feel from the operation of lithotripsy. Sir \*\*\*\*\* was liberated from the stone without his family being aware that he was treated for so serious a malady, and even now they are ignorant of the fact, for the patient, notwithstanding the pain and uneasiness he must occasionally have felt in the course of the disease, never communicated its nature to them. After every operation he returned home on foot in the same manner as he came, and presided at his table in the midst of his friends. I mention this circumstance as being curious and novel. This is not, however, an exception to the generality of cases, for every patient in the same favourable condition as Sir \*\*\*\*\* and, under the same circumstances, will suffer as little; for the most part, they walk to my house to undergo the operation, and return home in the same manner directly after its termination; Mr. Wattie, my first patient, 64 years of age, came three times on foot from Chelsea to Parliament Street,

where he was operated on, and walked back again without inconvenience.

Mr. Brodie was present at the operations performed on the worthy baronet.

*Third Case.*—Mr. Archer, 52 years of age, residing a little out of town, feeling the inconveniences resulting from stone in the bladder, consulted Mr. Heelis, who sounded him, and thought he discovered a calculus, but he felt it so indistinctly, that he could not affirm positively that there was one. In this state of uncertainty, Mr. Heelis was kind enough to apply to me; I found Mr. Archer in the enjoyment of pretty good health, but the urine was rather thick, and deposited at times a little catarrh. I sounded the patient carefully, and experienced the same difficulty in feeling the stone as Mr. Heelis; in the same manner as that gentleman, I had a faint sensation of having touched a stone, but so imperfect, that I could not affirm that a calculus existed. The bladder was irregular, covered with cells, and during its contractions it was intersected by fleshy columns, between which the stone could lie hid, and be secure from any contact with the sound. Taking into consideration, however, the symptoms of stone, which were well characterised, and the sensations which had been felt, however imperfectly, and being at the same time fully persuaded that the introduction of an instrument could not be productive of the slightest inconvenience, I resolved to operate on Mr. Archer; for it was evident, that if a stone did exist, it must be small, and would be immediately seized and comminuted; by examining the bladder with an instrument, I should also be taking prompt measures to relieve the patient, at the same time that I was obtaining exact knowledge of his complaint. I put the plan into execution, and employed a “perce-pierre” with only one claw, on account of inequalities of the bladder; notwithstanding these inequalities, the varicose and fungous state of the cervix, and a high degree of contraction, a small round uric-acid stone was seized and reduced to powder.

This case is interesting for various reasons; it proves that a calculus cannot always be detected by means of catheterism, and that an instrument of lithotripsy, when it is well handled, is not only better adapted than a sound to discover a calculus, but that a surgeon may, in some cases, convert a simple examination into an immediate operation.

Mr. Archer's case is also curious, from his having had a bladder with a varicose neck, which swelled to such a degree after the introduction of the instrument, that it presented an almost insurmountable obstacle to the expulsion of the urine; for four

or five days the patient could not pass a drop of urine without the assistance of a catheter, which it was found necessary to introduce several times a day to empty the bladder. It had the two-fold advantage of bringing out the urine, and enabling the patient to expel his fragments immediately, and without the least difficulty. In the course of a few days he was able to make water in a full stream, but for a fortnight after continued to pass a little glairy mucus.

I operated on Mr. Archer in the presence of Mr. Heelis, my pupil Mr. Biggs, &c.

**Fourth Case.**—Captain Armstrong, from Bangor, Ireland, sixty-four years of age, after having suffered for about two years and a half, consulted Mr. Crampton, who having discovered a stone, was kind enough to give him the same advice as he had given to Mr. Rodgers and Major Moore, to come up to London, and put himself under my care.

The captain immediately proceeded to London; I sounded him, and detected a large, smooth, oval stone, which could be easily displaced, but did not roll; the bladder was capacious, but contractile; the urethra was large, and the patient's health was pretty good, with the exception that he ate with little or no appetite.

Two days after the examination, Captain Armstrong appeared to be in a favourable condition for undergoing the operation; the "*trois branches à virgule*," which is suitably adapted for breaking down oval stones, was employed.

In the first sitting, the "*virgule*" acted twice on the stone, and produced much detritus; and I discovered that there were two calculi in the patient's bladder; for whilst one was held fast between the branches, another was distinctly felt.

The second operation was performed with the same instrument; the oval stone which had been before attacked, was again seized; and the "*virgule*," acting upon the very centre, reduced it into fragments, some of which were immediately secured and comminuted.

At the third operation, the "*trois branches à virgule*" was again employed, in order to destroy the stone which still remained entire; in trying to accomplish this, several fragments were seized and pulverized; but when I grasped the entire calculus, the more special object of my operations, it escaped from the branches as soon as the rill which contains the "*virgule*" was rotated; this circumstance led us to conclude that the stone was too flat to be comminuted by the three-branched instruments; and we were the more confirmed in our opinion, from the patient having passed a fragment detached from the edge of the stone in one of the imperfect attacks of the former operation.

This fragment evidently corresponded to a flat calculus, which required the action of the "*brise-coque*" to be destroyed; with this instrument, in three applications of four minutes each, a calculus, which had been refractory to the action of all the other instruments, was reduced to fragments and powder.

After the second operation with the "*brise-coque*," I waited a few days to see if Mr. Armstrong would feel any sensations indicative of the existence of a fragment in the bladder, observing that the stream of water was not so regular as it should be. I examined the patient with a "*perce-pierre*," which had but one claw; a small fragment was apprehended and crushed; from this time the patient made rapid progress towards his recovery, and soon after returned to Dublin.

The quantity of stone in the patient's bladder, and the rapidity with which he was relieved of it, render this case interesting; it shows the comparative advantage of two different instruments, the "*brise-coque*" and the "*trois branches à virgule*;" the latter of which was found to be applicable in the case of an oval stone, but proved to be very unfavourable when used in relation to a flat one.

Mr. Armstrong resided, during his stay in London, at No. 16, Chapel Place, Oxford Street, and was operated on at my house, in the presence of Sir Astley Cooper, Messrs. White, Key, Probert, Copland Hutchison, Branaby Cooper, Sayer, &c.

**Fifth Case.**—Mr. Spencer, sixty-one years of age, after suffering upwards of three years, consulted Mr. White, who recommended him to apply to me, and wished me to undertake the case, although the unfavourable state of the patient raised some doubts in his mind as to the success of lithotripsy.

In fact, Mr. Spencer, notwithstanding a pretty good state of health, presented a complication of evils, which rendered his recovery uncertain. Besides two unguinal herniæ and a hydrocele, his bladder created many serious and additional obstacles. For a long time he had laboured under considerable hæmaturia; his bladder, which was badly conformed and overrun with partitions, was lined with a soft spongy membrane, which bled at the mere contact of a sound, his prostate was large; his urine deposited a large quantity of muco-purulent catarrh, and was often bloody; he could not make water without experiencing great pain, and the stream was small and without force, which led me to conclude that he would not pass his fragments. Notwithstanding all these difficulties, I thought that lithotripsy might be applied with advantage, for although the stones were numerous they were small,

and I was the more readily led to this conclusion from a perfect persuasion that such an accumulation of unfavourable circumstances must necessarily render the success of lithotomy still less doubtful.

I therefore consented to operate on Mr. Spencer, and employed a "perce-pierre" with only one hook on account of the irregularities of the bladder. After several applications of this instrument we had the satisfaction, not only to relieve the patient of all the stones which his bladder contained, but to see the urine become clear, and retained in larger quantities; the desire to make water was less frequently felt, and was accompanied with little or no pain; the internal membrane was even and firm, and did not bleed at the introduction of a sound; the hematuria ceased entirely, and, in a word, there was a cessation of all the bad symptoms which had before existed.

The stream of water, though considerably better, is not, even now, quite as it should be; this depends on the enlargement of the prostate gland.

Mr. Spencer's case is remarkable for the happy change effected in his urinary organs, which were in a deplorable state before the operation; and, on account of the numerous difficulties which attended the manœuvres during the operation; for, before the instruments could be applied, it was necessary to open the hydrocele; during their application we were obliged to compress the hernia; the calculi concealed themselves in the lateral pouches which existed in the patient's bladder; it was, therefore, necessary to find them out and place them with a sound on a smooth surface, before I could attempt to grasp them with the instruments; the bladder being lined with a soft, fungous membrane, it was very difficult to seize the stones, and more especially the fragments, without coming into close contact with this membrane, in the folds of which the fragments were entangled; finally, since the urine was not expelled with sufficient force to bring out the particles of stone, it was necessary to relieve the bladder of them mechanically by means of a large sound. Lithotripsy, however, surmounted all these obstacles, and has proved successful in restoring to a favourable state of health a patient on whom lithotomy could not have been practised without the greatest risk of its proving fatal.

Mr. Spencer is now in the enjoyment of good health, and his bladder continues in the same favourable condition, with the exception that now and then there is a gravelly formation of phosphate of lime, which is for the most part expelled, but if it be too large to pass through the urethra I immediately comminute it. This tendency to form gravel will very probably cease in a short time,

either, as I before remarked, from a change in the constitution of the patient, or else by means of suitable draughts and injections.

I operated on Mr. Spencer in presence of Messrs. White, Gillet, my pupil Mr. Biggs, &c.

#### CASES OF]

#### CALCULUS IN THE BLADDER,

IN WHICH LITHOTOMY WAS PERFORMED.

By GEORGE MORRIS, Esq., of Rochdale, M.R.C.S., London.

On the 27th of September, 1830, I was consulted by Thomas Lowe, ætat. 76, collier, of Crankey-Shaw in this place, on account of suffering from stone in the bladder. He stated that he had been troubled with the complaint for many years. On inquiry, I ascertained he was labouring under violent irritation and pain in the bladder, which caused him to void his urine and feces involuntarily; these attacks generally lasted from five days to a week, and came on at intervals of about the same time. On examination *per rectum*, I found the left lobe of the prostate gland very much enlarged. Four years ago he was admitted an inpatient of the Manchester Infirmary, where he remained some time; he was sounded by the surgeons of that institution, who candidly told him (to use the old man's own words) that if was cut he would die; on account of which, they advised him to return home and bear his sufferings with patience. I cannot imagine for what reason they refused to operate, unless it was from his advanced age and enlarged state of the prostate; but I have no doubt the gland was perfectly healthy, and merely enlarged from the long-continued irritation kept up by the foreign body. On the 29th of September I sounded him in conjunction with my friend and late master Mr. A. Wood, surgeon, of Rochdale (whose kindness and liberality on all occasions I am proud to acknowledge), and Mr. E. Grundy, surgeon, of Bury. We were all perfectly convinced of the presence of the stone, and I proposed to operate on him the ensuing 5th of October. To this he readily consented, and he said he had rather die than continue to live in such misery. In consequence of a violent degree of irritation taking place on the day after he was sounded the operation was postponed, and I ordered him the following mixture:—*R. Sode carb., ʒiij; ext. hyoscyam., ʒi; aq. menth., f. ʒj; mist. et camph. f. ʒii. M.* Of which he took two large table-spoonsful every four hours for the first day, and afterwards three times a day; this treatment completely removed his urgent symptoms. It is worthy of remark, that during these violent pa-

roxyms his pulse was never more than 73 in a minute, and his digestion was almost completely suspended; for after taking food, the stomach became distended with flatus, and only by ejecting the contents was he able to obtain relief. On the 9th of October I performed the lateral operation in the presence of Mr. A. Wood, Messrs. Rayner and Grundy, Surgeons, of Bury, and Mr. Bott, surgeon, of Ringley. The instruments used were, the straight staff, large-sized scalpel, and common stone forceps. The stone weighed 7 drachms; the surface was very rough, and of a dark-brown colour. On the 16th the wound was so far healed, that he voided his urine per urethram, on which day I allowed him to leave his bed. On the 22d I discontinued my attendance, he having perfectly recovered without any untoward symptoms; he has since remained quite well, with the exception of slight palsy of the superior extremities, with which he has been troubled for many years. From the difficulty I experienced in making the point of the scalpel slide in the groove of the staff, I had a knife made very similar to the one invented by the late Mr. Thomas Blizard, with this exception, that the extremity of the blade was merely rounded off, instead of being probe-pointed; this instrument I used on the 3rd of January, in the case of A. Tempest, of Rochdale, a boy ten years of age; from the facility with which it slid in the groove of the staff, I should strongly recommend a trial of it to surgeons in the habit of operating for stone. In twenty-three hours subsequent to the operation, the urine passed per urethram; on the 6th he left his bed; on the 17th, a fortnight after the operation, he had completely recovered. The stone in this case weighed 3½ lbs, and was similar in appearance to the former. Neither of these stones has been submitted to analysis, consequently I cannot speak as to the chemical composition. This I deem a matter of little moment. On this occasion my friends Messrs. A. Wood, Rayner, Grundy, and Mr. T. Wood, surgeon, of Halifax, kindly assisted me. My object in publishing the former of these cases, is to show that neither advanced age nor enlarged state of the prostate is a real objection to the performance of the operation, provided the constitution be otherwise healthy.

Rochdale, Jan. 22, 1831.

LEPROSY.—Dr. R. J. Thornton has forwarded us an account of a case of leprosy, from which it appears “the vital air was successful in effecting a cure, after the patient had been dismissed as incurable from some dozen or two of hospitals. The patient it is alleged at one time “skinned” to the amount of many pounds daily.

## THE LANCET.

London, Saturday, February 12, 1831.

THE subject of medical jurisprudence, within the last eight or ten years, has, in a variety of forms, been almost constantly engaging the attention of the profession. It was introduced as a new branch of science; arguments to prove its “vast and dignified utility” have been displayed upon the pages of numberless volumes, from the ponderous quarto down to the unpretending duodecimo, and a knowledge of it has been regarded by many as the *acme* of professional attainment. It was to convert the medical practitioner into a new character, and to place him before society as one of the most exalted of human beings; and to make him the monitor of the judge, the instructor of the jury, and a demonstrator to the counsel. But to what does all this bombastic phraseology amount? Fudge; mere fudge! “Medical jurisprudence,” as it is termed, is not in itself a science, neither has it added to the stores of our knowledge one single fact; nor, considered in the abstract, does it require the possession, on the part of the medical practitioner, of one particle of information of which it would be unnecessary for him to be possessed, were there no such institution in existence as that which is denominated “forensic medicine.” State medicine demands, in certain cases of death, in cases of suspected violence to females, accidents, and injuries arising from personal conflicts, that a practitioner should communicate in clear, distinct, and intelligible language, before a coroner and jury, or before a judge of assize and his jury, his knowledge of those circumstances of which he may be cognisant, connected with the case;—that he should be well acquainted with the anatomy, physiology, and pathology, of those parts of the body to which his attention may have been more particularly directed by the real or imaginary in-

jury ;—that he should be intimate with the effects produced by poisons, the most approved agents for counteracting those effects, and the most successful methods adopted for the *detection* of poisons. Now we ask, what species of knowledge is called for here, which is not demanded from the physician and surgeon in their every-day course of practice? Not, indeed, that the variety of information here contemplated will be always in actual requisition; but it is absolutely necessary to the welfare of patients, that their medical attendants should be armed, and fully too, by this species of knowledge. If it could be proved that an acquaintance with anatomy, and all the collateral branches of medical science,—including chemistry, of course, as one of the most important—be *not* necessary to the full discharge of the duties of physician and surgeon, then we would admit, without demur, that “medical jurisprudence,” as it is termed, embraces many subjects which ought to be deeply and attentively treasured in the mind of the student of medicine. It should always be remembered that a medical witness is required only to testify concerning those facts or circumstances, of which he *ought* to possess an accurate, if not a profound knowledge, as a medical practitioner; and it were strange, indeed, if he had not common sense and good taste enough to teach him the propriety of offering nothing more than straight-forward answers to simple questions; for, of course, he must be conscious that he cannot be required by his oath as a witness, to reply to a question which he does not understand, otherwise than by an admission to that purport. In a word, we may safely hazard thus much: that if a medical practitioner be in every respect well qualified to discharge the obligations imposed upon him by his professional duties, he would not sink beneath the interrogatories of counsel in a witness-box. Knowledge gives confidence, unless it be the knowledge of guilt; and when people

fail as witnesses, it is either in consequence of their ignorance, or from their being conscience-stricken. Much stress is laid upon timidity—upon the effects of fear in its operation on the mind. This fear is in itself the result of a sense of incompetency; for if an individual felt well assured that he should be required to discharge no other duty than one which he knew he was fully adequate to perform, there would be little or no dread of consequences. An experienced practical surgeon, for example, would give evidence concerning a fracture of the leg with great clearness and precision; and there is no alteration observable in his manner, or in his countenance, when he is at last subjected to a raking cross-examination. His self-possession leaves him not; the subject is familiar to his understanding: he is accurately acquainted with the nature of the injury, its effects upon the constitution, and the anatomy of the parts in which it occurred; therefore he speaks without hesitation or dismay. But, change the subject; interrogate him upon the action of medicine on the internal parts of the body, question him on points in pharmaceutical chemistry, and he is no longer the same man. Confidence has vanished, and intelligent replies are at an end.

What branch of knowledge, then, is taught by the lecturer on medical jurisprudence, which is not taught by lecturers on anatomy, physiology, pathology, surgery, the practice of medicine, *materia medica*, and chemistry? Not one, if we except that which is called the “law of evidence,” and with which a medical practitioner or a medical witness can legitimately have no more concern than with the decrees of the great CHING-CHONG.

Our attention has been particularly directed to these subjects, by reading the published reports of a couple of introductory lectures, recently delivered by a brace of professors in the University of London, and (heaven help us!) if these perform-

ances are to be taken as specimens of the instructive powers of the teachers, medical men who stand in need of such insane twaddle for their information and guidance, are in a nice predicament. The chair of jurisprudence in the above institution, is now to be occupied conjointly by Mr. Amos, a barrister, and Dr. A. T. THOMSON, a physician. Thus the physician acknowledges that he is not possessed of the requisite modicum of *law* to instruct the pupil in the "law of evidence;" and the barrister acknowledges (in which admission he is, in truth, well justified) that he is guiltless of any acquaintance with the principles and practice of *medicine*. Thus gifted, the two professors have set off upon their "course," and "sure such a pair were never seen." The barrister sets out by inquiring, "what questions a medical witness may refuse to answer," and then generously condescends to instruct young gentlemen just out of their swaddling clothes (for certainly the pupils of the London University could require no such information), that "a man is not bound, under the obligation of an oath, to criminate himself," a fact, we think, pretty well understood by any labourer residing between Lend's End and John o' Groar's. The mind disburdened of this stupendous fact, Mr. Amos passes to the consideration of professional secrets; but in the printed report before us, which, for aught we know, may be a garbled and inaccurate affair, it is not stated whether a medical witness may refuse to communicate secrets confidentially imparted during professional intercourse. This is an important omission. We know not whether the lecture, as delivered *ex cathedra*, were equally defective; but we apprehend not, as there is a reference to the trial of the Duchess of KINGSTON. In order to fill up the hiatus thus left, we may state, for the benefit of a few of the *medical* profession (and we are of opinion that there are not many of the members of that body who stand in need of such information), and

for the benefit of a very large number of the members of the *legal* profession, that not only on the trial of the Duchess of KINGSTON, but long enough previously to that event, had it been determined, and wisely too, that the oath was imperative, and that medical men were not at liberty to withhold evidence, however confidentially they might have become possessed of a knowledge of the circumstances. In this respect there is a distinction drawn between the rule of conduct to be observed, as regards the testimony of a medical, and that of a legal, adviser. The latter not being bound to reveal the secrets of his client; while the obligation upon the former is peremptory, as to the disclosure of the secrets of his patient. This is a distinction, in our opinion, more nice than wise, and is attended with no practical benefit, except to lawyers and rogues. If it be the object of just law to obtain punishment for crime, why does it place a gag upon the mouths of the most competent witnesses? If the criminal have voluntarily confessed his crime to the attorney, then must the evidence of the *attorney* be the next best to that of the culprit himself. "Oh!" it will be replied, "a man could not properly instruct his lawyer, if his confidential adviser were compelled to reveal all that had been stated under the operation of an oath." True; but if the man had acted honestly, he would have nothing to dread from disclosure; and if he were really a criminal, it surely will not be contended that he ought, through the instrumentality of secret confessions, lying, shuffling, and perjury, to obtain a verdict in his favour,—the reward due alone to innocence and fair dealing. The practice of our law in this respect is revolting to every dictate of humanity and good sense. A wretch commits murder, and by fully confessing the crime to an attorney, and two or three other hired pleaders, he is enabled to concoct a defence by which his escape from justice is effected. Further; a murderer, on entering the dock



will sometimes openly confess his crime—that he has offended equally against the laws of God, and the institutions of his country, when the humane law-judge immediately interposes, by desiring that the poor creature will not thus commit himself, urges him to withdraw his plea, and to plead “not guilty,” thus putting a *LIE* into the mouth of a wretch, only a few hours before that same judge sentences him to hanged. Can there be better evidence of guilt than a man's *own confession*, especially when communicated to the judge and jury without the intervention of a second or third person? Obviously not; and if the blockhead were to confess without being guilty, hanging would be almost too lenient a punishment for his folly.

Mr. Amos, like the rest of his profession, touches this part of the subject with a tender and delicate hand; he is not unmindful of the interests of his craft. As a barrister, he knows full well that, if the confidential communications of clients were not held to be inviolate by the court, the gentlemen of the law would lose about three-fifths of their present enormous emoluments, and if this horrid system of screening scoundrels from punishment were not abundantly profitable to gentlemen of Mr. Amos's profession, why is it that the members of that profession, who alone are the authors of this decision, are the only individuals in the country in whose favour this reservation is made? Mr. Amos seems to sneer at medical men because they know so little of the “law of evidence.” He forgets, however, at the same time, that it is a subject upon which no two members of his own profession are agreed; that it is one, the limits of which can never be defined; for this simple reason, that the facts which must influence evidence are unknown, and consequently cannot be calculated; and the quibbles everlastingly raised upon this point, are merely thrown up as barriers to obstruct the investigation of truth. If a little too much testi-

mony be admitted, where is the harm if the whole of it be not relevant evidence? For the judge still directs his eye to the *law*, and the jury confine their attention to the *facts*, and ultimately nothing that is irrelevant—in strict justice irrelevant—bears in the slightest degree upon the decision of the court. For instance, when Mr. STANLEY was prosecuted in consequence of his having mistaken a piece of flint for a fragment of the patella, while that flint was situated at the distance of one inch from the entire patella, the evidence of seven or eight of the “heads” of the profession, could not convince the jury that this was “sound surgical.” The jury would not receive all that was so unblushingly sworn to respecting the skilful practice of the defendant, the vast superiority of hospital surgeons, and such-like stuff, as evidence to prove that to mistake a piece of flint for a portion of the entire patella, was proof of professional skill. Hence, although this irrelevant testimony was freely *received*, the jury did not hesitate to return their verdict for the plaintiff. As to the “*LAW of evidence*,” therefore, medical men need not trouble themselves much on the subject. Their own good sense must teach them to reply only to such questions as are propounded, and then always as briefly as may be consistent with the elucidation of truth. If they feel a difficulty at any time, they may appeal to the judge, who will at once state whether the question be proper or not, and if there be any medical men standing in the predicament conjectured by Mr. Amos, i.e. who may be in danger of criminating themselves, for such persons we do not profess to entertain any friendly sympathy, and probably the sooner they expose their delinquency, the better will it be for the profession and the public.

In noticing the evidence of Dr. GRANVILLE given in the “Gardiner peerage” cause, Mr. Amos remarks,—“It consumed a great portion of time, but in the end nearly the whole of it was struck out. This

must have had a very bad appearance in the eyes of bystanders,—and yet the fault will not on consideration be found to lie in any defect of professional skill or common sense; still less in a moral defect; but in the miserable state of darkness in the witness's mind with regard to the rules of medical evidence." This is altogether a very strange passage, and indicates pretty decisively that Dr. GRANVILLE's is not the only mind in which there reigns "a miserable state of darkness." Cannot Mr. Amos perceive, through the mist of legal sophisms by which his intellect appears to be encompassed, that the error was committed, not by the witness, but by the tribunal before whom that evidence was delivered? The judges should have refused to hear Dr. GRANVILLE, if they considered that his was not legal evidence. The *questions*, however, were not propounded by the *witness*, and, in replying to interrogatories put by Lord ELDON and other learned judges, Dr. GRANVILLE could have little reason to believe that he was taking a course which was contrary to *law*. Besides, we are not at all convinced that Mr. Amos is himself right upon this mooted question of legal evidence in this case. It will be recollected by many of our readers that, in the "Gardiner peerage" inquiry, the great point to be determined was, whether pregnancy could be protracted beyond the usual period of gestation, and upon this very important question Mr. Amos objects to the "*hearsay* evidence" of Dr. GRANVILLE—evidence which he had derived from the women after delivery, or at an advanced period of pregnancy. "*Hearsay* evidence" in such a case! Will Mr. Amos oblige the profession by stating how Dr. GRANVILLE or any other GENTLEMAN could offer aught but "*hearsay* evidence," while attempting to solve such a problem? The learned barrister must know that all really valuable information relating to the precise period of gestation, *must* proceed originally from the fair sex; and that the channel of inquiry is too deep to be fa-

thomed by our blunted powers of penetration. To us the phenomena are inexplicable; it is an inquiry, the full investigation of which is suited alone to the peculiar qualifications of women, who, however unpretending and humble may be their position in life, are wholly, and without reservation, complete mistresses of the subject.

Here, then, we shall take our leave of Professor Amos, by assuring him that a deeper research will point out to him the important error into which he has fallen. The unkindness, too, of his conduct towards Dr. GRANVILLE is the more unjustifiable, as it must be confessed that, with all its blemishes, that portion of the Doctor's testimony derived from actual *experience*, was by far the most telling and "home" that was offered to the assembled peers.

In allusion to the evidence of medical witnesses relative to "*dying declarations*," Mr. Amos remarks that, to make these declarations receivable as evidence, "it is not necessary that the deceased should have *expressed any* apprehension of danger; for his consciousness of approaching *death* may be *inferred* from the nature of the wound, or the state of illness, or other circumstances of the case. This imposes upon the medical man who has occasion to give evidence respecting a dying declaration, the necessity of giving a very clear account of what was the situation and degree of danger of the deceased at the time the declaration was made." Now; how a man's *consciousness* of approaching death can be *inferred* from "the nature of his wound, or the state of his illness," we are utterly at a loss to imagine; and Mr. Amos, upon this point, is directly at issue with the doctrine laid down in the excellent work on Medical Jurisprudence, by PARIS and FONBLANQUE, where it is said (Vol. I. p. 165), "The declarations of a dying man are evidence, when related by a third person on oath, though the party making them was not sworn, for the law presumes that the solemnity of the occasion

may dispense with the form, and that a man, trembling on the brink of eternity, will never risk salvation by falsehood. To give this weight to a declaration, it is necessary, however, that the party should believe himself to be dying." Nothing can be more clear, therefore, than that we must have *words*, or *mental* signs of some description or other, to furnish us with the grounds for enabling us to testify upon oath, that the patient really believed himself to be in danger, and that he should not recover. These dying declarations are often deemed of the highest importance in courts of law, and medical practitioners would do well never to omit taking notes of them as soon as it may be possible after they have been uttered. In cases of personal injury, the ends of public justice often rest entirely upon what the injured party may have declared when he was in the momentary expectation of expiring. But they amount to nothing if the medical witness cannot distinctly swear that the patient was *really* conscious of his danger. On the trial at the Old Bailey session in June 1821, of Mr. GEORGE PATMORE for the murder of Mr. JOHN SCOTT in a duel, the law on this point was thus laid down by Mr. Justice BAILEY. The deceased had been attended by Dr. DARLING, who, therefore, was summoned to give evidence:—

"*Dr. Darling* had heard Mr. Scott on his death-bed say,—

"*Mr. Justice Bailey.* Did Mr. Scott at that time think himself in danger? Did he give up all hopes of recovery?

"*Dr. Darling.* No. To the last he entertained hopes of recovery.

"*Mr. Justice Bailey.* The declaration made by a dying man cannot be received as evidence, unless the party, at the time of making it, were *satisfied* that recovery was *impossible*."

Mr. Justice BAILEY, therefore, goes far beyond Mr. Amos, who thinks that it is *not* necessary that the deceased should have "*expressed any apprehension of danger*."

Indeed it were truly absurd, if the opinion laid down by Mr. Amos were correct; for it is the apprehended danger which, in the eye of the law, renders unnecessary the obligation of an oath. At the last moment, without hope of life, it is not presumed that an individual would utter a wilful falsehood. We may, therefore, suggest to medical practitioners not only the propriety, but the absolute necessity of ascertaining, by direct questions, the state of patients' minds while they are giving utterance to what are called "*dying declarations*." They may be interrogated thus:—"While making this statement, do you believe that you are in extreme danger? Have you no hope of recovery?"

We shall here take our leave of Mr. Amos, and we must defer making our bow to his colleague until next week.

One word on another subject before we close this article. In the same page of the work of PARIS and FONBLANQUE whence we have extracted the decision of Mr. Justice BAILEY concerning "*dying declarations*," we find the opinion of this excellent judge respecting the responsibility incurred by medical practitioners in attending professionally at duels. It was elicited in the trial to which we have already referred, and we think the part is of sufficient importance to be extracted, as it may possibly have the effect of protecting medical men from much obloquy and inconvenience. The law on this important subject is not generally known.

"*Mr. Pettigrew*, surgeon, called.

"*Mr. Justice Bailey.* Mr. Pettigrew, I think it necessary to give you this caution. If you think the evidence which you are about to give, likely to expose you to a criminal prosecution, you are not bound to give it.

"*Mr. Pettigrew.* My Lord, I am not competent to form any opinion of my legal guilt; I have not taken the part of principal or second. The part which I have taken was merely to exercise my professional duty.

*Mr. Justice Bailey.* If you went, knowing that a duel was to take place, for the purpose of giving surgical assistance, I apprehend that you are liable to a CRIMINAL PROSECUTION. I recollect having seen a surgeon of eminence tried in this court on a similar occasion."

If such be the stern decree of the law, it is only right that it should be made known to the profession. Fortified by a knowledge of this fact, surgeons will probably feel more interested in preserving their own neck from dislocation than in rendering assistance to individuals who but too frequently hazard their own lives for the gratification of a blood-thirsty, guilty, indefensible, revenge.

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A NOTICE of the first sessional meeting for 1831, at the College of Physicians, will be found at page 670. It was characterised by rather more than the usual portion of Court humbug, finesse, and intrigue. The LORD CHANCELLOR, it will be seen, was one of the visitors. Was the invitation a mark of respect paid by the President to the splendid, to the exalted talents of Lord BROUGHAM? We answer, No. Because when they ornamented the mind of the "*Opposition*" *Mister BROUGHAM*, that learned and excellent gentleman never, we believe, received any such mark of common courtesy. But the once *Opposition Mr. BROUGHAM* is now *Lord Chancellor of ENGLAND*, and Sir Henry HALFORD is a thorough-going, eel-backed, deep courtier; and this explains the apparent mystery. The all-penetrating eye of the Chancellor must have pierced the courtly veil of hypocrisy, and it is only to be regretted that the *Lord* did not that exhibit contempt for his sickening adulator, which must have been so keenly, so bitingly felt by the MAN.

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## NAVAL SURGEONS AND THE LEVEES.

HUNTERIAN ORATION.

"NAVAL SURGEONS.—The surgeons of his Majesty's navy have received an official circular from the Admiralty, requiring them to state the length of their services as assistants and as surgeons, both afloat and ashore, distinguishing the different periods and employments, that the Admiralty may be correctly informed as to the amount of their actual services. They are also to state their age, if fit for active service, and whether desirous of employment or not; and, moreover, they are to be particular in communicating to the Admiralty whether or not they are in private practice on shore. It would appear, from this strict inquiry, that some regulation is contemplated to restrain officers who enjoy half-pay as surgeons in the navy from practising on shore, unless they may be considered to have earned their privilege by long employment in active service. In all probability these medical officers who have not been employed a certain number of years in both capacities, as assistants and surgeons, will be appointed to sea-going ships, and, being fit for duty, will be required to serve, or resign their half-pay."

The above notice was taken from a morning paper; we scarcely know what to make of it.—ED. L.

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A memorial has been submitted to the Lords of the Admiralty on the subject of the late insult. The memorial, which has been very numerously signed, as well by medical officers in the service, as by members of the profession unconnected with it, prays that the order of which they complain may be withdrawn, as far as regards surgeons of his Majesty's navy. No answer has as yet been received to the memorial; but it is intended, in the event of its want of success, to call a general meeting of the profession, to consider the propriety of addressing his Majesty on the matter."

In our opinion the matter should be taken into consideration on MONDAY NEXT, at the College of Surgeons, when the MEMBERS will meet to hear the HUNTERIAN ORATION. The *theatre* belongs to the MEMBERS, and surely they could not employ it for a better purpose than in making an attempt to rescue from insult a most important branch of the profession. We hope to be enabled to attend.

—ED. L.

## WESTMINSTER MEDICAL SOCIETY.

*Saturday, January 28th, 1831.*

Dr. GRANVILLE in the Chair.

## DIAGNOSIS IN CEREBRAL DISEASES.

THE following is a brief abstract of Mr. Quain's able observations on the symptoms peculiar to various cerebral affections:—

He commenced by observing, that according to the expressed opinions of the leading authorities on this subject, it was altogether impossible to distinguish by symptoms between the various morbid actions to which the cerebral system was liable, especially that it was impossible to discriminate during life between meningitis or arachnitis, and the inflammation, or other organic derangements, of the cerebral substance. Such is the opinion distinctly expressed by Abercrombie and Georget, at which he, Mr. Quain, felt not a little surprised, since in the work of the first of these authorities, numerous cases are to be found altogether subversive of such an assertion. He was, indeed, prepared to show, that there were certain symptoms most distinctly characteristic of each of these peculiar conditions, and by which their diagnosis might be certainly determined. He, moreover, did not consider this subject one of mere matter of refinement or scientific nicety, but also as likely to become of much practical importance, and conducive to the discrimination of various other diseases, besides those which originate in the cerebral system alone. Mr. Quain then proceeded to say, that in order to ascertain clearly the nature of the question now under investigation, it would be necessary to inquire in the first place, whether there existed such a condition of disease as pure and unmixed cerebritis, or inflammation of the substance of the brain; secondly, whether there had been noticed any cases of pure unmixed meningitis, or inflammation of the investing membranes; thirdly, were there any well-marked instances of mixed affections, in which both tissues were concerned; and lastly, were these several states characterized by any peculiar or pathognomic symptoms. To prove that the first condition existed, Mr. Quain related the particulars of the case of a gentleman who, after a trifling injury of the head, had, in the course of fifteen days, the symptoms which he, Mr. Quain, considered peculiar to acute cerebritis, namely, tonic muscular contractions, with loss of motive power; and on dissection, the correctness of the diagnosis was established. In arachnitis, he thought that convulsions and delirium were the diagnostic symptoms, and he related a case which completely il-

lustrated this position. He then narrated a third case, in which the mixed affection was exemplified, and was characterized by the alternate occurrence of tonic contractions of the muscles, delirium, and convulsive movements. The pathological details here also confirmed the diagnosis.

Mr. Quain next alluded to the conflicting opinions respecting the "ramollissement" of the substance of the brain, deprecating, in the first place, the nonsensical custom of assigning a foreign nomenclature to diseases which might be just as appropriately denominated in common English terms. He adverted to the opinions of Abercrombie, who originally taught, that "softening" of the brain was the result of inflammation, but who has subsequently modified his opinions in consequence of the publication of M. Rostan, who attributes the change of structure to a process of debility, identical with the gangræna senilis, and, like it, usually dependent on calcareous deposition in the external vessels. Now, he (Mr. Quain) was still inclined to Abercrombie's original opinion. Some persons derived an argument against the inflammatory origin of softening from the absence of redness, but it was sufficient to remark in reply to this, that in other white structures, in the cornea for example, ulcerations, or other consequences of inflammation, are seen without any redness being perceptible. Again; it should be recollected that M. Rostan was physician to an establishment provided for the relief of aged females alone. Mr. Quain further alluded to some pathological conditions of the brain and the cephalic nerves, not so closely connected with the present inquiry; and he finally noticed the attempts recently made by Bouilland and others to illustrate the theory of Gall and Spurzheim by pathological data. He dwelt too at some length upon the facts which had been recorded of the loss of memory of names and words consecutive on organic disease of the anterior lobes of the brain.

Dr. A. T. THOMSON felt obliged to differ from Mr. Quain, when he assigned loss of memory to organic changes in the anterior lobes of the brain; such a circumstance had been recorded of many eminent literary characters, otherwise in perfect health, and he himself laboured under it to a great extent, so much so that he frequently could not remember the name of some old acquaintance with whom he was conversing.

Mr. QUAIN replied that he had merely adverted to recorded cases, and had not indulged in any speculative conjectures upon them. Dr. Thomson's case, however, was by no means in point. If loss of memory were to be applied to the location of disease, and if a diagnosis were to be established upon

it, it is clear that a comparison would be instituted between the condition of the patient's memory while he was in previous health, and the state to which it was reduced by organic disease. In other words, A. B. would be compared with A. B. not with D. E. the representative of another person. In reply to a question, Mr. Quain again enumerated the symptoms he considered peculiar to, and diagnostic of, meningitis and cerebritis, viz.: in acute cerebritis tonic contractions and rigidity of the muscles, loss of motive power, and of sensation; in acute meningitis, delirium, convulsions, twitchings or startings, no complete paralysis occurring. Finally, both these states concurred to a certain extent in mixed cases.

Mr. KING agreed with Mr. Quain's views, but he thought it essential to distinguish between "ramollissement" and inflammation. He had been assistant to M. Rostan in the institution alluded to, and had had abundant reason to coincide in many of that author's opinions.

Dr. BLICKE made some objections to the application of one of the cases related by Mr. Quain.

Mr. NORTH wished to know what was the practical use of this discussion at all, and if it were of no practical use, what was the object in continuing it. Mr. North's question immediately elicited a sharp reply from Mr. Quain, who ridiculed very forcibly the idea that scientific pathological discussions were useless if they did not point out some immediate curative measure. Mr. Quain was warmly supported by Drs. A. T. Thomson, Gregory, and Granville, and by Mr. King.

Mr. HUNT considered the discussion of very great importance, and related an interesting case, which aptly illustrated the question at issue. He had been recently attending, with other practitioners, on a nobleman who had suffered from a fracture of his skull. In a few days, various alarming symptoms arose; an operation was proposed by other gentlemen, but a contrary opinion was offered, in consideration of the peculiar symptoms of the case, which rather indicated an affection of the membranes than of the substance of the brain. The event proved this view to have been correct, and corroborated Mr. Quain's opinions; for on removing the dressings that day, a bit of dried lint was found adhering to, and irritating the dura mater, and when this was removed, all the untoward symptoms speedily disappeared.

The discussion was then adjourned to the next meeting.

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*Saturday, Feb. 5th, 1831.*

Mr. QUAIN again renewed the discussion on the diagnosis of cerebro-spinal diseases.

He related the details of three cases, exemplifying peculiar and strikingly-marked morbid conditions, with the mode of ascertaining the situation of the morbid action by the symptoms. The first was that of a young lady, who, after suffering from fright, experienced intense pains in the left mamma—pains closely resembling those produced by cancerous affections, to which, indeed, they had been referred. There were no convulsive motions; and, on examination, Mr. Quain found that the pain could be very accurately traced along some of the nerves of the axilla, and down the external thoracic and its branches. He decided that the pain proceeded from an affection of the spinal chord, at the place where these nerves were given off, and it was accordingly found that considerable relief was obtained by suitable remedial measures applied to the suspected region.

Dr. ERSS entirely coincided in Mr. Quain's opinions, and related a case which had been treated for rheumatism, but which he referred to nervous derangement, and cured by antiphlogistic measures directed to the part of the spinal column from which those nerves originated, which he considered to be concerned in the disease.

Drs. COPLAND and A. T. THOMSON also coincided in Mr. Quain's views. The latter speaker begged to ask Mr. Quain his opinions on the connexion of spasmodic asthma, with spinal derangement. He had several times experienced the advantage of applying cupping glasses between the scapulae in that disease. Mr. Quain, however, had not been able to collect any data on this subject.

Mr. KING observed, that by the best authorities no such disease as spasmodic asthma was admitted. The continental pathologists especially agreed in referring the affection to the heart. At this observation, Dr. Thomson was very angry.

After some further remarks from various speakers, Dr. Granville gave notice that at the following meeting he would occupy the preliminary half hour (beginning at eight o'clock), by noticing a paper which he characterised as some "Calumnious statements contained in the report of a lecture on medical jurisprudence, delivered at the University of London, by Mr. Amos, professor of English law." In the report of that lecture, Dr. Granville said he was grossly attacked for his evidence given on a late celebrated investigation. The announcement was warmly applauded.

Mr. KING considered that Dr. Granville need not be surprised at any thing which issued from so corrupt an institution as that to which Professor Amos was attached. He gave notice also, that on the same evening he would bring before the Society the sub-

ject of the late disgraceful exclusion of naval surgeons from his Majesty's levees; but the chairman declined to receive the notice, which was accordingly referred to the Council.

## ROYAL COLLEGE OF PHYSICIANS.

### THE LATE KING.

THE first meeting of the College of Physicians was held on Thursday evening last. It was attended by a vast number of the learned and celebrated of all professions. Among the more distinguished visitors we observed the Lord Chancellor, the Archbishop of Canterbury, the Bishop of London, Earl Stanhope, Lord Tenterden, the Vice-Chancellor, the Master of the Rolls, Mr. Justice James Parke, the Attorney-General, together with many gentlemen well known in the literary world. We should think that there were present quite as many barristers as members of the medical profession. Sir Henry Hallford read to his learned audience a paper, of which the subject was, "The effect of diseases upon the mental faculties." In the course of it, Sir H. Hallford took occasion to speak of what course he considered it prudent for the physician to adopt towards a patient of whose recovery no hopes were to be entertained. He said, that, for his own part, he always kept in view that it was his duty to preserve the life of a patient as long as possible, and that for that reason he did not communicate to the patient himself the extent of the danger that impended him. From the friends and relatives of the patient, however, he never concealed the melancholy truth; they had a right to know the worst: but if to prolong the life of a patient were the duty of the physician, it was obviously as incompatible with that duty, as it was inconsistent with humanity, to alarm the sufferer, and to aggravate his disorder by exhibiting to his view the awful image of approaching death. The learned president then adverted, in illustration, to the case of his late Majesty. The Prime Minister, he said, had been informed as early as the 27th of April that the seat of his Majesty's disease was the heart, and that an effusion of water upon the lungs was to be apprehended. This fact, however, was not communicated to the King; nor was it deemed advisable, for the sake of the royal patient, that the information of it should be disseminated in any way from which it was likely to be conveyed to him. It was not until the month of May that he had an opportunity of explaining to his Majesty the nature of the disease; and this opportunity was furnished by the inquiries of his Majesty himself, who desired that he

might be informed of the cause of the sufferings he endured. The King, upon learning the danger of the disorder, immediately prepared himself for death. Having set his house in order, he received the sacrament, and, from the administration of that holy office, declared that he had received the greatest comfort and consolation. Nothing could be more happy than this disposition of his Majesty's mind, and he (Sir H. Hallford) then betook himself to explaining, as favourably as possible, every new symptom which the disorder presented. By pursuing this course his Majesty's cheerfulness was preserved, and he died without being disturbed by the prospect of approaching dissolution. Indeed, it might be said of his Majesty, as it had been said of one of the Roman emperors, that he appeared not to have died, but rather to have fallen into a deep and placid slumber.

## ROYAL INSTITUTION.

### EXPERIMENTS ON VEGETABLE ALKALIES.

THE second evening's meeting for the session took place on the 4th inst., and was, in many respects, exceedingly interesting. Professor Brande read a paper on the vegetable alkalies, and many proximate principles resembling them, in which he detailed some new and curious facts in their chemical history. He exhibited the decomposition of a solution of the sulphate of quinine by galvanism, by introducing the opposite poles of the battery into a solution of the salt in a glass-cell, when showers of crystallised quinine were deposited at the negative side of the apparatus. Professor Brande stated, that he was at first led to believe that this fact might be applied to the preparation of the vegetable alkalies, but he found on experiment that the presence of the other vegetable principles prevented its success. He exhibited during the evening some splendid specimens of the alkalies and other crystallisable vegetable principles, prepared by Mr. Morson. One of these was exquisitely beautiful, namely, the *alizarine* or crystalline principle of the *Rubia Tinctorum* or madder. He also announced the discovery, and showed a specimen, of a new crystallisable principle extracted from elaterium by Mr. Henley, of the Apothecaries' Hall.

In the library we noticed an admirable wax-model of the head of Voltaire. A striking but simple mode of restoring crumpled feathers to their natural form was also shown, by introducing them into boiling water, when, in a few minutes, their original arrangement becomes as symmetrical as ever.

#### EXTIRPATION OF AN OSSEOUS TUMOUR FROM THE ORBIT.

A GIRL, about 17 years of age, received a blow with a rake, the handle of which entered the left orbit; she immediately fell down insensible, but soon recovered her senses, and on examination a deep wound was found between the upper paries of the orbit and the eye, the upper eyelid having been lacerated; there was not much hæmorrhage, and the eye did not seem to be affected, and remained free from inflammation during the healing of the wound, which took place within a short time, and without any particular treatment. About eighteen months after the accident the girl, who in other respects was perfectly well, felt a tumour forming below the upper eyelid, but as it was not accompanied by pain or any other inconvenience, she did not do anything for it until the tumour had acquired a large volume. At the time when Dr. Salzer saw her, it was four years from the occurrence of the accident; the tumour was seen very hard, immovable, and protruded through the orbit, but was still completely covered by the eyelid; the globe of the eye was forcibly pushed aside and downwards, so as almost to touch the left nostril; sight was not completely destroyed. The upper eyelid was divided, and the tumour having been laid bare in its whole breadth, was found to be of osseous tissue and attached to the orbit, but not as was anticipated by a pedicle, but by a broad base. The substance of the morbid growth was so dense as to render the application quite ineffectual, and it was actually found necessary to use a hammer and chisel to remove only portions of it. Towards the end of the operation, which lasted several hours, it appeared that a large piece of bone was loose, but this could not be extracted, though several attempts were made. The patient was bled, and had ice applied over the forehead; she complained of violent pain, apparently from the pressure which the loose piece of bone exerted on the eye; for as soon as by a proper apparatus this pressure was lessened, the pain and inflammatory symptoms subsided. The osseous fragment, and what remained of the exostosis, having been subsequently removed by the application of the trephine, the muscles and vessels of the eye were found to have been so much flattened as almost to resemble ligaments; however, after some time the globe began gradually to reascend into the orbit, and in six weeks after the operation recovered its natural position; the sight had not suffered at all. The quantity of bone removed, after having been dried, weighed about two ounces.—*Neue Zeitschr. f. Nat. u. Heilk.*

#### LITHOTOMY IN EGYPT.

It appears that urinary calculus is very frequent in Egypt, for during a residence of four years in that country M. Clot, chief surgeon of the hospital Abou Zabel (of which we made mention in a former number), has witnessed sixty operations, of which he himself performed forty. From his report on this subject, it appears that of forty patients on whom the operation was performed, two only died; of the others, eleven were cured between the 7th and 10th day; sixteen between the 11th and 20th; eight between the 22nd and 30th; four between the 32nd and 40th; and one on the 50th day after the operation. In three cases of five, in which Varra's method was employed, a recto-vesical fistula remained; in twenty-four, the lateral operation was performed; and in sixteen, the section was made through the raphe. This extraordinary success is perhaps principally to be accounted for by the mildness of a climate in which all wounds heal very easily, and by the absence of all tendency to inflammation in most of the individuals operated upon, two circumstances which have already been remarked by some of the surgeons of the French expedition, and particularly by M. Larrey himself.—*Lanc. Franç.*

#### ON THE DETECTION OF LEAD.

##### To the Editor of THE LANCET.

SIR,—On reading a late Number of THE LANCET, I find that Dr. Christison recommends the employment of hydriodate of potash as a test for lead and its preparations; and that although he does notice the important objection against its use, yet he does not, as you justly observe, pay it that "special attention which the strictness of their investigations demands." Of course I allude to the property which nitric acid possesses of striking a yellow colour with hydriodate of potash, very similar to that produced by the action of hydriodate of potash on the salts of lead. As, however, under particular circumstances, this test is perfectly free from fallacy, I shall trouble you with the plan which I consider best calculated for the detection of small quantities of lead by means of hydriodate of potash, should that reagent be selected; not that I am foolish enough to claim the merit of an original investigation, for I am well aware that the facts I am about to state must be familiar to every chemist. Obtain a sulphuret of lead by the action of sulphuretted hydrogen gas, decompose this sulphuret by nitric acid, thus obtaining a nitrate of lead, following thus far the directions of Dr. Christison, and then, instead of apply-



ing hydriodate of potash, add to a solution of the nitrate of lead, a solution of carbonate of soda; a carbonate of lead will be precipitated, and which, after the necessary adulteration, is to be dissolved in *acetic acid*, employing a gentle heat to accelerate the action. This acetate of lead may now be examined by means of the hydriodate of potash, when the characteristic appearance will be immediately presented, even if the quantity operated upon be extremely minute. I recommend this process chiefly, because it gets rid of one great source of fallacy, viz. the accidental presence of nitric acid. Acetic acid does not interfere with the operation of the test, although it be in considerable excess; and this to the inexperienced must be an immense advantage. If, therefore, a suspected fluid yield a black precipitate by the action of sulphuretted hydrogen soluble in nitric acid,—if this nitric solution, on the addition of an alkaline carbonate, afford a white precipitate, soluble in acetic acid; and, lastly, if this acetic solution strike a bright-yellow colour with hydriodate of potash, we have a perfect chain of evidence proving the existence of a saturnine preparation.

In writing this notice, I have no wish to supersede the necessity of the reduction process, for, after all, that is the most accurate test. My object is to present the tyro with a method of employing the hydriodate of potash, should he prefer that mode of investigation, with certainty and success.

I am, Sir, your obedient servant,

R. JOHNSON.

London, Jan. 29, 1831.

\* \* Mr. Johnson's process is exceedingly valuable, and will be well worth adopting in any case that may be met with. We may add, that in acting on the sulphuret of lead with nitric acid, heat should not be employed, otherwise a sulphate of lead will be formed. After the application of the hydriodate of soda, it is perfectly easy to reduce the iodide of lead on charcoal with the blow-pipe flame, when the iodine will be expelled, and metallic lead remain, surrounded with the concentric circles of red and yellow oxide, as before described in this Journal.

#### SUSPICIOUS PRACTICES.

To the Editor of THE LANCET.

SIR,—Knowing (from constantly reading your valuable periodical) your detestation of all quacks, and having noticed in your last number the praiseworthy manner in which you have exposed some of the per-

centage-mongers, I am induced to think the following facts may not be unworthy of your notice. First; I should wish to inquire whether you think it *very honourable* of Sir C. S.—— to fold up and direct all his prescriptions to Mr. Garden, of Oxford Street, telling his patients that it is the only place where the drugs can be had genuine; and secondly, I wish it to be known that Mr. V——, a surgeon of some notoriety at the west end of the town, is constantly in the habit of forcing his patients to take their prescriptions to a certain chemist's situated in Bond Street, between Grosvenor Street and Bruton Street, at the same time telling them that if they go any-where else he will not be answerable for the consequences. Do you consider this plan of proceeding respectable, or do you believe he would take this trouble unless he had an interest in it? But this is not all, for I have seen several instances in which he has translated the prescriptions, and desired the people to prepare them at home, by way of depriving apothecaries or druggists of the advantage of dispensing them. Had he only adopted this plan for poor persons it would be excusable, but in *all* the instances which have come under my knowledge it has been done for rich people who could well afford to have them dispensed at proper places.

AMICUS JUSTITIE.

January 31, 1831.

#### STEPHENSON AND CHURCHILL'S BOTANY.

To the Editor of THE LANCET. Sir,—I observe in the last number of THE LANCET you have noticed in terms of commendation, Messrs. Stephenson and Churchill's work on Medical Botany. I have taken it in from the first number, and agree with you, that it is generally well-executed, though I think the editors might have omitted some of the plants, which cannot be strictly called medicinal, or such at least as are introduced into modern practice. By these omissions much expense would have been spared, and the work rendered not less useful. But the principal cause of my troubling you on this occasion is to state, that I wrote some time since to the editors, making a few remarks on one or two of the articles, and reminding them of a pledge they gave to the public, that on the completion of the work they would give an introduction to the study of botany, free of expense to the subscribers, and which the high price of their publication would amply have enabled them to do. They would by this have increased the utility of their work, and facilitated and promoted the study of this pleasing science. They have not thought proper to notice my letter, and I therefore address you, requesting you to make what use of this you may think necessary. With best wishes, believe me, Sir, yours truly,  
Staines, Jan. 20.

ROBERT HUNTLEY.

ATTORNEY-CORONERS.—A correspondent observes on this subject, "As a member of the law I would say that the knowledge which is requisite to the due execution of the office of coroner may be acquired by a perusal of the 14th chapter, vol. iv. of the learned Blackstone's Commentaries, and from which, I have no hesitation in asserting that the medical coroner will acquire more information on the subject than is possessed by three-fourths of the legally-educated coroners."

"Temple, January, 1831."



# THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 19.

[1830-31.]

*The Philosophy of Sleep.* By ROBERT MACNISH, &c. &c. Glasgow. W. R. M'Phun. 1830. 12mo. pp. 268.

FROM the author of the *Anatomy of Drunkenness*, we had expected something much better than the work before us, which is rather an amusing than an instructive production, and one which contains but little to render it worthy of the title which has been given to it. It is, indeed, calculated much more for the general, than for the philosophical, reader, who will find for the most part, instead of deep research or ingenious speculation, only common-place observations and amusing stories, the latter of which form a very considerable portion of the book. On the other hand, the style, though occasionally inflated, is, for the most part, easy and agreeable; and the practical observations, though familiar to every medical man, would doubtless be of value to those numerous persons who have never studied or reflected on the subject, so that had the work appeared with a different title, and with slighter pretensions, we should perhaps have been more disposed to praise than to blame it.

After some general observations, which have more of a poetical than a philosophical character, and a very brief account of the modern doctrine of the nervous system, the author proceeds to consider the nature and causes of sleep, and some circumstances connected with it. On the first of these points, we find nothing worthy of notice; the second are all referred to diminution of the sensorial power, or its concentration on some particular organ (the stomach, for instance, after a full meal), so that the brain has no longer the quantity of power requisite for the due performance of its ordinary functions.

"When, therefore," says he, "the sensorial power which keeps our faculties in activity is exhausted, we naturally fall asleep. As the exhaustion of this power, however, is a gradual process, so is that of slumber. We glide insensibly into it, as from life into death; and while the mind remains poised, as it were, between sleep and the opposite condition, it is pervaded by a strange confusion which almost amounts to mild delirium: the ideas dissolve their connexion from it one by one; those which remain longest behind are faint, visionary, and indistinct; and its own essence becomes so vague and diluted, that it melts away into the nothingness of slumber, as the morning vapours are blended with the surrounding air by the solar heat. Previous to the accession of sleep, a feeling of universal lassitude prevails. This sensation heralds in the phenomena of slumber, and exhibits itself in yawning, heaviness of the eyes, indifference to surrounding objects, and all the characteristics of fatigue. If the person be seated, his head nods and droops; and, in all cases, the muscles become relaxed, and the limbs thrown into that state most favourable for complete muscular inaction. The lying position is, consequently, that best adapted for sleep, and the one which is intuitively adopted for the purpose. The organs of the senses do not relapse into simultaneous repose, but suspend their respective functions gradually and successively; sight, taste, smell, hearing, and touch, parting with sensation in the order in which they here stand, and gliding insensibly away. In the same manner, the muscles do not become simultaneously relaxed—those of the limbs giving way first, then those of the neck, and, lastly, the muscles of the spine. Nor do the external senses, on awaking, recover all at once their usual vigour. We, for some seconds, neither hear, nor see, nor smell, nor taste, nor touch, with our usual acuteness. Ordinary sights dazzle our eyes; ordinary sounds confuse our ears; ordinary odours, tastes, and sensations, our nose, our tongue, and our touch. They awake successively, one after its fellow, and not in the same instant."

The diminution of the temperature of the skin during sleep, the increased perspiration, and activity of the digestive and nutritive functions, with other points mentioned by the author, are all doubtless equally familiar to our readers; but although it seems sufficiently obvious, we do not remember to have seen before the explanation which he gives of yawning, viz. that it is an effort to restore the equilibrium between the flexor and extensor muscles, the former of which, it is well known, always prevail over the latter in a sitting or recumbent posture. Gaping, however, which is a much more complicated action, and more difficult to be explained, is not even mentioned.

We have already observed, that the author has not often given opinions or conclusions of his own; he has done so, however, once in this chapter, and certainly not very happily.

“Generally speaking, the larger the brain of any animal is, in proportion to the size of his body, the greater is his necessity for a considerable portion of sleep. Birds and fishes, which have small brains, require less indulgence in this respect than most land animals. Carnivorous animals, also, sleep more than those of the herbivorous race.”

We are at a loss to imagine how a conclusion, which appears to be so directly opposed to established facts, could have been arrived at. Man, who has, with some few exceptions, proportionally the largest brain, sleeps less than most other animals. With regard to fishes, so little is known of their habits, that any statement of the length of their sleep, can be scarcely more than conjecture; but of reptiles, especially the serpent tribe, it is well known that they sleep much; and though it is true that birds in general sleep less than quadrupeds, yet that circumstance only tends to invalidate the author's hypothesis; for, in a great number of them, the proportional size of the brain, exceeds that of most mammalia. From the corporeal, we pass to the mental phenomena of sleep, to dreams and visions; the occurrence of these the author attributes to an unequal distribution of the sensorial power in the brain, so that while the reasoning faculties are altogether, or in a great measure, torpid, the imagination has free scope, or, in his own words, “the imagi-

nation is at work, while the judgment is asleep, and thereby indulges in the maddest and most extravagant thoughts, free from the salutary check of the latter more sedate and judicious faculty.” In support of this opinion, he subsequently adduces the total absence of surprise, even where the objects of the dream are represented in the strongest and clearest manner. For this part of his task he appears in one respect to be peculiarly well fitted, having been the subject of almost every kind of dream or vision; and, together with a great number of instances, copied from published works, he has given several very remarkable ones from his own experience. One effect of dreams, which he describes, is new at least to us, and we regret that he has not stated whether he speaks merely from his own feelings, or from the accounts of others.

“I must also mention,” he observes, “another circumstance of a somewhat similar kind, which, though it occur in the waking condition, is produced by the peculiar effect of previous sleep upon the mind. Thus, when we awake in a melancholy mood, the result probably of some distressing dream, the remembrance of all our former actions, especially those of an evil character, often rushes upon us as from a dark and troubled sea. They do not appear individually, one by one, but come linked together in a close phalanx, as if to take the conscience by storm, and crush it beneath their imposing front. The whole span of our existence, from childhood downwards, sends them on; oblivion opens its gulfs and impels them forwards; and the mind is robed in a cloud of wretchedness, without one ray of hope to brighten up its gloom. In common circumstances, we possess no such power of grouping so instantaneously the most distant and proximate events of life: the spell of memory is invoked to call them successively from the past; and they glide before us like shadows, more or less distinct according to their remoteness, or the force of their impress upon the mind. But in the case of which I speak, they start abruptly forth from the bosom of time, and overwhelm the spirit with a crowd of most sad and appalling reminiscences. In the crucible of our distorted imagination, every thing is exaggerated and invested with a blacker gloom than belongs to it; we see, at one glance, down the whole vista of time; and each event of our life is written there in gloomy and distressing characters. Hence the mental depression occurring under these circumstances, and even the remorse which falls,

like bitter and unrefreshing dews, upon the heart."

We much doubt whether such a state of mind be of so frequent occurrence as he supposes, and still less are we inclined to believe that the dreams of children are often of a frightful kind, and that they are "tortured by scenes more painful and overwhelming than almost ever fall to the share of after-life." That even alight physical causes will produce dreams which can easily be referred to them, is an undoubted fact, but we think the author most absurdly loquacious when he states that—

"The dropsical subject has the idea of fountains, and rivers, and seas, in his sleep; jaundice tinges the objects beheld with its own yellow and sickly hue; hunger induces dreams of eating agreeable food; an attack of inflammation disposes us to see all things of the colour of blood; excessive thirst presents us with visions of parched oceans, burning sand-plains, and immitigable heat; a bad taste in the mouth, with every thing bitter and nauseous in the vegetable world; a mercurial course perhaps with the mines of Spain, from whence that mineral is obtained."

It has been maintained by some physiological writers that the mind is never entirely at rest, and that though we are more commonly unconscious of it we never sleep without dreaming. In support of this hypothesis, one writer (Mr. Hazlitt) has stated,

— "that if a person is suddenly awaked at any given time, and asked what he has been dreaming about, he will be at once recalled to a train of associations with which his mind had been busied previously. This experiment," says Mr. Macnish, "has been tried upon myself, and I have tried it upon others; and I am satisfied, from the result, as well as from reasoning, that the statement is not correct. In some few instances, the persons could recollect ideas passing through their minds, but, in a great majority of cases, they had no recollection whatever of any such circumstances."

That dreams can really have any prophetic power he of course denies, though he has related some very singular cases (of one of which he was himself the subject) which would almost induce a belief that such was the case. As he, however, very justly remarks, we have very frequently dreams of events to happen, but only pay attention to them when, as must necessarily now and then occur, the events really come

to pass. The circumstance also of hidden events being revealed in dreams may be explained in another way, viz., by circumstances long totally forgotten being then recalled to the memory, as the knowledge of a language spoken in childhood has been suddenly revived during the delirium of fever or other diseases.

The subject of nightmares is separately treated of, and its horrors certainly much exaggerated; the immediate cause of this affection is referred, in every case, to impeded or hurried respiration, whether this be induced by an overloaded or enfeebled stomach, or by any other cause. The author denies that this affection occurs only when the person is lying on the back, and observes,—

"I have frequently had attacks of this disorder while sitting in an arm-chair, or with my head leaning against a table. In fact, these are the most likely positions to bring it on, the lungs being then more completely compressed than in almost any other posture. I have also had it most distinctly while lying on the side, and I know many cases of a similar description in others."

The means recommended for its prevention are almost entirely medical, and are only such as are generally known. The much rarer affection denominated "daymare" is also noticed by the author, and of this also he relates an instance of which he himself was the subject.

"During the intensely hot summer of 1825, I experienced an attack of this affection. Immediately after dining, I threw myself on my back upon a sofa, and, before I was aware, was seized with difficult respiration, extreme dread, and utter incapability of motion or speech. I could neither move nor cry, while the breath came from my chest in broken and suffocating paroxysms. During all this time, I was perfectly awake; I saw the light glaring in at the windows in broad sultry streams; I felt the intense heat of the day pervading my frame; and heard distinctly the different noises in the street, and even the ticking of my own watch, which I had placed on the cushion beside me. I had, at the same time, the consciousness of flies buzzing around, and settling with annoying pertinacity upon my face. During the whole fit, judgment was never for a moment suspended. I felt assured that I laboured under incubus. I even endeavoured to reason myself out of the feeling of dread which filled my mind, and longed with insufferable ardour for some one to open the door, and dissolve the spell

which bound me in its fetters. The fit did not continue above five minutes: by degrees I recovered the use of speech and motion; and as soon as they were so far restored as to enable me to call out and move my limbs, it wore insensibly away."

The chapters on sleep-walking and talking are chiefly filled with cases and anecdotes, but as the explanation of these occurrences is taken entirely from Dr. Mason Good, we need not notice it here.

When speaking of "sleep from cold," he observes, that the torpor of hibernating animals may be referred to this head. In one sense, perhaps, it may be so, but not in that in which the author would intend. Such animals are, in fact, in almost every case, well protected from cold, in their winter quarters, and the snugness of the nests of the marmot, hamster, dormouse, &c. has been often remarked. Though he makes the assertion we have just contradicted, the author does not attempt any explanation of the torpor of such animals, and a great part of the chapter is very unnecessarily occupied by the well-known case of Dr. Solander.

We are unwilling to occupy our space in noticing the remainder of the work, which is only equal to the portion we have already gone through, and conclude at this point, therefore, by recommending the book to those who may seek for amusement and a popular view of an interesting subject, while we warn our more studious readers not to expect to find in it any thing relative to the *philosophy* of sleep.

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*Annales de Chimie et de Physique.* Par M.M. GAY LUSSAC ET ARAGO. Oct. 1830.

WE regret much that the publication of this excellent periodical has for some time back been extremely irregular. The October number, for instance, only reached this country on the 1st of February, and when we shall have another number is as uncertain as the return of a comet. The value, however, of its articles is always such as to make amends for the disagreeable irregularity which attends the publication of the work.

#### CHEMICAL CONSTITUTION OF THE RETINA AND OPTIC NERVES.

In the present number we find two very

interesting papers, one on the chemical constitution of the retina and optic nerves, by M. Lassaigne; the second on a new Ennometer, or instrument for the purpose of ascertaining the quantity of alcohol contained in spirituous liquors.

M. Lassaigne commences by observing, that as yet but few tissues have been sufficiently studied with regard to their chemical relations. In the examinations, however, which have been made, he justly observes that it is not unusual to find the opinions of anatomists and physiologists, concerning the nature of certain products of organization confirmed by chemical research; thus demonstrating, that in the study of the natural sciences it is by no means rare to arrive at the same truth by different modes of investigation. At the request of Magendie, M. Lassaigne undertook the analyses of the retina and optic nerves of the horse.

The retina was first gently washed in distilled water, to separate any adherent vitreous humour, and then dried between folds of blotting paper and weighed. Its hygrometric moisture was next expelled by exposure to a sufficient temperature, after which operation the membrane was again weighed, and the difference indicated the quantity of water it contains in the natural state, and which amounts to 92.9 per cent. The retina was next treated with boiling alcohol, which, on cooling after filtration, deposited white flocculi on the sides of the vessel, which flocculi finally united into a white unctuous mass, soluble in boiling, insoluble in cold alcohol, neutral, insipid, dissolving by a gentle heat, and partly soluble in caustic potassa, by which it was converted into soap. The insoluble portion, when deflagrated with fused nitrate of potassa in a silver crucible, afforded with lime-water a precipitate of the phosphate of lime.

Finally, the portion of retina undissolved by the boiling alcohol was treated with pure concentrated muriatic acid, which dissolved it entirely, and the solution assumed a violet tint—an effect produced on all concrete albuminous matters.

From these experiments M. Lassaigne concludes, that the retina is formed of the same elements as the cerebral and nervous substance, and is composed of

Water .....	0.520
Saponifiable fatty matter, and fatty matter containing phosphorus	0.005
Albumen.....	0.035

The optic nerves similarly examined, afforded nearly the same results, together with proofs of the presence of osmazone, muriate of soda, and gelatine.

## NEW ŒNOMETER.

Of the new œnometer invented by M. Tabarie, the distinguished editors speak in very favourable terms, and recommend it for its simplicity and facility of application, to the notice of all persons engaged in the manufacture of alcoholic preparations. Instead of collecting the alcohol contained in the specimen for examination, M. Tabarie allows it to be dissipated in the air, and he calculates its quantity by ascertaining the difference in specific gravity between a standard specimen, and one of which the alcohol has been expelled by boiling, and the loss of quantity replaced exactly by distilled water. The apparatus is extremely simple, merely consisting of a small vessel heated by a spirit-lamp; a horizontal traverse near the bottom of the vessel, indicates when the boiling has been carried to a sufficient length, by its appearing above the level of the fluid: a hydrometer and thermometer complete the apparatus, and M. Tabardie has added calculated tables, which ensure the utmost precision in the results of the experiment. The œnometer is used extensively by the distillers in the south of France, and may be purchased for 40 francs.

In this number, we may add that M. Gay Lussac points out the curious fact, that silver, which is not oxidizable on exposure to air at ordinary temperatures, absorbs oxygen in great quantities when heated to fusion, and again evolves it when cold. The experiments of Gay Lussac satisfactorily account for the vegetations of fused silver familiar to assayers, and for the loss which is frequently sustained during the cupellation of silver, by absorption of the oxide by the bone-ashes during the heating of the assay.

*An Essay on Combustion.* By GILBERT HUMR, Esq., Student of Medicine in the Univ. of Lon. Taylor. 1831. 8vo. pp. 19.

We are extremely unwilling to discourage the exertions of young authors in any

department of medical literature, but candour compels us to declare, that there is very little to approve in this publication. Young writers err deeply in venturing into print until diligence or chance have afforded them materials of their own for coming before the public, or until they are equal to the correction of error, the reconciliation of disputed points, or possess a very superior ability for re-arranging the facts of others. In the pamphlet before us we find no evidence of these qualifications, for, with the exception of a single page, in which Mr. Hume describes some peculiarities connected with the tartrate of lead pyrophorus, we cannot find a solitary sentence which is not to be met with in any class-book of reputation, clothed in more appropriate language. We quote the passage to which we allude, and from the evidence of minute observation which it contains, we think that if the author directs his attention to more original pursuits, his researches may by-and-by ensure him considerable reputation as a scientific chemist.

"We now come to another, viz., the tartrate of lead pyrophorus. The tartrate of lead is procured by mixing, in a state of solution, 162 grains of acetate of lead with sixty-seven of tartaric acid. The precipitate is collected, consisting of small crystalline grains. This salt is put into a tube, and heated precisely the same as Homburg's: the result is the pyrophorus. I am of opinion that the tartrate undergoes the following change: we have tartrate of lead, composed of one proportion of acid and one of oxide of lead; and the constitution of both ultimately is,—

Oxygen (five proportions in acid and one in oxide of lead) .....	6
Hydrogen (two in acid) .....	2
Carbon (four in acid) .....	4
Lead (one in oxide) .....	1

"The lead unites with one atom of carbon, forming carburet of lead; two atoms of carbon unite with four of oxygen, and fly off as carbonic acid; the remaining two of oxygen unite with one of hydrogen, forming deutoxide of hydrogen, while the remaining atom of carbon unites with the hydrogen, forming carburetted hydrogen: this is the inflammable agent which burns on leaving the tube. The reasons why I think that the pyrophorus is a carburet of lead are—1st, Because, on exposure to air, the lead, being in a state of minute subdivision, attracts oxygen from the atmosphere; these being in opposite electrical states, the spark passes, inflames the carbon, which decom-

poses the oxide of lead, and again forms metallic lead; the heat increasing, it is converted into litharge, then into deutoxide, and, lastly, is left as protoxide. I mention this as assisting the electro-chemical theory; at the same time I would add some other facts relative to pyrophorus, which perhaps may also tend to confirm it. I find that the combustion differs as to the substances on which the powder is allowed to inflame. On good conductors the combustion is very much weakened, and indeed sometimes does not take place at all; whereas, on silk, linen, and, above all, on paper, it takes place very vividly. These are rather curious facts. I was led to make the observation by accidentally letting the tube fall on a plate of iron; it broke, and the pyrophorus was only partially inflamed merely at the surface; I then tried it on metals, as platinum, on which it inflamed better than on iron, but not equal to paper. This property is not exclusively confined to tartrate of lead, for I have observed that tartrate of silver and tin, and nickel, when fresh prepared, possess the property; tartrate of antimony does not, either with potassa or without."

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*Royal Irish Transactions, Vol. XVI. An Account of a peculiarity not hitherto described in the Angle or Hock-joint of the Horse; with Remarks on the Structure of the Vertebrae in the Species of Whale entitled Delphinus Diodon.* By ROBERT G. GRAVES, M.D. Dublin.

To the comparative anatomist the above paper by Dr. Graves must be of considerable interest, and we are induced, therefore, to publish a short analysis of it. Dr. Graves commences by observing, that during the dissection of the horse, on examining the hock-joint, he found that its flexion was impeded by a considerable resistance, which continued until the limb was bent to a certain extent, after which, "suddenly and without the aid of any external force," it attained its extreme degree of flexion. To its extension he also found a similar opposition, until the same period was passed, "when the limb suddenly snapped into its extreme degree of extension at this joint." That this phenomenon depended not on the tendons or muscles, but on a peculiar mechanism of the joint itself, Dr. Graves found on dissecting off the former, when the peculiar motion was still found to continue. Dr. Graves remarks, before he proceeds to the description of the mechanism of the

joint, "that it is evidently connected with the power the horse possesses of sleeping standing, for it serves the purpose of keeping the hock-joint in the extended position, so far as to counteract the oscillations of the body without the aid of muscular exertion; and in this respect it resembles the provision made to effect a similar purpose in certain birds, as the stork and others of the grallæ, which sleep standing on one foot."

Dr. Graves then enters into an elaborate description of the joint, from which we collect, that the causes of the phenomenon he illustrates are two-fold; first a peculiarity in the shape of the articulating surface of the astragalus, which "is not that of a given circle throughout, for towards either extremity, the descent is more rapid, or, in other words, answers to an arc of a smaller circle. Hence, when one of the projections of the tibia has arrived at its corresponding cavity in the astragalus, which happens when the limb is either completely flexed or completely extended, the rapid curve of the articulating surface presents a considerable obstruction to change of position. To this conformation the occurrence is partly referable, though principally to the tibio-astragalar ligaments, which exist at both sides of the joint, and which, from their X-like shape, are most stretched at the moment when the greater circle of the astragalus has just been turned by the tibia, when the ligaments, by their elasticity, bring the tibia into the locked state by a sudden contraction.

Dr. Graves was originally disposed to refer the disease of *string-halt* to something connected with this structure; subsequently, however, on examining two horses labouring under this affection, he was disposed to refer it rather to a spasmodic affection of the flexors of the limb generally, than to any derangement in the structure of the hock-joint.

Dr. Graves's remark on the structure of the vertebrae of the whale are remarkable, inasmuch as they point out a mode of determining the age of an individual of this species, independently of its size. Dr. Graves observed, on examining the skeleton of a whale which had been captured near Dublin, that after the spinal column had undergone maceration for a few days, the intervertebral substance could be easily detached

from the bodies of the vertebrae, and that it is carried with it, firmly attached to each of its extremities, a flat circular bone, about a quarter of an inch in thickness, and exactly corresponding in the extent and shape of its surface to the surface of the body of the vertebrae from which it had been separated. The separation was effected with facility, and took place spontaneously and completely when the maceration had been continued a sufficient time.

A slight examination of the surface of the vertebra is sufficient to show whether this epiphysis has been detached or not; in the former case, the surface is marked by lines, diverging from the centre towards the circumference; in the latter the surface is marked with concentric circular furrows or lines, which disappear towards the centre, leaving the bone quite smooth.

#### DR. REID'S PRACTICAL CHEMISTRY.

We have carefully perused Dr. Reid's exposure of the criticisms to which his work was subjected in a late number of the *Philosophical Magazine*, and we have no hesitation in asserting, that a more disgusting display of ignorance and malice was never made public in a journal of reputation. Dr. Reid is fully borne out in the reflections he has passed upon the reviewer.

#### ON THE SPECIES OF

#### CONVULSION IN INFANTS,

PARTICULARLY DESCRIBED BY DR. J. CLARKE,  
AND HEREIN DENOMINATED

#### DYSPNŒA SPASMODICA.

By HENRY REES, Esq., M.B.C.S.

I AM rather surprised, that "a peculiar species of convulsion, described by the late Dr. John Clarke," should be treated of as at all uncommon or unknown. Scarcely a week elapses but a case of this species of convulsion comes under my notice; at the present moment I have two very interesting specimens of the kind under my care. For years past, as I can prove by my case-book, I have denominated the disease "dyspnœa spasmodica," being unwilling, by naming it spasmodic croup, to confound it

with an affection from which it is totally distinct. It is by this species of convulsion that I believe most children are carried off who die suddenly, often in the apparent enjoyment of perfect health. In one day, at the City Institution for Diseases of Children, I saw three children expire before my face, apparently from impeded inspiration arising from spasmodic closure of the rima glottidis. It is with this convulsion, I believe, that children are frequently attacked in the night, when placed to lie horizontally, with the head almost enveloped in downy pillows; and the temporary relief conferred by medicine is often vaunted as the cure of a far more unmanageable complaint, the real croup. The following observations, hastily written, may prove useful to those unacquainted with the diseases, and at least possess the merit of being founded on experience.

The disease\* generally occurs in rickety children, or in those children who have large heads compared with the size of the chest, who have the bones of the cranium widely separate, with large and numerous veins ramifying on the scalp; the disease is also common to the children of parents of irritable temperament, although no peculiarity be evident in their organisation or external conformation.

The disease is most frequent and most fatal during the prevalence of northerly and easterly winds, the characteristic spasm being readily induced by any irritation of the larynx, as incipient coughs; the spasm, frequently, altogether subsides as the catarrhal inflammation ascends along the windpipe, and terminates in the more diffused form of bronchitis; the spasmodic attack is also readily induced by a sudden and violent inspiration, as after crying or laughing; by irritation of the epiglottis, as in swallowing medicine or food; by mental agitation; or even, in bad cases, by sudden movement.

The disease is remarkably fatal should it precede or accompany whooping-cough. I have had many children under my care whose death, or recovery, I have prognosticated as entirely dependent on their being affected or not with whooping-cough. The disease is generally fatal when it attacks children with imperfectly expanded or deformed chests; the prognosis must chiefly be formed according either to the visible organisation of the child, or the predisposition to irritation or inflammation of the nervous system inherited from the parent. I may illustrate the latter assertion by the following brief narrative:—A woman, residing in one of the courts in Bishopsgate Street, brought to the City Institution two

\* I must apologise for the frequent repetition of the word "disease." I have consulted accuracy rather than elegance of style.



children, the only survivors out of a family of eleven; nine had died in convulsions; the mother was affected with incurable nervous deafness, and the father with epileptic fits. By the strictest attention, and by management hereafter to be detailed, the elder of these two patients arrived at a more advanced age than any other child of the family had yet attained, and the general health of the younger appeared, for several months, quite as good as that of most other children born in London. The hopes of the parents were much excited, and in their joyful anticipations I was scarcely listened to when I informed them, that all our anxiety and care would little avail should the children be attacked with whooping-cough; to be brief, both were attacked with whooping-cough and both died within twenty-four hours of each other.

The disease is often present in a more or less violent degree during the whole period of dentition, or until the time that twenty teeth have made their appearance. The disease, though unmarked by its more immediate and dangerous symptoms, difficult and stridulous inspiration, may still be recognised as present by a particular contortion of the extremities, especially of the upper, the hands being almost constantly twisted inwards, with the thumb doubled and pressed against the palm; the disease, therefore, will sometimes continue for more than two years, frequently commencing so insidiously as to be unnoticed till too late, and often continuing when, judging by the absence of the spasmodic dyspnoea, it is said to be subdued. I have known many instances of children being brought to the Institution, not as patients, but as companions, in whom I have heard the slightest momentary sound characteristic of the complaint, the warping and audible note of imminent peril, whose danger I have in vain pointed out to the heedless parent, my predictions being disregarded till fatally confirmed; it does, indeed, occasionally occur, that the disease will never proceed beyond this degree of trivial and transient spasm. During each period of dentition the disease is in general more violent, and proves most fatal when the child is cutting the anterior molars. In the greater number of cases I have found but little difficulty in arresting the complaint when the child has been cutting the incisor teeth.

The spasmodic difficulty of breathing is generally preceded, for several days, by defective action of the liver, as indicated by constipation, by the high colour of the urine, and the whiteness of the intestinal evacuations. In most instances the tongue is foul, the membranes at the fontanelles tense and elevated, the scalp hot, the feet and hands cold. From the consideration of these symp-

oms, principally, I deduce the rationale of the treatment.

I have only had the opportunity of examining three children, after death, from dyspnoea spasmodica; in two of them there was evidence of arachnites in milky opacity and serous effusion, both into the ventricles and beneath the arachnoid; in the third I could detect no morbid appearance in any part.

The essential symptom of the disease appears to depend on spasmodic closure, or constriction of the rima glottidis, resembling, though with shriller sound, the stridulous inspiration of whooping-cough, or the inspiration consequent upon food entering the larynx, or going the wrong way, according to the popular phrase. Sometimes the closure is so complete, that after expiration in coughing, crying, or laughing, the child is suddenly seized with violent convulsions, indicative of abortive attempts at inspiration; not the slightest sound is audible, and the patient dies in a few moments. The spasm is probably dependent on inflammation or irritation of some part of the nervous system, such irritation, &c., being preceded (at least in its obvious effects) by disorder of the digestive organs, especially by disorder of the hepatic functions, as shown by the evacuations. I may remark, *en passant*, that most of the violent, fatal, and inflammatory diseases of children are preceded by defective or disturbed action of the liver, I may mention the real croup, or, as Mason Good has pedantically termed it, "Empyema bronchlemlitis," as an instance.

The exciting causes of the disease, though not essential to its existence when predisposing causes powerfully exist, are, improper food, improper clothing, and cold bathing. That improper food is an exciting cause of this, as of many other diseases of children, is evident from the following circumstances: the disease is common to children brought up by hand, and to those children whose parents are in the habit of gorging them with thick indigestible food, with strengthening food, as they term it—bread and milk, for instance. Now in children brought up by hand, or incessantly distended with indigestible food, the intestinal evacuations are frequently for a considerable period unnaturally white, the tongue being foul, and covered, to a greater or lesser extent, with a greenish or yellowish coating; then supervene, in some instances, perpetual vomiting, ceasing only when a quantity of green bile is passed with the feces; in others, what are popularly termed the watery gripes; in others, jaundice; and in others, predisposed to the affection, the peculiar species of convulsion characterized by spasmodic dyspnoea. In mentioning improper clothing as an exciting cause, I al-

lude to the absurd; yet universal custom, of exposing the arms, legs, and bosom of the delicate infant to a wintry atmosphere; the growth of the animal body depends almost as much on warmth as that of the vegetable body, as will be evident from the effects of treatment presently to be described. Another exciting cause is bathing or washing with cold water, by which unnatural proceeding the body of the susceptible infant is chilled during the whole of the succeeding day; spare clothing and cold bathing will induce rickets, or that particular affection of the system characterized by disproportionate growth of the cranial and abdominal viscera, and imperfect development of the osseous and muscular systems, such affection depending, as I believe, in great measure, on debility of the heart, that important organ being incapable of freely carrying on the circulation in those parts of the body chilled by exposure to the air.

#### *Treatment of Dyspnœa Spasmodica.*

Immediate death may sometimes be prevented, by opening the jugular vein, whilst the child is struggling for inspiration; another means I may mention, because in one case always successfully adopted by the mother, though questionable in its general propriety—that of immediately lifting up the child's clothes, and putting it to sit on a cold marble hearth; when the danger is less imminent, leeches must be applied to the temples; it is often necessary in the first instance to apply them in considerable numbers; in renewing their application, however, we must be cautious of inducing debility; by debility, irritability is increased, though its energy is diminished; the fits, though less violent, will become more frequent. I consider leeches as temporary auxiliaries to more general measures. The ultimate and perfect recovery of the child will depend on the effects of active aperients, and on the power they possess of rendering the tongue clean and moist; calomel should be given every two or three hours, combined with very small doses of ipecacuanha or antimony when the tongue is dry, or with jalap or scammony when the tongue is foul and slimy. The dose must be repeated at longer intervals as the disease subsides; powders possess this advantage, that they may be smeared on the tongue in currant jelly or treacle, without exciting irritation or consequent spasm. When the child will swallow readily, an aperient mixture may be administered alternately with the powders, containing very small quantities of ipecacuanha and ammonia; sometimes the dreaded fit takes place directly the liquid is introduced into the mouth, either from choking or subsequent crying; we must then depend entirely upon the powders. This

medicinal treatment must often be continued for several weeks, the effect being indicated, as I would affirm of almost all the diseases of children, by the appearance of the tongue—if beneficial, by its becoming moist and clean. When the tongue is in this favourable condition, when perfectly clean and moist, then, and not till then, narcotics may be given in small doses, and of all narcotics, I consider the hemlock, in the form of extract, the best in these cases. When there is great irritability of the nervous system, blisters, so often empirically and irrationally prescribed, are extremely distressing, and often destructive to the patient. Mustard poultices, or mustard baths, should be made use of to the feet, night and morning, the feet being afterwards wrapped up in flannel. Immersing the whole body in hot water is dangerous, as I have known a child die from the experiment.

Lancing the gums, I have reason to think, is far less beneficial than is generally imagined. I never lance them in any case, unless the gum be prominent or tender, having seen much greater irritation induced by deep and ulcerated incisions, than was previously occasioned by the invisible and questionable distension of the periosteum, or what might be termed the periodosteum.

Not less important than the measures rendered necessary by the presence of the disease, are those to be adopted in counteracting, as far as possible, the disposition to future attacks; the greatest attention must be paid to the state of the digestive organs as indicated by the tongue and the evacuations; the parent should daily inspect the tongue, which will often, by a central streak of morbid deposition, or by foulness more deeply situate towards its base, give notice of the coming danger; the urine at the same time is generally lessened in quantity, less frequently voided, and sensibly reddened, even when little change is discernible in the appearance of the fæces. The lightest food only must be habitually given; the child should fast rather than feast, it being continually remembered, that the fat and florid cheek so admired by the parent, is chiefly to be dreaded by the medical attendant. The child should be clothed in a high dress, with long sleeves, wear long thick stockings in cold weather, and never have its head sweltered in beaver or fur bonnets, a straw hat in all seasons is sufficient. When the feet are constantly cold, mustard baths to the feet should be made use of in the evening, flannel socks being put on for the night, and worn during the day. When the child is rickety, I have seen the greatest benefit derived from the use of salt-water baths at night, the child being immersed for two or three minutes, and then gently rubbed before the fire, and put to bed between flannels

the clothing of the following day being equally warm and uniform. I could illustrate the propriety of this management in the health of living instances, but fear to encroach further upon your valuable pages. I shall merely generally state, that by this management I have known the limbs become uniformly warm, the skin (once pale and flabby) firm and florid, the muscles large and efficient in action, and the bones capable of supporting without yielding their incumbent weight: deformity will be arrested by position and regulated exercise, and will be eventually rectified by the increasing energy of the constitution. I have seen, whilst the general health is improving, the size of the head sensibly diminish, the bones gradually approaching to each other, as well as enlarging in size, till firmly united in one compact and continuous arch, when the danger of convulsions is almost past. That the size of the head does sometimes perceptibly diminish, was first pointed out to me by a woman who for several successive weeks was obliged to draw in still more the strings of the child's cap, in order to make it fit the wearer.

Jan. 22, 1831.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Jan. 31, 1831.

#### PERICARDITIS.

FIVE cases were presented, Gentlemen, last week: one of pericarditis, one of St. Vitus's dance, one of universal paralysis below the neck, one of rheumatism, one of chronic gastritis. One patient died—an old woman, who had had chronic bronchitis for several years, and came in three or four days only before her death, almost in a dying state. Of those cases, that of *pericarditis* is the one to which I will first direct your attention. The case occurred in a man, aged 44, who had been ill, he said, two months. He ascribed his complaints to lying in a damp bed. I may mention here, that there is not a more dangerous thing in the world than for a person to lie in a damp bed. The late Dr. Heberden wrote a paper in the Transactions of the College of Physicians, to make people believe that it was not so dangerous as had been represented, and brought forward a number of specious arguments in favour of

his opinion; but I think the experience of all the world who have beds is decidedly against him. How many persons do we not see lose the use of their limbs—how many suffer severe inflammatory complaints, from the carelessness, I may say *wicked* carelessness, of those who have the charge of beds at inns and lodgings! This man's illness is an illustration of the effects of a damp bed.

From the time that he lay in a damp bed he never could get himself warm, and in about a week acute pains in his limbs came on. In about three or four weeks these were succeeded by difficulty of breathing and palpitation. So that you observe not only the immediately injurious effects of the damp bed, but its effect in producing rheumatism; and you see the further fact of the rheumatism being followed by difficulty of breathing and palpitation. He came here to be an out-patient, thinking he could have something given to him—a *little stuff* as they say—a *little* something, or other to do him good and get him well. But he was too ill to be about; I found his breathing very short, that he looked excessively ill, and that his pulse was irregular in force. I immediately applied the stethoscope to his chest, and found that the heart was beating rapidly, violently, and irregularly. He had not complained of his heart, but of his chest altogether. The left ventricle, however, was beating with a bellows-sound, and on pressing the chest I found the whole of the cardiac region tender, and, indeed, the whole of the epigastrium was tender. The bellows-sound which I heard took place at the moment of the pulse, and it was heard loudest in the left half of the heart's region. But the whole of the heart beat with equal loudness and strength, and with an irregularity of force. It beat quite regularly with respect to time, but the force of the different beats varied. I had him put immediately to bed. Now I consider this a decided case of pericarditis. I believe that the usual signs of pericarditis are such as I have detailed them in the lectures which I have published, and in tolerable accordance with the relation of this man.

"Pain in the region of the heart, sometimes severe and lancinating, generally darting through to the left scapula, upwards to the left clavicle and shoulder, and down the arm a certain way, and, what is remarkable, rarely extending quite so far as the elbow." In this man there was pain in the region of the heart, but it was not very acute, not lancinating. But you must remember that the disease was only subacute, or subchronic; whichever you choose: it had existed two months. The pain did not dart in any direction, either to the scapula or the clavi-

etc, neither did it extend down the arm; but in really acute pericarditis, frequently you will find it go through to the scapula, up to the clavicle, and down the arm a certain way. It is a singular thing, that if it does go down the arm, it seldom reaches the elbow-joint. I have said, "I lately had a case in which the pain extended down the forearm, but it did not quite reach the wrist." "The pain," I continue, "is increased by pressing forcibly upon, or between, the ribs and cartilages over the heart." That was the case here; "and by pressing with the points of the fingers upwards against the diaphragm under the cartilages of the left ribs—frequently even by pressing the epigastrium and left hypochondrium in the usual manner." Here the pain was felt in pressing with the fingers forcibly upon, or between, the ribs and cartilages over the heart, and by pressing with the points of the fingers upwards against the diaphragm under the cartilages of the left ribs. "The pain," I continue, "is often increased on inspiration and by lying on the left side. I think patients are usually easiest on their back." That was the case with this man. I observed that he lay constantly upon his back. You will find it a general rule, in affections of the heart, that persons are much less easy on their left side, and that they all prefer lying either on their back or on their right side. I presume the cause is, that when they lie on the left side, the heart being so much nearer the ribs, the tender pericardium is forcibly pressed, or driven, against them; and even if neither the pericardium nor heart be tender, the heart thumps so much the more violently against the ribs, and a greater feeling of palpitation is experienced. It is a comparatively rare thing for persons with a diseased heart to lie upon the left side. "The respiration," I have said, "is rapid, but less so than in affections of the lungs;" here it was rapid. "There is sometimes a cough, which is dry;" I believe this man had a little dry cough. "Nearly always palpitation, frequently violent, at least upon exertion;" this man had palpitation. "Sometimes, though more rarely, a disposition to syncope;" this man felt sometimes faint, but nothing more. "The pulse varies exceedingly; it is necessarily quick, and often, but not always, small, in proportion to the heart's action, and only sometimes intermittent and irregular, neither is it always hard or even full;" here it was quick, not particularly small, nor was it full; there was nothing to be noticed in the pulse but its quickness and the irregularity of the force of its beats; it was not intermittent. "The countenance is described as anxious and the features contracted; but this, I imagine, happens only when the pain is acute, and is equally the case in pleuritis;" the man had

anxiety of countenance and sharpness of his features, but only enough to be accounted for by the difficulty of respiration and the pain.

Then I have said respecting auscultation, "The whole heart is found acting more forcibly, and with a clearer sound, than in health." Here it acted more forcibly, and with rather a clearer sound. "Auscultation appears to me, however, of negative use. We do not discover the loud murmur, nor the sonorous or sibilous rattle of bronchitis. The crepitous rattle, or obscure respiratory murmur of pneumonia;" "I should have written *peripneumonia*," nor the *egophony* of pleuritic effusion, unless these diseases are combined with the pericarditis." The absence of these various symptoms led me to exclude so many affections, under the particular local symptoms, that the pericarditis was the only one left. "Neither have we the *partially* excessive or defective impulse or sound, or preternatural sounds of organic disease of the heart. In all uncombined cases, therefore, light is thrown on the disease." There was here no *partially* excessive impulse or sound, nor was there any defective sound or impulse. The whole heart was equally excited. I think if you attend to the particular marks which I have now mentioned, particularly pain on pressure over the heart and under the ribs on the left side up against the diaphragm, you will rarely mistake a case of pericarditis. "The diagnosis of pericarditis is, however," I have said, "thought by many to be extremely difficult. Laennec declares that he has frequently suspected it where it was not found, and found it where he had not suspected it. By a close inquiry into the existence of all the marks just mentioned, I confess the diagnosis has never appeared difficult to me."

"I would particularly lay stress upon the extension of the pain from the region of the heart to the scapula, shoulder, and a certain way down the arm—symptoms which patients will not always mention, unless questioned respecting them; and its increase on strong pressure upon or between the ribs and cartilages over the heart, and upwards under the cartilages of the left false ribs." I have added, "These two points I do not remember to have seen mentioned any-where, and the others are not dwelt upon in some of the best books. In *Andral's Clinique Medicale*, pain of the epigastrium is said to have occurred in some cases; but the point is not spoken of as if inquired into. In one case only is the extension of pain along the arm mentioned, and its extension even to the shoulder, does not seem to have formed an object of inquiry."

But you will observe, that in this man, besides the symptoms which I have here

given of pericarditis in general, there was a bellows-sound. This is now and then, undoubtedly heard in acute pericarditis. The pericarditis of this man, however, was not exactly acute; it had lasted two months; how long, therefore, the bellows sound had existed, I cannot tell. In chronic pericarditis this is exceedingly common, because in chronic pericarditis the internal membrane often becomes affected, particularly at the valves, and particularly again at the mouth of the aorta, and therefore you have an evident reason for the bellows-sound; in acute pericarditis this sound is rarely heard; but now and then you hear it. I have heard it in two or three cases within the first few days of the disease, but in general, when I have heard it in acute pericarditis, the disease was becoming chronic, and the sound continued after the disease ceased. With the pericarditis there had been an inflammatory affection of the internal membrane about the valves; these had become diseased, and an organic affection of the heart set up; so that it was not the pericarditis, but another circumstance united with it that caused the sound. Where it has begun in acute pericarditis, I have generally heard, as I have just now said, it continue after the pericarditis was completely cured: and when an opportunity has been afforded of examining a body under such circumstances, there has generally been found a disease of the valves causing obstruction, or a disease of the substance of the heart so that the cavities were enlarged and the openings had become relatively too small. But now and then it undoubtedly happens, that the bellows-sound which is heard, ceases as you cure the pericarditis. In this man, as soon as he was well cupped, the bellows-sound ceased. I presume, that in such cases the internal membrane of the heart is inflamed; that the lining membrane of the heart within is inflamed, as well as the pericardium without, and, that being the case, a spasmodic constriction takes place at one of the openings of the heart. We know that where any canal is inflamed, it is very liable to be thrown into a spasmodically constricted state. When the urethra, for instance, is inflamed, nothing is more common than constriction, such as to interrupt the flow of the urine. When it is slight, it may be removed by immersing the penis in warm water; if more severe, by putting the patient in a warm bath, bleeding, leeching, cupping, and purging. I imagine that something of this kind occurs in the constriction of the mouth of the aorta, when the bellows-sound is heard in acute pericarditis; because that it is not essential to pericarditis, is proved by pericarditis occurring continually without it; and it is proved also by the frequent continuance of it a long time after the pe-

ricarditis is cured. It is, therefore, only an incidental circumstance, and I think, in all probability arises from the inflamed state of the lining membrane about the mouth of the aorta.

I may remark, that in all cases in which I have heard the bellows-sound during the acute disease, whether it has ceased with the disease, or continued afterwards, it has always been at the time of the pulse. You will find, I believe, in nineteen cases out of twenty of the bellows-sound, under all circumstances, that it takes place at the time of the pulse; that is, to say, either at the very moment, or at a most minute interval before it. It either takes place at the very moment of the pulse, or a few moments before it. It takes place certainly when the ventricles contract. This winter there must have been seven or eight or nine instances of bellows sound among my patients, but in all it has taken place at the moment of the pulse; not one moment before the pulse, and decidedly not after the pulse. It is generally produced—I believe, it is *always* produced, by an obstruction, absolute or relative, and that obstruction generally occurs at the mouth of the aorta; that is, usually from a difficulty to the escape of the blood from the left ventricle into the aorta.

In the case of the woman who I said died of chronic bronchitis, besides the sonorous rattle all over the chest, and the great congestion of dark blood in the face and everywhere else, there was a bellows-sound of the heart at the moment of the pulse, and loud-est in the situation of the left ventricle. I could discover nothing more about the heart than that; and it was evidently not disease of the heart that produced all the symptoms, but chronic bronchitis, which she had had for many years, and from which she had suffered very severely this winter. On opening the heart there was decidedly a constriction at the mouth of the aorta—no thickening, but at the base of one of the valves a considerable induration, and the valve altogether contracted; so that, instead of its base forming a segment of a circle as it should have done, it was quite spear-pointed, and this occasioned a diminution of the whole circumference of the mouth of the aorta quite sufficient to explain the bellows-sound. I have no doubt, that for want of very minute examination, and from the want of comparative observation of healthy hearts, many persons pass over instances of a diminution of the openings that really exists. But I can conceive a diminution to take place without any thickening of the parts, without any organic disease, whatever, and simply from a spasmodic constriction. As long as irritation is kept up by inflammation of the internal membrane,

at or about the valves, I conceive it very possible that a constriction may occur.

This case certainly affords an instance of a bellows-sound in subacute, or subchronic, or acuto-chronic pericarditis. As I have said, nothing is more common than to have the bellows sound in chronic pericarditis, for this form of the disease is the foundation of most diseases of the heart; at least, they begin most frequently as the consequences of inflammation; that inflammation exists generally also in the pericardium, so that pericarditis is one of the earliest things which occur in diseases of the heart, and is certainly the forerunner of most of structural affections of that organ.

It has been known only of late years that rheumatism is connected with disease of the heart. As far as I am aware, Dr. Pitcairn, of St. Bartholomew's Hospital, first pointed out the circumstance. He was a very timid man, though a very sound physician—highly educated and informed, and never could be induced, I believe, to publish on any subject, being unwilling, probably, to have his opinions criticised and himself laughed at and censured, as all persons must make up their minds to be who render themselves public characters. But though it was not published by himself, he mentioned it to his friends, and a very early notice was given of it by Dr. Baillie in his *Morbid Anatomy*. Sir David Dundas, of Richmond, wrote a paper on the subject in the *Medico-Chirurgical Transactions*; and, what is very extraordinary, never made the slightest allusion to what had been written by Dr. Baillie and first pointed out by Dr. Pitcairn. Dr. Wells, of St. Thomas's Hospital, who, though considered a little proud and cross, was one of the most acute men that ever lived (and his integrity, independence of spirit, and honour, were equal to his acuteness), remarks in a paper in the *Transactions of a society for the improvement of medical and surgical knowledge, and in which he has given a great number of cases of this description, that it is extremely difficult to suppose Sir David Dundas could have been ignorant of what had been written on the subject in so popular a book as Dr. Baillie's Morbid Anatomy*. Sir David wrote with all the air of novelty, and his paper was printed by the Council of the *Medico-Chirurgical Society*, though he had not the slightest pretence to originality.

At that time it was said merely that rheumatism was frequently followed by disease of the heart. I believe the truth is, that rheumatism is frequently followed by, or joined, or accompanied from the first, by pericarditis. As far as I have been able to observe, it is pericarditis which is first induced in most diseases of the heart. Pericarditis being induced, and the pericarditis

continuing, all other diseases of the heart follow. If you look into the cases of diseases of the heart, which have been produced by, or rather have followed, rheumatism, you will find I think, in almost every one, that there have been marks of inflammation of the pericardium. They have all seemed to begin in this way; and where there has been no dissection, the history of the cases has shown that the first symptoms were those of pericarditis. And certainly, as to my own experience, all the diseases of the heart which I have been able to see as the consequences of rheumatism, have been decidedly pericarditis in the first instance. The cases that I see at the very first are all pericarditis. I believe it is an inflammatory state of the pericardium which is induced; and when that is inflamed (just as is the course with inflammation in any other part), every kind of organic disease will follow.

The disease is called pericarditis, whether it affects the parietal portion of the membrane or that portion which closely invests the heart. Perhaps if we were to follow the analogy of the names of inflammations in the abdomen, we should call the one *carditis* and the other *pericarditis*. If that portion of the peritoneum is inflamed which covers the liver, we do not call it peritonitis but hepatitis. It is only when the inflammation affects that part of the peritoneum which is loose, that we call it peritonitis; therefore, whenever the close portion of the pericardium is inflamed we might call it carditis. But in speaking of it I have generally used the term as other authors have done, applying the name pericarditis to inflammation of the pericardium wherever situated; and carditis to inflammation of the substance of the heart. This too is analogous to the names of the inflammations of the pleura; for if the pulmonary pleura is inflamed, we do not call the disease inflammation of the lungs; but still pleuritis. The same custom prevails in regard to the arachnoid.

Inflammation of the substance of the heart itself, as an acute disease, is a rare thing. I have never myself seen it. You will find a case mentioned by Mr. Stanley, of St. Bartholomew's Hospital, in a paper in the *Med. Chir. Trans.*, in which the substance of the heart, however, had been inflamed as well as the pericardium. In that case pericarditis had taken place, together with rheumatism of an extremity. The pericardium became inflamed, and contained several ounces of turbid fluid with flakes of lymph. It was covered in various situations with a reticulated layer of lymph. The substance of the heart was almost black with congested blood—very soft and studded with little collections of pus. Nothing could be more clear than that this was inflammation of the substance of the organ, for extreme acute in-

inflammation has the effect of softening parts, and producing pus. Two or three other cases are on record, but it is comparatively a rare disease.

*Treatment.*—As regards the *treatment* of this case, it was no more than that of inflammation of any other part—the means, however, being directed to the heart itself—to the seat of inflammation. The man was immediately cupped to twenty ounces over the region of the heart. The relief was almost instantaneous; the next day the heart beat less violently; his breath was less short; the pulse was more regular in force—he was altogether better; there was no bellows sound.

I think I have generally observed that local bleeding in these affections is better than general bleeding. It must, however, be a local bleeding equal in quantity to what would be a general bleeding; a few leeches would be nothing. By local bleeding I do not mean to say, therefore, a trifling bleeding, but as great as you would perform in the arm, only performed locally. The man in question was therefore cupped to twenty ounces. I think the result of the local bleeding from the region of the heart itself (I will not be certain, but I think so) in these cases is very much superior to general bleeding. Although this man was so ill, he in this way got perfectly well in a short time. I gave him from the moment of the cupping, five grains of calomel three times a day. The next day his mouth was, he thought, a little tender, so that the calomel was then given him only twice a day. It was continued for three or four days and then entirely omitted; his mouth became rather more sore—there was a decided mercurial effect on the constitution, and no relapse of the disease took place.

The disease here, therefore, was subdued by the free local bleeding; and, as I have often said before, no inference can be drawn from any one case as to the good effect of mercury, unless the symptoms instantly remit when the mouth becomes sore—if there is not that simultaneous occurrence of the tender mouth and remission of the symptoms, of course we are not justified in *any* one case in saying the mercury did any good; it is only from a series of cases treated with it, compared with a series of cases not treated with it, that an inference can be drawn. However, this man did perfectly well. If the bleeding relieved him at first, it is to be remembered that no subsequent aggravation or relapse took place. He was of course put entirely on slops; he had gruel, tea, barley-water, and toast and water, allowed him for five days. At the end of that time a little milk was added to his diet. The tenderness of the epigastrium went quite away—the tenderness over the heart was

removed. The pulse became natural in strength and force; the bellows sound ceased for good; so that I must suppose the constriction here which impeded the blood arose from inflammation. He was admitted on the 6th of January; on the 7th I could hear no bellows sound, and from that time afterwards as often as I listened I never could detect the sound again. This was a very satisfactory case. The man went away on the 27th of January (of course I had kept him till he recovered his strength), he went away then perfectly well and at his own desire.

When persons, however, have once had this complaint, if they are exposed to cold they are very liable to have it again, just as it is with rheumatism or any inflammation of any other part. It is therefore requisite that you should tell the patient that it is necessary for him to take great care to avoid cold, and for a length of time to avoid much exercise. But though the medical man cures the disease thoroughly, he, of course, can have no control over the subsequent conduct of the patient, and if the disease occurs again in the same individual from a subsequent cause, that can be no discredit to the practitioner or to his art.

#### ST. VITUS'S DANCE.

The next case, Gentlemen, to which I beg leave to direct your attention, is that of *St. Vitus's Dance*. I last week stated that I had cured a patient who had had the disease two years; that patient was a girl, this a boy. The disease occurs much more frequently in girls than in boys. The proportion of girls to boys who labour under it is very great. Dr. Heberden says, that, in his experience, of the patients who had this disease, a quarter only were males; three-fourths were females. I made a calculation from my own experience of cases of this sort during six years in this hospital, and I found the proportion about the same as that given by Heberden. In the course of that time I had twenty-two females with the disease and but eight males. This is the opposite to what occurs in epilepsy; you will find the greater proportion of persons who have epilepsy are males.

The boy was fourteen years of age. You will find the greater number of individuals who have *St. Vitus's dance* are between six or seven years of age and perhaps sixteen or seventeen; it is about the period of puberty, and some years before, that this disease is the most prevalent; this boy had it also three years ago. You will find the recurrence of the disease very common. I have frequently seen persons who have had the disease two or even three times. I think that I have observed the recurrence to take place more frequently in the spring than at any other time. I have mentioned, that he

had no other symptom than that of St. Vitus's dance, excepting a little fatuity of look and mind. It is very common in this disease for children to look a little fatuous, and to be so, I believe; but as the disease is cured, this state of the countenance usually gives way. Nothing is more common than to find no other symptom than St. Vitus's dance present. In epilepsy you continually have headach, giddiness, and a variety of symptoms of that kind. In many diseases of the nervous system you have constipation, or tenderness of the abdomen, congestion, and so on, but in St. Vitus's dance very generally no such thing. Children have their bowels regular; they have no diarrhoea—of course they will sometimes have that from accidental causes, or be constive—and sometimes have fulness about the head, but none of these are essential to the disease.

*Symptoms.*—With regard to the symptoms in this boy, he was more or less in constant motion; he could not walk straight, continually twisting himself from one side to the other; his arms would fly about in every direction, and he would make such faces, and so wriggle his head, while you were looking at him, as almost to make you laugh; he was in perpetual motion. This is the character of the disease. Catching of the fingers, twitching of the head, corrugations of the brow, and convulsions of all the muscles of the face; extensive flexions, extensions, and rotations of the limbs; perpetual motion; a rolling also of the eyes, and as the patient walks, you will generally see one foot dragged after him; such catching of the tongue continually and muscles of the mouth, that speech and deglutition are difficult. This boy could not only not hold his head still, but he could not speak for a considerable time after coming into the hospital with any distinctness. In severe cases they cannot lie in bed, and in still severer cases the convulsions continue during sleep, but generally they cease when the individual falls asleep. The will has some little power over the motions; and it appears there is a strong inclination to those different motions, which the patient cannot easily resist, and which he finds some pleasure in giving way to. At any rate, for a moment, if you give them some strong inducement, they can arrest the motions, though only for a moment. If they are at all frightened the irritability is increased, and the motions become very much aggravated. You will frequently observe that one side of the body is affected much more than the other, as in many nervous diseases. Sometimes the disease is almost confined to one side. You will very frequently find, that if you seize one arm and hold it still, the other will be the more agitated; the same with the legs, and with a leg and an arm.

The duration of the disease is very various, and if left to itself will no doubt generally cease, but frequently not for a very long period. The girl spoken of last week had had it two years; this boy, however, only a month.

*Treatment.*—In regard to the treatment, the boy took at his admission two drachms of the subcarbonate of iron every six hours. He never took any other medicine. After he had been in some time, as the disease did not go away with great rapidity, I increased the dose to half an ounce every six hours; but if the two drachms had been effecting all that was necessary I should of course not have given him more. It was given him mixed with double its weight of treacle, and no aperient medicine at all was required. His diet was that of the house; there was no reason to lower his diet, for there was no sign of fulness of the abdomen, no tenderness of the abdomen, no fulness of the head, nor headach, except what children may accidentally have from time to time; nothing to make me lower his diet; indeed he was a spare little chap. Under that one prescription he got well, just as the man with pericarditis got well with one prescription of another kind.

I have had now many dozens of cases of St. Vitus's dance, which have been all cured by this one remedy. There are other remedies which are exceedingly useful in the disease, and will cure it, but I think, compared with all others, this will cure the largest number within a given time. I have not yet had a case in which I have failed with it; I mean to say, a case which has existed for only a few months, and occurred in a very young person, and been pretty general. The disease will sometimes affect only the head, or one particular limb in adults, and continue for life in spite of everything. It will sometimes be general too in adults, and continue for life, but it is then usually united with some other nervous affection, perhaps with insanity or epilepsy. Except in the partial form of the disease, and when it is united with other disease of the nervous system, you may cure it, I am convinced, almost always with the subcarbonate of iron.

There is a great difference as to the time in which the remedy will cure it. You may in general cure it in from one to two months; but I have found it sometimes necessary to continue the remedy for twelve weeks before the disease gave way, but then it yielded. A person should not at all be discouraged, if he has to continue it for many weeks; and it would be wrong to say the remedy had failed, unless in an obstinate case it had been continued for three months. However, if I found the case was not yielding to the remedy so quickly as I could



wish, and yet I was giving it in full doses, I should have recourse to other remedies at the same time. As the power of the remedy is now well established, and the power of other remedies is also well established, it would not be absurd to have recourse simultaneously to several remedies, if that used was not answering the purpose with sufficient quickness, so that there might be no impropriety in having recourse, at the same time, to the cold shower-bath and electricity.

The sulphate of zinc has great power over the disease, and will cure a great many cases. I would only say with respect to it, that in whatever disease it is given, it requires to be gradually increased from a grain three or four times a day upwards, and you will be surprised to find how many grains some persons will take without nausea. I should certainly, if I gave the sulphate of zinc, increase the dose as long as I found it did not produce nausea.

With respect to the bowels, I paid no attention to them in this case. Undoubtedly they were open every day; and had they not been so without aperients, I should have looked to it. That these cases will get well under purging, I think there is no doubt; but I have had a great number of cases brought to the hospital, of patients, who had been briskly and long purged, without having been at all better, and some had even grown worse by it, through the increased debility and irritability, and in which the disease gave way to tonics. I believe in this hospital, iron used to be recommended as the best remedy, long ago by old Meade.

I should state, that the subcarbonate of iron, if given in gruel or in mucilage, would generally constipate the bowels, but it is most likely that the treacle which is given with it here, counteracts that effect. Treacle is an aperient, and if taken alone in the doses I give of it, would often produce diarrhoea; but being mixed with the carbonate of iron, it has not that effect. One might fear that the sulphate of zinc would constipate, being a powerful astringent—it is one of the most powerful astringents we have, but it does not produce constipation. I have frequently given from ten to twenty grains three times a day in epilepsy, chorea, &c., without the slightest constipating effect.

There is a form of this disease which I myself have never seen, but which is very extraordinary; and gentlemen will recollect that I gave a full account of it in my general lectures on the practice of medicine. It is a form of the disease where persons are seized with a violent impulse to regular motions. Here, in common chorea, the impulse is to irregular motions, but in the other the movements are regular, so that

patients have fits of dancing for hours together (some say for days) till they can remain upright no longer, and down they go. Some have fits of running; they will run from their house straight forward, till they reach a particular place fixed in their mind, and then drop down exhausted; others will be seized with whirling round, and pirouette admirably, so that women, who have never been taught to dance, will be seen dancing in the most graceful manner. That this is true, there can be no doubt. Mr. Kinder Wood has given the description of a recent case of this sort in the *Medico-Chirurgical Transactions*. The name was originally given to the disease from this circumstance. *Chorea*, I need not tell you, signifies a dance; and the disease was first particularly noticed in some women in Germany, who were seized with fits of dancing, and who went to the chapel of St. Vitus, near Ulm, and there danced till they were cured. "*Chorus Sancti Viti*, or St. Vitus's dance," says Burton, in his *Anatomy of Melancholy*, that everlasting source of amusement, "the lascivious dance, Paracelsus calls it, because they that are taken with it, can do nothing but dance till they be dead or cured. It is so called, for that the parties so troubled were wont to go to St. Vitus for help, and after they had doped there awhile, they were certainly freed. It is strange to hear how long they will dance, and in what manner, over stools, forms, tables. Even great-bellied women sometimes (and yet never hurt their children) will dance so long, that they can stir neither hand nor foot, but seem to be quite dead. One in red clothes they cannot abide; music, above all things, they love, and therefore magistrates in Germany will hire musicians to play to them, and some lusty sturdy companions to dance with them. This disease hath been very common in Germany, as appears by those relations of Shenkius, and Paracelsus, in his book of madness, who brags how many persons he cured of it. Felix Plater reports of a woman in Basil whom he saw, that danced a 'whole month.'"

Now if these cases had been described only in old books, we might have turned from them with ridicule. But a great number of things in old books I believe are perfectly true, and it is only the explanation that is given which is ridiculous. You will find a case related by Dr. Watt, a most respectable man, in the fifth volume of the *Medico-Chirurgical Transactions*. The patient, a woman, had various motions at various times. She would roll over fifty or sixty times in a minute, and sometimes would be seized with a violent tetanic rigidity, all the time being perfectly conscious. You will find, as I just said, a case

in the same *Transactions* by Mr. Kinder Wood, in the seventh volume. The patient here also was a female. Most queer cases happen in women. She danced with grace, and was delighted with music. When a drum was beaten, she danced up to it as close as possible and yet (as I believe I also mentioned) she never before had learnt to dance in her life. This woman would also take great pleasure in darting her finger into a hole in a screen, or upwards against a given part of the ceiling. She would sometimes kneel down with her hands behind her, spring up suddenly, and strike the ceiling with her hand, so that her friends were obliged to remove all the nails from the ceiling of the cottage (she was a poor cottager), lest her hand should be lacerated. It was observed, too, in her case, that there was a great fondness for music, exactly like what Burton has noticed. In her it was observed that a tune was to be heard breathed from her mouth, if persons stood near her; they therefore got a drum and beat it, at which she was delighted beyond measure; and it was by perverting her musical ideas, that her disease was put a stop to. They found that if they beat out of tune she instantly stopped. They found that if, instead of beating a tune, they beat a continued roll, it had the same effect. Now I presume that all these phenomena are effects of irritation of certain parts of the brain only, and as I think every part of the brain has its own particular purpose, I cannot but think these effects are explained by certain individual parts of the brain, destined for individual functions, being under a violent state of excitement in these affections. Great light has been thrown on the subject by Magendie, who, by cutting a certain part of the brain of an animal, found the animal was seized with a fit of rolling. I recollect myself seeing him divide a certain part of the brain of a rabbit, and it immediately rolled round and round till it got to the end of the table and fell off. On cutting another part of the brain of another animal, it darted forth, and made the greatest possible effort to proceed, extending its head and paws, and taking the attitude of progression. In some cases it has been observed that persons with an affection of the brain had a violent desire to run forward, others to run backward.

#### HEMATEMESIS.

Respecting the other cases that were presented, I shall not detain you by detailing them, for they are comparatively of little importance. One was a case of hæmatemesis in a female, as most frequently happens, and in whom the menstruation was suppressed.

Very frequently a suppression of the menstruation is not the cause but the effect of disease. If a woman become very ill, the menstruation is put a stop to, but women ascribe all their complaints to that suppression.

The case of rheumatism I need not say any thing about.

As to the universal paralysis, if the case could have been cured, success must have been slow—it would have required a year or two, but he longed to return home, and went out as he came in.

#### GLANDERS.

I will take this opportunity of mentioning that I have received a letter from a gentleman respecting the treatment of glanders in horses. In consequence of being honoured (and I do consider it a great honour) with the publication of these lectures, I receive continually a great number of letters, most of them—all of them, I am happy to say, in the highest degree friendly. I have among others received one from a gentleman of the name of Pedduck, but whom I have not the honour of knowing, who says that in consequence of the case I have published on glanders in the human subject, he thinks it right to give me the information which his note contains; and I may as well take this opportunity of giving it publicity as any other, by reading the letter. It is as follows:—

“Dear Sir,—Your very excellent paper on glanders in the human subject, published in the *Med. Chirur. Trans.*, of which an analysis is given in the *Med. Chirur. Rev.*, has called to my remembrance a remedy mentioned to me by the veterinary surgeon of the 13th Regiment L. G. at Canterbury, in 1820, for the cure of glanders in horses. It consisted simply of Venice turpentine diffused in steam. The mode of application was by putting a quantity of scalded bran, mixed with Venice turpentine, into a horse-hair bag, and tying it over the horse's head, wrapping his whole body at the same time in a large blanket, wrung out of boiling water, and covering him with several horse-cloths. This threw him into a profuse sweat, promoted free discharge from the frontal sinuses and nostrils, and the healing of the ulcerations. A cure was the consequence of this plan of treatment continued daily, when the bones had not already become carious.

“Having myself employed the general vapour-bath, with terebinthinate medications, in many cases of malignant sores, both in private and dispensary practice, with success, you will pardon me for recommending to you a trial of the same remedy, in the event of more cases of glanders in the hu-

man subject presenting themselves to your notice.

"I have the honour to be, dear sir,

"Your faithful servant,

"H. PEDDICK, M.D."

Of course I know nothing at all of the accuracy of these observations any more indeed than the gentleman. It is right that such a thing should be made public, more especially at this moment, when the inhalation of various substances is undergoing the test of experiment. I myself am trying the inhalation of iodine and chlorine in phthisis; I cannot cure phthisis; I shall therefore put to the test any-thing that I hear of from a respectable source, or which appears in itself plausible. I have persons inhaling iodine; and when a sufficient number have tried it, so that I can draw any conclusion from the cases, I shall, of course, lay the result before the public.

The cases admitted since the last lecture were seven. Two of secondary syphilis, and one of inflammatory dropsy, among the women; two of rheumatism, one of hemiplegia, and one of neuralgia of the leg, among the men.

## THE LANCET.

London, Saturday, Feb. 19, 1831.

THE HUNTERIAN ORATION was delivered in the College of Surgeons by Mr. ANTHONY WHITE, on Monday last. The theatre was overflowing, and there were numerous visitors of distinction. Mr. HEADINGTON, the President of the year, was absent from illness, and Mr. KEATE endeavoured to fill the chair in his stead. Of the oration it is unnecessary to speak, as it was a performance which, in truth, not only defied, but is utterly beneath, criticism. There were, however, some proceedings before and after this ceremony which we think will be deemed of the highest importance, not only as they relate to the dignity of the profession generally, but to the prerogatives of the members of the College in particular. The latter gentlemen, for the first time in the theatre of

their own College, pressed the consideration of a professional abuse upon the attention of the President and Council. An accurate report of the proceedings will be found in another part of our Journal. If the stigma under which naval surgeons and assistant-surgeons now suffer be not removed, and that almost instantly, the fault will rest with the President and Council of our College, whose influence at headquarters is almost irresistible, from the close manner in which several of them are officially connected with the Court.

Mr. AMOS, the half-occupier of the chair of medical jurisprudence in the University of London, has found an able coadjutor in the person of Dr. ANTHONY TORD THOMSON. If we felt disposed to be hyperseridical, the Doctor's brief introductory lecture would furnish materials for a commentary which might run through two or three entire numbers of this Journal. His materials are altogether crude and undigested, and are arranged in the very worst manner; and the language in which he has endeavoured to convey his opinions to his hearers and to his readers is truly execrable. Reprehensible and disgusting, however, as are these defects of matter and of manner, the spirit in which this lecture is sent forth to the public is, in our opinion, still more despicable; for it is dedicated to the Hags of Rhubarb Hall, and, avowedly, because those bel-dames have raised their wand to drive the pupils from their portals, unless the candidates for the license present themselves with certain costly insignia entitled "certificates." The following is a *verbatim* copy of the dedication. How the unfortunate writer must have cudgelled his brains, before he delivered himself of such a piece of composition! He must literally have beaten them to pap! Now, gentle reader, your attention:—

"To the Worshipful Company of Apothecaries, *who*, by rendering *imperative* the study of medical jurisprudence, and by demanding scientific *qualifications* from the candidates for its license, has justly *merited* the *gratitude* of the medical profession and of the public, this lecture is inscribed by the author."

A complete rope of sand, no two atoms bearing towards each other the slightest affinity. The worshipful Hags have not "rendered *imperative*" the study of medical jurisprudence; but they have, agreeably with their constantly-displayed spirit of exaction, declared in their regulations, that students, after a certain period, must produce CERTIFICATES of attendance upon lectures on medical jurisprudence. And this constitutes a very wide distinction, Dr. ARNOLD TODD. If the Society had required that students should display in their examinations a knowledge of those subjects which are usually comprehended under the designation of medical jurisprudence, we should have been the last to have complained of their conduct, or to have condemned Dr. THOMSON for having stated that such a body justly merited the "gratitude" of the medical profession. It is the certificate system, however, which we always have condemned, and which we always shall condemn; for it imposes upon the student the necessity of yielding to a barefaced and unqualified practice of extortion. There can be no objection to the Society's requiring from the candidate for the license, *proofs* of "scientific qualifications;" but it is objectionable, highly objectionable, and dishonest too, to compel the student to lay out a certain sum of money in the purchase of worthless pieces of paper, and to require of him in addition, that he make those purchases in particular places, and from particular individuals. Here it is that we find the powerful and selfish spring which has moved Dr ARNOLD TODD to entertain such a feeling of "gratitude" towards the extortionate Hags. In the regulations of the Company

issued previously to 1827, there was the following:—

"No testimonials of attendance on lectures on the principles and practice of medicine, delivered in London, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonial is signed, by a *Fellow, Candidate, or Licentiate, or THE ROYAL COLLEGE OF PHYSICIANS.*"

And towards the conclusion of the regulations of the Company, issued in September 1828, we find the following paragraph:—

"Students are enjoined to observe that after the 1st of November, 1828, these certificates, so filled up, will be required from candidates for examination. After the same day no other testimonials of attendance on lectures and medical practice will be admitted, except such as bear the seal of a university or college, and the signature of an officer belonging to such university or college, whose duty it is to sign certificates of attendance on the lectures given therein: or such other certificates as have heretofore been received, if the same were obtained prior to the 1st of February, 1828."

Yes! It was necessary the certificates should bear the seal of a university or college, if the lectures were delivered in London, or within seven miles thereof, if the certificates were not granted by Fellows or Licentiates of the Royal College of Physicians.

Here, then, we discover the cause, or the probable cause, of Dr. THOMSON's "gratitude" to the Worshipful Company. The doctor was neither fellow nor licentiate of the College when he was elected to a professor's chair in the University of London. Hence his certificates would have been prohibited had it not been for the exception in favour of the seal of a university. That this clause was written purposely to favour the medical professors of the London University, there cannot be the least doubt, since there was no such reservation previous to the erection of the University in Gower-Street. Let us not be misunderstood. We condemn not the extension of privilege proffered to Dr.

Thomson and other gentlemen, who, from deficiency in Latinity, thought it prudent to refrain from applying for the license sold in Pall-Mall East; but we do condemn, and bitterly too, the regulation which restricted the delivery of lectures in London, and within seven miles thereof, to the fellows, candidates, and licentiates of the College; and equally reprehensible do we consider the conduct of that man, be he who he may, who, because an exemption has been made in his favour in the operation of a base and infamous law, would have the world believe that his heart is overflowing with gratitude towards his despicable benefactors, for pretended advantages conferred upon the community at large.

Without going further into the subject of abuses connected with the government of the Apothecaries' Company, we may be allowed to ask why that body has made a special enactment in favour of the fellows and licentiates of the Royal College of Physicians. For, as we have already shown, certificates of certain lectures delivered in London, and within seven miles, are not deemed eligible by the Worshipful Court of Examiners, if those certificates do not bear the signatures of fellows or licentiates. If a surgeon, for example, be a thousand times more competent to lecture on the principles and practice of medicine than those personages, yet this resolution prohibits him from exercising his talents for the benefit of medical students, and for the welfare of the community. The same remark applies to graduates of the Edinburgh College of Physicians, of the Dublin College, and of the continental universities. Certificates of lectures on the principles and practice of medicine are not acceptable to the sight of the Hags, if those lectures be delivered in London, or within seven miles, unless the "certificates" be signed by fellows or licentiates of the Royal College of Physicians in London. This is a company, is it, to be lauded by a professor of the

University of London? In truth, the miserable Hags, acting always upon the principles of their trade, carry on their traffic in what they have the impudence to denominate medical knowledge, in the very worst spirit of the vilest monopoly corporation of retail traders. If the student challenge an examination, why should he be required to show that he has expended a certain sum of money? What connexion is there between wealth and knowledge? And, further, why should he be compelled to produce a "certificate" to show that he has acquired his information from one particular class of persons? If he be well grounded in all the elements of his profession—be qualified to undergo an examination and challenge inquiry, what can be more infamous, what more disgraceful, in a country which boasts of its high civilization and learning, than to repel such a candidate by declaring that he can neither be questioned, nor granted a license, because he is destitute of evidence to show that he has not expended or sacrificed some two or three hundred pounds? The opportunities to acquire knowledge should be as free and as equably diffused as the air we breathe. Base, indeed, must be the wretch who would erect a toll-bar on the high road to science. In order to expose the infamy and the injurious consequences which must result from imposing such restrictions upon the operations of the mind, let us look for one moment at the effect which is really produced by laying similar restrictions on the operations of matter when it assumes the form of food. Wheat, if it be the produce of England and Ireland, is free from tax, and bread made from it may be eaten, by those who have money, without restraint. Not so with foreign wheat; for grain received from the continent is subjected to a heavy tax, and this is done to benefit the landed proprietors of England. The poor are half starved, are compelled to subsist upon potatoes, that the rich may ride in their carriages and

revel in luxury. This tax upon the stomachs of the poor for the benefit of the land-owners, exactly resembles the tax upon the minds of medical students made in favour of the fellows and licentiates of the Royal College of Physicians. Let us try the Worshipful Company's regulation, by the test of the *argumentum ad absurdum*. The Duke of Bedford is proprietor of Covent Garden Market, and he has the power to issue "regulations" to be observed by the market-gardeners. Suppose then his Grace were to publish the following :—

"N.B. No CABBAGE shall be deemed eligible to be sold in this market, unless it be accompanied by a satisfactory *certificate* signed by the CHURCHWARDENS and OVERSEERS, that such CABBAGE has been grown in the parish of FULHAM, or within seven miles thereof."

The restrictions imposed by the Worshipful Company upon the acquisition of knowledge, are ten thousand times more injurious, and not in the slightest degree less ridiculous, than would be such an unprincipled imposition as this. A new College would relieve the plundered medical student from such a barbarous tax, and A NEW MEDICAL COLLEGE he shall have.

Leaving Dr. ANTHONY TODD THOMSON, then, to the full enjoyment of the "pleasure of gratitude" towards such an enlightened and liberal body as the Worshipful Company of Apothecaries, we must call the attention of the reader to a few passages in his lecture. The learned gentleman commences, as he well might, by craving the indulgence of his singularly-gifted auditory. "When," says he, "I perceive around me individuals distinguished for the extent of their learning, others for the stores of practical information with which they have enriched themselves; when I also see among my auditors, gentlemen deeply versed in the profession of the law, and imbued with the soundest LEGAL opinions, I cannot avoid being deeply impressed by the peculiarity of

the position in which I am placed." We should think not!

Such is the doctor's position while delivering the first sentence of his lecture, and in the next he contrives to place medical science in a position not less imposing; for he says, "Medical jurisprudence obtains for medical science a dignified attitude." It is a sort of DUTCH-SAM position, whence errors in our courts of justice are laid prostrate in all directions.

In running through the history of medical jurisprudence, the Doctor expresses his surprise that it should have been so long neglected in this country. As a distinct branch of science it certainly has not obtained much attention in ENGLAND; but in distinct departments, all those branches of knowledge which can constitute a well-qualified medical jurist, have been cultivated with a degree of ardour which has only been surpassed by a few of the physiologists and toxicologists of FRANCE. The medical colleges and companies have been the only barriers opposed to a greater degree of perfection. At page 10, the Doctor informs us, that the chair of jurisprudence is vacant in the University, "on which account the course of lectures, which I have the honour of introducing to your notice, has been ordered to be delivered this session, with the view of enabling the students of this establishment to comply with the regulations of the Society of Apothecaries:—that corporate body, with praiseworthy solicitude for the improvement of the general practitioner, requiring a course of medical jurisprudence, as a part of the qualifications of a candidate for a license to practise as an apothecary in England and Wales." A "course of medical jurisprudence" is rather a curious "qualification" for a candidate to take with him.

In the 11th page, after briefly adverting to medical testimony, as it is usually given in civil and criminal courts, the doctor comes to this logical conclusion.—"Consequently

the general welfare of the community ought not to be permitted to rest on the medical evidence as usually delivered on trials, nor on the manner in which attempts are made to elicit the truth from that evidence." It would, indeed, be rather a hard case for the nation, if its welfare rested upon the evidence usually given by a few half-educated ABERDEEN DUBS, and the unmannerly behaviour of brow-beating counsel. "What (says the doctor) are the qualifications necessary to constitute a medical jurist?"—"Were I (he replies) to sketch out his character in its most perfect form, there is scarcely a single point in the circle of science with which he ought not to be familiar." This is true enough, and the doctor must be a modest man to have assumed the office of teacher while such a conviction remained upon his mind. But genius is ever retiring. The lecturer, with all his research, has not been enabled to determine whether a coroner ought to be a medical man. Yes, gentle reader, Dr. FROXSEN is in the chair of medical jurisprudence, and confesses in "that position," that he has not "sufficiently reflected on the subject to hazard a very decided opinion." Posterity will suffer deeply from this neglect. The doctor's *decided* opinion would have been invaluable, because he is evidently "imbued with the soundest legal opinions," and entertains the most profound sentiments concerning the qualifications and duties of medical witnesses. "The evidence is required to be given in an open court, the eyes of the world are upon the witness, and it is presumed that he is *expert*." Poor fellow! "He should know as much of the law of evidence as will enable him to *penetrate the intentions of counsel*!" Clever fellow!—"To foresee the consequences of his answers,"—these are the very words of the writer—"and to have some idea beforehand of the nature of the questions which he will be required to answer." The doctor is a strange being. We had always thought,—foolishly enough

it seems,—that witnesses were bound to speak the truth; to answer such questions as might be propounded, distinctly and without reservation, to the best of their ability; but we knew not that they were to look to consequences. Acting on the doctor's principle, juries would not return verdicts in conformity with evidence, but agreeably with their wishes, or from yielding to the dread of consequences; they would forswear themselves in order to screen culprits from certain degrees of punishment.

But really there is no dealing with such a farrago of nonsense within a moderate space. We have only yet reached the 13th out of 31 pages, and here we shall throw down the lecture, dedication and all, with feelings of disappointment and disgust. There are, however, some other "points in the circle," which will demand a few concluding words in our next number.

## ROYAL COLLEGE OF SURGEONS.

February 14, 1831.

### HUNTERIAN ORATION.—INSULT TO NAVAL SURGEONS.

IN consequence of the notice in the last Number of THE LANCET, which intimated that the exclusion of naval surgeons from his Majesty's levees might lead to a discussion amongst the members of the College on this occasion, the theatre was crowded to excess at an early period, and by a little after four o'clock, the steps leading to the doors were all filled by members anxious to gain admission, though by that time not a seat could be procured.

On Mr. WAXLEY's entering the theatre, about half an hour before the commencement of the oration by Mr. WHITE, he was received with loud cheers, intermingled with a few hisses. Shortly after he had taken his seat, he rose to address the College, and thanking the members for the kind and flattering manner in which they had been pleased to receive him, he proceeded to observe, that two or three circumstances of great importance had induced him to stand forward to address the assembled College. He presumed that every gentleman in that theatre was as anxious for the preservation, the welfare and prosperity of the profession as himself, and he was sure that no

gentleman then present, whatever might be his feelings relating to matters connected with the government of the College, would for one moment tolerate an insult offered to any individual member of the profession, much less to such an important and numerous branch of their body, as that of the naval surgeons. He wished to call their particular attention to an order which had recently been issued by the Lords of the Admiralty, prohibiting the attendance at the King's levees of the surgeons and assistant-surgeons of his Majesty's navy. (*Cries of shame.*) He hoped, however, that there were gentlemen present who had served in the navy, and if there were, those gentlemen must be much more competent to discuss the tendency and merits of that order than himself. He would sit down, therefore, and wait patiently, to give any or every such gentleman an opportunity of coming forward, in order to rescue his brother officers from unmerited degradation and insult, though, if there were no such gentleman present, nor any one who might not feel an equal interest in the subject with himself,—if, in a word, no other gentleman came forward, then he (Mr. Wakley) as forming an integral part of the most important of the professions which existed in any civilized country, would consider it to be his duty to submit one or two resolutions to the notice of the gentlemen of the College then assembled. (*Loud cheers.*)

Having waited several minutes, Mr. WAKLEY was called for from different parts of the theatre, when he again rose and said, that with their permission he would read the resolutions which he thought it would be right to propose; afterwards it would be for the members to determine whether it would be right to discuss the propriety of adopting those resolutions before or after the delivery of the oration. (*Cries of Now, now.*) He proceeded to read the proposed resolutions, which were as follows:—

1. "That the surgeons and assistant-surgeons of the British navy, are gentlemen of the highest respectability and professional attainments, and that by their talents and perseverance in the faithful discharge of their arduous duties, these gentlemen have rendered the most eminent services, not only to their brave brother seamen, but to the whole of the people of England.

"2. That this meeting has seen with the utmost astonishment, and with feelings of deep-rooted regret, an order issued from the Admiralty to exclude from the levees of the King the surgeons and assistant-surgeons of his Majesty's navy. That the President and Council of this College be, therefore, respectfully requested to memorialize the Lords of the Admiralty on the subject of this order, and to enforce in the me-

morial the claims of the surgeons and assistant-surgeons of the British navy to the respectful attention of all classes of his Majesty's subjects, and to pray that the order under which they have been excluded from the presence of their Sovereign, may be immediately and wholly rescinded." (*Loud applause followed the reading of these resolutions.*)

You know, gentlemen (continued Mr. W.), that old birds are not to be caught by chaff, and I need not tell you that it is most material to determine whether these resolutions should be adopted now or not, because if the subject be postponed until *after* the delivery of the oration, the President and Council may then very unceremoniously walk off, and leave us to address the closed doors. (*Laughter and cheers.*) There is not time, certainly, to go fully into the merits of the question, unless we interfere with the regular proceedings of the day, but whatever may have been the warfare which I have carried on against the system of governing this College, I can assure my brother members, that nothing is further from my intention than to annoy or inconvenience those gentlemen who are about to attend for the purpose of assisting in the ceremony connected with the delivery of the oration. I merely come forward to assist in vindicating the rights and characters of those gentlemen who have been so grossly insulted by the order from the Admiralty, God knows that they have had insults enough offered to them already; and if there be any delay in asserting their rights and honour, it is impossible to say what they may not have to submit to hereafter. (*Hear, hear.*) I would therefore ask the Lords of the Admiralty this question:—Why are not the surgeons of his Majesty's navy entitled to equal respect with the surgeons of his Majesty's army? (*Cheers.*) The latter medical officers are not excluded. Yet in my opinion there is not any thing more pleasing in the appearance of a red coat, than there is in that of a blue one. For my own part I prefer the latter, for if there be any importance to be attributed to the colour of the coat, I must say that we ought all to entertain a higher respect for the wearers of the blue. If it had not been for the latter heroes, we might at this moment have been the slaves of some foreign nation. Probably it will now be better to ascertain the opinion of the meeting on the subject of the resolutions. Any discussion may be gone into after the oration has been delivered, without interfering with the specific business of the day. Possession is nine points of the law, and there is no place so proper for the members to discuss such questions as in the theatre of their own college. (*Cheers, and hear, hear.*) The members scarcely form a portion



of the College, even if they be excluded from the benefits arising from a participation in its "circulating medium" (*hear and laughter*). I cannot see why they should be excluded from taking part in the movements of their own College. I will conclude by proposing the first resolution (already given above), adding, that I have come here without having acted in concert with any one. There have been no secret, no hole-and-corner proceedings. I have drawn up the resolutions roughly and hastily, and I do not even know whether they will be seconded. I think it my duty, however, to submit the first to the meeting. (*Applause*.)

Mr. GARLAND said he felt great pleasure in seconding the resolution. In doing so he begged to state, as an old member of the College, who had in days gone by, himself worn a red coat, that the red coats had also been insulted, though it was a long time ago. In Egypt and in some other parts, where they had undergone the severest and most arduous duties, Lord Huntingdon, or somebody about him, did not consider the military assistant-surgeons worthy of wearing the medals which had been distributed to other officers, even though some of those others were only ensigns and cornets.

Mr. WAKLEY said, as they had no chairman the proceedings might be a little irregular, but the members would recollect that it was by no means unusual for affairs in that College to be conducted without a head. (*Roars of laughter*.)

Acting as chairman, he then put the resolution to the meeting, and it was carried with acclamation, not a single hand being held up against it.

Having moved the first resolution, Mr. Wakley hoped some other gentleman would propose the second, and he should feel much pleasure in passing it to him for that purpose.

Mr. KING rose and said he should feel happy in proposing it. (*Cheers*.) In doing so it was scarcely necessary for him to advance any thing on the subject which had called for these proceedings, as it must be deeply interesting to every member of the profession. The "order" alluded to could either only have been issued with an intention of offering the grossest insult, or from downright negligence. He was inclined to ascribe it to the latter cause, for he could not be induced to think the Lords of the Admiralty could have been seduced from any cause whatever, into an act calculated to put so great a blot on the surgeons of the British Navy. Where would Lord Nelson have been when he received the wound which required the amputation of his arm, had there not been a naval surgeon close to him to amputate. (*Cheers*.) The thing spoke for itself, and he had no doubt that as

soon as a proper representation of the subject was made to the Admiralty, the "order" would be rescinded. Mr. King concluded by reading the resolution, and sat down amidst loud applause.

Mr. GEORGE WILKINS seconded the resolution.

At this moment considerable merriment was caused by some gentlemen on the stairs, who were unable to gain admission, loudly exclaiming, "The opposite side *move* on a little," when some respondent within immediately replied, "There's no *opposite* side; there's only one side here."

Mr. WAKLEY took the sense of the meeting upon the resolution, which, like the former, was carried amidst the loudest cheers, when Mr. Wakley said, that having so far succeeded, it was now their duty to complete the work which had been so well begun, he would therefore move that Mr. King be deputed to state to the President and Council, immediately on their entering the College, and in their official capacity, the nature of the proceedings, and the request contained in the second resolution. Several gentlemen immediately rose to second this resolution, which was carried unanimously.

Mr. WAKLEY, amidst much laughter, congratulated Mr. King on his "accession to the high office which had just been conferred upon him."

Mr. KING thanked the members for the honour, and said he would endeavour to discharge his duty in an efficient manner, but he thought it might be more respectful to the Council to send a message to them informing them of what had passed, or to wait upon them on another occasion.

Mr. WAKLEY objected to this course, but would leave it to the decision of the meeting. He then put the question, when it was resolved unanimously that the communication should be made to the President and Council immediately on their entering the College.

In a very few minutes afterwards, the president (Mr. KEATE) having taken the chair, surrounded by the Council, and a large concourse of distinguished visitors, Mr. KING immediately rose (amidst cries of "Mr. King") and said—Mr. PRESIDENT, it is, Sir, with feelings of great pleasure, and of profound respect, that I am the humble interpreter of this meeting, in stating to you that two resolutions have been passed respecting an order lately issued from the Lords of the Admiralty to exclude the surgeons and assistant-surgeons of his Majesty's navy from the levees—

The PRESIDENT.—Sir, I am very sorry to interrupt you in any thing you have to say, but I think the business of the day ought to be attended to before any thing else. The only notice we have, is to attend here for

the purpose stated in the paper; and I think it would be extremely irregular to enter upon any other subject, while the order of the day stands undischarged.

A gentleman inquired—Will the President and Council remain after the oration is over?

The PRESIDENT.—I have no sort of objection I am sure. Before, however, the orator comes in, I beg to make one suggestion, and that is, that if there be any statement to be made of any-thing for which the assistance of the Council is required, I am sure the Council will be extremely happy to receive it; and I should beg to submit to the meeting, whether it would not be better to present the statement to them in another way. It cannot be very interesting to the visitors, to have any matter discussed here. (*Cries of "O yes, yes;"—"It's exceedingly interesting!"—"It's most interesting to us!"*).

Mr. WAKLEY.—If it be likely that the discussion will prove disagreeable to the visitors, we can wait very patiently till those gentlemen have retired. (*Laughter.*)

The President having agreed to wait after the oration was over, the Council at the same time making no objection to his assent to this proposition, Mr. WHITE, the appointed orator, was introduced, and commenced reading his—God knows what to call it. It was a most extraordinary jumble. Names, places, events, dates—in fact all sorts and manners of things were thrown together in most admirable disorder, and with the exception of the fact, that Mr. ASERNETHY had retired from the active duties of the Council in consequence of indisposition, it contained not a single particle of news which could interest the merest tyro in the profession. O, yes! We had forgotten. The orator informed the members, that Sir WILLIAM BLIZARD was the Nestor of modern surgery; and for conveying this intelligence, he was pretty well coughed at, and hooted by his auditory. But Mr. WHITE was in an eulogistic humour. He lauded every-thing and every body, from Mrs. BELFOUR's tea-kettle up to the College mace, and from Sir ANTHONY OYSTER up to Sir ASLEY COOPER. It was a caw caw oration, and we should not be surprised if Mr. WHITE, the orator, were hereafter to be recognised by the cognomen of CAW WHITE. Nothing could have been conceived in worse taste, and nothing could have been more disgusting in practice, than the altogether-out-of-place, and, in most of the instances, unmerited praises, which were bestowed upon the members of the council then present. It was really a most sickening exhibition; nor was Mr. WHITE's manner one whit better than his matter. He delivered the thing called an oration in the

voice of a GNOME. One was almost forced to believe that the sound issued through a crater from the bowels of the earth, so unalterably, so profoundly, so rumblingly monotonous was the tone of the orator's voice. He commenced in G, three lines below the stave, and he ended in G, three lines below the stave. We recommend him to take the part of Ninus, the ghost in SEMIRAMIDE, or the part of the monster in FRANKENSTEIN; not, however, as the latter character has been represented in the drama of that name, but as described in the extraordinary metaphysical novel so called. If there be a scarcity of patients in Parliament Street, and if the worthy orator be gifted with a taste for theatricals, from the specimen of his peculiar powers exhibited on Monday last we are of opinion that he would be pre-eminently successful in representing the non-naturals. We must take a more extended range in our search after an orator than the ranks of the Council. Mr. WHITE having, after much labour, delivered himself of the contents of his paper—

Mr. KING rose and said—Mr. President, I rise, Sir—

The PRESIDENT, turning to Mr. King, I shall return, Sir, in a minute after I have conducted the visitors out.

The President now left the theatre accompanied by a few, and only a few, of the visitors. He himself certainly returned in about two minutes, but not so *his gown*, for he had left that behind him. The greatest interest was now excited. With a faltering voice the President then addressed himself to the members thus.—I beg to say that I was placed in this situation unexpectedly, for in consequence of the illness of Mr. Headington, I was obliged to take upon myself the office of President for the day, but I now consider myself totally unauthorised to act as President, but as an individual of the Council; having stripped myself of the robe, I am ready to hear any-thing that you may be pleased to state. (*Strong marks of disapprobation.*)

Mr. WAKLEY, with considerable emphasis, I hope, Sir, there will not be committed, on the part of yourself, or of the Council, a violation of any real or implied contract which was entered into with the members before the oration began. I understood, previous to the commencement of that ceremony, that there was a distinct and solemn engagement entered into between the President, Council, and Members, that the President and Council would remain after the oration, and consent to be addressed as such, and I decidedly object to their being now addressed in any other character. (*Loud and continued cheers.*)

The PRESIDENT.—I think it would be very unreasonable to suppose the Council are met

at this moment to hear any-thing you may have to say. I, as an individual, am perfectly ready to hear it, and communicate it to the Council. (*Much dissatisfaction* was again expressed on the part of the members, many declaring that such conduct was perfectly in accordance with the previous acts of the Council.)

It was proposed by some gentlemen that a deputation from the members should wait upon the Council in private.

Mr. WAKLEY objected to such a proceeding, and at the same time sarcastically said, that the engagement entered into to hear Mr. King had not been made between the Members and the President's *gown*, but between the Members and the President himself, when he first entered the theatre. (*Cheers and hisses.*)

The PRESIDENT.—I did not very distinctly hear the latter part of that gentleman's observation, but I have no hesitation in saying that the Council will receive such a deputation, and that they will consider it as official.

Mr. KING.—I was about, Sir, to say when you entered this assembly, that it was with feelings of profound respect and great pleasure that I was the humble interpreter of the wishes of this meeting, who desire to express to the Council their astonishment at an order issued, or said to have been issued, by the Lords of the Admiralty, respecting the surgeons and assistant-surgeons of his Majesty's navy. This meeting has passed two resolutions which, for the sake of saving your time and our own, I think I had better read at once. (Mr. King here read both the resolutions, and then continued.) I beg leave to observe, Sir, that the meeting regretted that they were obliged to proceed somewhat irregularly; but if ever there was a *coup d'état* necessary, it is on this occasion, when such a monstrous order has been issued to the injury of our profession.

The PRESIDENT.—Now may I beg to ask whether you wish me to present this as a memorial from this meeting to the Council, or whether you will be good enough to address the Council officially with a copy of these resolutions? With great submission I should say, if you were to address the Council with a copy of them regularly, it would be the better way.

A Gentleman said they were the unanimous resolutions of a meeting of the profession.

The PRESIDENT.—The next meeting of the Council will be in April.

Mr. KING.—I believe the meeting could not intrust them to a more able person than yourself, since we well know the confidence our well-beloved Sovereign has placed in you, and therefore I propose that you be kind enough to present them as an official

document issuing from the members of the College here assembled.

Mr. WAKLEY.—That would be an important deviation from the spirit of one of the resolutions. It is there stated, that the President and Council of the College should be requested officially to address the Lords of the Admiralty; and I distinctly understood the President to say, that, as one of the Council, he would consent to receive the notice officially.

The PRESIDENT.—I beg your pardon. I must have been perfectly misunderstood then, because I stated, that as an individual I could do nothing but receive it from you as an individual, if you wished it to be laid before the Council. The Council are not assembled now. Many even of the Council who were here have left. I suggested, that the better way would be, that the resolutions should be addressed officially to the Council. I am ready to interfere as an individual just as you may direct; but it seems to me not to require one moment's discussion. If any application be made to the Council, they are bound to receive it, and to act upon it. I cannot, as a member of the Council, say what the Council would do upon it; that is impossible. It is for the Council to say what they will do when they are assembled for the purpose of considering what is proposed to them. But with a view to something like regularity, I should take the liberty of suggesting again that the better way will be for you to address the Council, and I am sure they will give you an answer. I can only say, as an individual, I shall present it to the Council if you think proper, but if you address the Council, they must receive your application.

Sir ASTLEY COOPER.—Gentlemen, I shall detain you only for a moment. I feel with you entirely the impropriety, if I may so express myself, of the order that has been issued by the Lords of the Admiralty. (*Cheering, and cries of "Bravo, bravo."*) Our profession has been gradually rising in rank, and if you follow the steps which have been pointed out to you in this day's lecture, you must become proportionately elevated as you become scientific. (*Laughter.*) To become scientific, is the only mode by means of which you can arrive at the high character which our profession ought to hold. I know of no reason in the world why a *divine* or a *lawyer* should be better received at Court than an *English surgeon*. (*Great applause.*) I shall not enter now into their comparative merits, but I will say, that if there be one person more useful than another to the state, whether in peace or in war, an *English surgeon* is that man. (*Hear, hear, and cheers.*) But, gentlemen, if you will permit me to give you one word of advice, it will be this. I will answer for it, there

is not a member of our Council who will not be very happy to meet a deputation from you for the purpose of considering the best mode of carrying your wishes into effect. If, therefore, you will have the goodness to depute six individuals to meet the Council, I could almost say that I can promise for the Council that they will be proud and happy to meet them. If so, all you have to do will be, as I say, to select six gentlemen to meet the Council, and to send to the College to see when it will be convenient for the Council to assemble. (*Applause, with marks of disapprobation.*)

Mr. WAKLEY.—I agree most cordially with Sir Astley Cooper in every thing the hon. Baronet has advanced which relates to the unparalleled utility and respectability of our profession, a conviction which prompted me, in the absence of a more competent individual, to bring forward the resolutions which I have had the honour of submitting to this assembly; but it should be remembered, that if we meet for the purpose of supporting the honour of an absent branch of our profession, we ought not to be unmindful of what is due to ourselves in this place (*hear, hear*); if a contract has been entered into with us this day, it is our bounden duty to have that contract fulfilled. (*Hear.*) It was agreed that the President and Council of the College should remain after the oration was concluded, to hear "officially" the resolutions which had been agreed to by this assembly. But now we are told that the President and Council are not here in their official capacities, and under such conditions I for one will make no appeal, nor take any step for the purpose of addressing the Council of the College after I quit this theatre. (*Cheers.*)

The PRESIDENT.—I had no intention of taking the chair to enter into this discussion.

Mr. WAKLEY.—I am not answerable for what that gentleman *intended* to do. I only know what he stated he *would* do. The resolutions were carried unanimously, and it was agreed that they should be submitted to the Council *officially* on this occasion. Gentlemen, you have spoken this day in *your own theatre*, a circumstance which is extremely objectionable in certain quarters. (*Hear and laughter.*) You have been told, too, that if you follow the doctrines inculcated in the oration you have just heard, you yourselves will become exalted and respectable; but I ought to tell you, that the very individual who was the subject of that oration, John Hunter himself, would have been excluded from the profession, had he commenced his career under the existing hy-laws of this College. (*Loud cheering and confusion amongst the Council.*) I wish not, however, now to enter into that subject.

The PRESIDENT.—If I am to be considered for one moment as entitled to the respect that ought to be paid to the chair, I beg to say that I consider the business of the day to have been finished by these resolutions having been put into my hand. I asked the question, afterwards whether I was to consider that they were put into my hands for me to lay officially before the Council, and as I have had no specific answer to that question I shall conclude that I am to do so, and shall do it accordingly. Besides, the business of the day I consider to be finished, and I really think the suggestion of Sir Astley Cooper ought to be adopted. That, however, is for the members to determine upon; but I think there can be no necessity for my stopping any longer, and I hope, therefore, I shall be allowed to make my bow, professing myself ready, as I have always been, to do any thing as an individual that I possibly could to forward your wishes.

Mr. WAKLEY.—Will the members of the Council who are present receive the resolution officially, and act upon it accordingly?

The PRESIDENT.—I think I have stated my answer to that question already.

Mr. THOMAS (one of the Council).—A misunderstanding has taken place respecting the Council, as it appears to me, which I think I shall be able to explain in a few words. The members of our College have thought proper to address us as if we were here as members of the Council. Now, on this occasion, we are no more to be taken as a delegated body from the Council than any other number of the members of the College present at this meeting. It would be necessary, therefore, that we should be called together and meet as the Council, if we are to be addressed as such. Under these circumstances I should say that the suggestion of Sir Astley Cooper ought to be adopted by the meeting. As to our taking cognizance of any thing passing here as the Council, it appears to me to be clearly impossible.

Mr. WAKLEY.—I should have no objection to meet the Council in this theatre publicly in the presence of the members.

Mr. THOMAS.—But, Sir, if you recollect, the proposition of Sir Astley Cooper was, that a deputation of the members of the College should be appointed to meet the Council.

The PRESIDENT.—I have stated thus much that I will act officially in laying the resolutions before the Council, and I have no doubt the President and Council will be ready to receive them. At the same time, I think the first resolution is perfectly uncalled for; because nobody could for a moment think of making it a question, that the surgeons of his Majesty's navy are respectable; the second one is the only one requiring the consideration of the Council. I have, how-

ever, received these resolutions to lay them before the Council, and which I shall do, unless I am informed that you will present them in another way.

MR. WAKLEY.—It is quite clear that the second resolution only was intended for the President and Council. The first resolution is merely expressive of an agreement amongst ourselves upon a particular point, and it was the natural fulcrum upon which the second was founded.

THE PRESIDENT.—I can only say that both have been put into my hands.

MR. WAKLEY.—Are we then to understand, Sir, that you consent to receive the second resolution officially?

THE PRESIDENT.—Undoubtedly (*Cheers.*)

MR. WAKLEY.—Very well. We have done our duty, and it remains for the President and Council to discharge theirs. Further, I feel great satisfaction in having been enabled to diversify the annual entertainment. (*Applause and laughter.*—amidst which the President, Council, and members, retired from the theatre; the latter apparently in high spirits, and much pleased with the result of the proceedings.)

## WESTMINSTER MEDICAL SOCIETY.

*Saturday, February 14th, 1831.*

MR. BACOT in the Chair.

DR. GRANVILLE AND MR. AMOS.—LIGATURE OF THE INNOMINATA AND SUBCLAVIAN.

DR. GRANVILLE rose pursuant to notice, to call the attention of the Society to the impropriety of intrusting lawyers with the important duty of teaching medical jurisprudence, a branch of science of which, he said, they must be utterly ignorant; and was proceeding to refute the statements made in the London University by Mr. Amos, when a member spoke to order. Dr. A. T. Thomson followed on the same side, stating, that medical men should "mind nothing but medicine," and not "presume to interfere in public matters connected with the interests of their patients."

MR. KING, who was sitting in a part of the room where he could not catch the eye of the President, immediately rose to reply to Dr. Thomson; but as the decision of the Chairman had instantly been given against hearing Dr. Granville, Mr. King said, he had only to ask whether, in a case of such urgency, he might not be permitted to show that, with the very best intentions, the Chairman had fallen into an error? (*Chair, chair.*) If not, he should move that the first regulation of the Society be read. After a

pause, the President declared this proceeding to be irregular; upon which Mr. King gave notice, that on an early day he would introduce a new regulation respecting matters to be discussed in the Society. After these preliminaries, Mr. King read an excellent paper on a new plan for tying the innominate and subclavian arteries, the latter between their origin and the scaleni muscles, which we hope to be able to give entire in our next number. The paper was received by a very large attendance of members with great applause, to which the excellence of the anatomical details and the operations founded upon them well entitled it.

MR. BUSHELL said he had frequently tied the innominate in Mr. Brooks's theatre by the same process; but he should consider it madness to take up the subclavian arteries so near their origin upon the living subject.

DR. GRANVILLE suggested, that as the last speaker had been accustomed to these operations only for the purpose of putting a syringe into the vessels, he had, perhaps, proceeded with less caution than was necessary to enable him to judge of the practicability of taking them up scientifically.

MR. COSTELLO, DR. STEWART, and some other gentlemen agreed, that if the pleura were wounded in the process, it would not be sufficient to cause the operation to be rejected, as there was abundant evidence that such lesion was not of necessity mortal.

DR. EFPS wished to move a vote of thanks to Mr. King for his paper, but, at the wish of Mr. King, it was not pressed.

It was understood that a paper would be read next week by Dr. —, on the influence of the imagination and the passions in disease.

## REFORM IN THE DUBLIN COMPANY OF APOTHECARIES.

*To the Editor of THE LANCET.*

SIR,—It has often surprised me how it came to pass that the Apothecaries' Hall of Dublin should have eluded your observation, it being a body of all others (not even excepting the "Old Hags of Rhubarb Hall" in London) requiring the indispensable aid of your antiplogetic weapon, which has been used with such decided and marked success in various instances not now necessary to recapitulate. For a period of forty years has the profession of pharmacy in Ireland been groaning under abuses heaped upon it by a body of men cycled "the governor, directors, and proprietors of

the Apothecaries' Company," from the latter of whom the governors and directors are chosen, who go through the form of an election in the month of August of each year—the same men (with one or two exceptions perhaps) being invariably re-elected, whence it happens as a matter of course that no change or improvement is to be expected—such being, to all intents and purposes, a perennial, and not an annual directory. In order to become eligible for the office of a director, you must be a shareholder (i. e. a proprietor), for which your pocket must be accountable in the sum of 330*l.* or 350*l.* Now it so happens that the poverty of the profession is so great, that few, very few indeed, can command that sum, the result of which is, that many highly-talented and eminently-gifted men are debarred from taking a part in the management of their profession—a man's capability for taking office in that *august body*, being rated according to the dimensions of his purse, and not of his understanding. Were I but to mention the various charges and complaints made against this "ruling power," your patience would be exhausted, and my time unprofitably spent in entering into disgraceful details. Suffice it to say, that at last a spirit of reform has evinced itself amongst us; for our leader, we have gotten a man of the most unflinching, upright, and uncompromising principles. A man who is the most eminent in the profession of this country, and whose name has shed lustre on the pages of science at home and abroad. Professor Donovan is the individual I allude to, who, disgusted with the illiberal line of policy pursued by the Mary Street junta towards his professional brethren, and finding their understanding so stultified in that corrupt corporation (except so far as regarded pounds, shillings, and pence), declined acting as their governor, when he found all his efforts towards remedying the abuses so loudly complained of, were treated with neglect and scorn; his liberal and highly-cultivated mind could not tolerate or countenance their selfish and narrow-minded form of government. Under his auspices, therefore, 350 out of 1000 apothecaries in Ireland are now appealing, and with confidence, both to the imperial parliament and an enlightened administration, for a redress of great grievances and for freedom from the degrading bondage in which they have been fettered by the inefficiency and ignorance of a few dozen of overbearing and purse-proud monopolizers. On a future occasion I shall again recur to this subject, and in the mean time subscribe myself, yours, &c.,

A ZEALOUS IRISH MEDICAL REFORMER.

Dublin, Feb. 1, 1831.

HONOURABLE CONDUCT OF DR. ADDISON AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Believing that nothing which in the slightest degree affects the interest of the medical student will be considered unworthy of notice by you, I shall not apologise for addressing you upon the following subject. You are aware that the lecturer on materia medica at Guy's Hospital professes (in the hospital prospectus annually published) to give lectures twice a week, viz., Tuesday and Friday evenings. Finding, however, soon after the commencement of the course, that he could not get through the series of lectures in the prescribed term of four months, and at the same time do that ample justice to his subject which he wished (and which every one in the habit of hearing Dr. Addison will allow that he does), he determined to give a third lecture every Wednesday morning; and this he continued to do till, in consequence of having received some intimation from a portion of his class, who were attached to another school of anatomy and medicine in the neighbourhood, that the hour of lecture (half-past nine a.m.) on Wednesdays, prevented their attending another course of lectures which was delivered at the said school, but that if it were altered to nine o'clock, it would not interfere with such course of lectures. I say, in consequence of an intimation of this kind, Dr. Addison proposed to the class, on Tuesday evening last, that the Wednesday's lecture should commence at nine instead of half-past, and this proposition he put to the vote, promising, that if the majority were against the measure, he would return the money of those with whose arrangements (made under an idea of there being but two lectures delivered in a week) the Wednesday lecture of half-past nine interfered. The majority, Sir, (influenced, perhaps, by that spirit of *party* into which it is so natural for young men to enter without much consideration) *decided against the alteration*; and the consequence which must result from this decision is, that the lecturer (acting, as he doubtless will, up to his promise) will have to return upwards of a hundred guineas (the number of the minority exceeding twenty-five), solely and entirely through his honourable and conscientious conduct in resolving to treat his subject in the fullest and most satisfactory manner, since by cutting off the extra lecture he might of course have retained the whole sum. It is not often, Mr. Editor, that we see lecturers executing, or desirous of executing, more than they professed or engaged to do; nor is it an example very likely to be followed, when, as in this instance, a lecturer will lose a considerable sum merely because (to

use a vulgar-metaphor: he is desirous of presenting the students with a better article than they bargained for. I am aware of the unpopularity of *materia medica* lectures in general; no one, I think, however, who attends these will fail to allow them to be in the highest degree practical, comprehensive, and interesting. In addressing you upon the subject, Sir, in this very imperfect and hasty manner, I am actuated by no other motive than an earnest desire to see endeavours of so *disinterested* a nature to add to the acquirements and benefit of the pupil, encouraged rather than *repressed*, and by a sense of regret at witnessing the silent appeal made to the liberality and good feeling of the class *rejected*. I have not the pleasure of Dr. Addison's acquaintance, neither am I attached to any other school than Guy's. Will you, Mr. Editor, with your accustomed kindness, give some slight hint upon this subject in an early number of your truly valuable periodical, and by so doing prove yourself to remain (now as well as before being so great a politician) the pupil's friend. Yours respectfully,

GUYENSIS A.

#### SCIENTIFIC BONE-SETTERS.

To the Editor of THE LANCET.

SIR,—Seeing in your valuable publication an account of Drs. Trolly, Mason, and Co., I give you a super-excellent case of one of these worthies. A tradesman, an inhabitant of a market town ten miles from Boston, took a son about ten years old to Dr. Trolly; when he went into the room, the Doctor was torturing a lad, a pauper (sent by the parish authorities from the same place), by attempting to straighten a contracted knee with diseased bone. When it came to the little patient's turn the father stripped him, and took him forward to the Doctor, who immediately exclaimed, without making any inquiry as to the cause or situation of the injury, or taking an examination, that the *left shoulder* was out; and after pulling him about for five or ten minutes, told him, "he had set it," placed the arm in a sling, received his fee and dismissed him. When he returned, his mother perceiving that the sling was not put upon the arm that was injured (which, by-the-by, had escaped the notice of the father), sent for me, when I found the *right clavicle* was fractured, which being treated in the usual manner, soon enabled him to use his arm as before, proving that "the *regular doctors* knew something of bone-setting." I am, Sir, Yours,

A SURGEON-APOTHECARY.

Donington, near Spalding, Lincolnshire.

#### CASE IN WHICH

#### A FŒTUS WAS PASSED BY THE ANUS.

By JOHN DAVIES, Esq., Surgeon, Colleshill.

I was required for the first time, May the 10th, 1826, to visit Mrs. C., æt. 39, a thin delicate-looking woman, on account of an accession of febrile symptoms, when I received from the patient and her attendants the following history of her case.

She had been married several years, and enjoyed uninterrupted health until the month of February, 1825, when she had reason, from the signs usually indicating that state, to believe she was pregnant for the first time. Soon after the commencement of the second month, according to her calculation, she received a sudden shock from a fall, which was speedily followed by uterine discharge, that continued in variable quantity for three weeks, at the end of which period pains came on resembling those of labour, accompanied with frequent desire to make water; and a tumour, supposed to be the child, could be felt on the left side of the abdomen, so that it was considered the patient was about to miscarry; the pains however went off, though she continued very unwell until the middle of the seventh month; when they returned with redoubled violence, attended with most distressing sickness. The tumour was now, by her own account, most perceptible on the opposite side of the abdomen to that it first occupied, to which place it moved during the pains, and here it ever afterwards continued.

She was, at this stage of her complaint, attended by Mr. —, a surgeon of acknowledged talent and ability, who states, in answer to my inquiries on this subject, that he was unable, on examination by the vagina, to detect the os uteri; that her pains were violent, resembling those of labour, and that they continued for some space without producing any other effect on the system than that of reducing her strength very much; indeed, the patient herself asserts, that at this period of her sufferings, she was unable to turn herself in bed for at least a month without assistance, and that the pains never entirely left her until November, when, for the first time since January, she experienced a return of the menstrual discharge, which continued to appear at intervals of five weeks or a month, till she became an inhabitant of Colleshill in February, 1826, and from this period until I first visited her, which, as I before mentioned, was in the May of the same year. Hearing this history of her case, and from her leucophlegmatic appearance, I was induced to suspect she was labouring under some disease of the uterus,

and therefore instituted a careful external examination, as well as one by the vagina. By the former I discovered a tumour situated on the right side of the abdomen, about the size of the fetal head, hard and painful to the touch; by the latter I could not detect the os uteri, though I was unable to identify any other important change or deviation from the natural state of the parts. As the case was so obscure, I treated the patient with palliative remedies only, and she continued with little alteration in her symptoms, and with slight hopes of her recovery, until August, when her mother one day informed me that the menstrual discharge came by the anus. On examination, however, by this passage, as well as by the vagina, I could gain no additional information as to the nature of her complaint. Soon after this occurrence, a horribly fetid discharge became permanent from the rectum; but her case still continued in the same obscurity, and her health was apparently sinking under the constitutional irritation induced by the disease. She contrived, however, to go on in this state for many months, and it was not until the month of October, 1827, that any change worthy registering took place; but about this period she began, for the first time, to complain of severe cutting pain on evacuating the bowels, which led me to examine her motions frequently, by which proceeding I discovered at different times, between this month and January, 1828, most of the large bones of a fetus, apparently of about six months; I also extracted several from the rectum. These bones, which I have in my possession, consist of the temporal, parietal, occipital, humeral, costal, femoral, the vertebrae, &c. During the process of their removal from the system, the tumour of the abdomen very sensibly diminished in size; the discharge from the rectum gradually ceased, and the patient's health progressively improved, so that I took leave of her in March with every prospect of her ultimate recovery; and upon inquiry of her mother some days since, I find she has gained flesh and strength with the perfect re-establishment of her health.

Coleshill, Warwickshire, Nov. 1830.

[The above case, with Mr. Davies' note, was only received last week.—Ed. L.]

#### SITUATION OF HYDATIDS IN THE BRAIN OF SHEEP.

At a meeting of the London Medical Society a short time since, the following experiment on a sheep, which was subject to the formation of hydatids in the head, was related by Mr. Stephens in the course of

some remarks which were made on the greater success which might be expected to attend tapping in cases of acute than in chronic hydrocephalus. He observed that he had once been led to think that hydatids always formed upon the brain in sheep, but he had since found them occur within it. On one sheep he made the following experiment:—he took out a portion of bone with the trephine, and on cutting through the dura mater, a very large hydatid partially protruded. This he attempted to extract, but the cyst broke in the trial. He afterwards extracted the cyst, and upon looking through the opening made with the trephine, he found the interior to present a large, empty, cavity; the brain appeared completely gone. He then let down a light through the opening into the cavity of the skull, by which it appeared that nearly the whole of the cerebrum was wanting. The opening being afterwards closed, the sheep got up and fed, and seemed better for the three following days, but on the morning of the fourth he found it lying convulsed, in which state it soon died. Upon opening the head, he found a little of the cerebrum at the base, and some remains at the sides, forming an imperfect shell of brain; there were several other smaller hydatids remaining. From this Mr. Stephens concluded, that when an operation succeeded in these cases, it must be where there was only a single hydatid, and where there was but little disorganisation of the brain; he agreed in opinion, therefore, with those who thought there was a better prospect of success in operating in acute than in chronic hydrocephalus, because in the former there was no particular disorganisation of the brain accompanying the collection of fluid, whilst in the latter, portions of the brain were in many instances destroyed, and in such cases, even if you could preserve life, you could not preserve or repair the intellect. Sir Astley Cooper once showed Mr. Stephens a ewe of his, where he had opened an hydatid and discharged the water, and in which case the animal had recovered, and had afterwards borne a lamb.

#### HOTEL DIEU.

##### NEURALGIA FROM PRESSURE ON THE PNEU-MOGASTRIC NERVE.

JULIA L., ætat. 26, was admitted on the 17th March, 1829, in the following state:—She complained of bad taste in the mouth; sickness; pain in the region of the heart, to which she referred all her sufferings and frequent cough; sensation of being choked, with mucous expectoration; the tongue was clear; the epigastrium free from pain; the pulse was very irregular, and respiration



accompanied with a loud wheezing noise; she had not menstruated for the last six months; at the left sterno-clavicular articulation there was a tumour of the size of a walnut, which was free from pain and without pulsation. She stated, that at the beginning of March she had, without any obvious cause, been seized with violent cough, hoarseness, and a sensation as if she was strangled; the cough she described as bearing a great resemblance to whooping-cough; she had been bled, and the symptoms had in consequence become less violent. In the hospital she was also bled, and had leeches and blisters, but without any effect; typhoid symptoms soon acceded, and she died on the 23d of March. As to the diagnosis of the case, it appears that the practitioners under whose care the patient was, hesitated between softening of the mucous membrane of the stomach and hydrops pericardii, neither of which opinions was confirmed by the post-mortem examination. The lungs were healthy, with the exception of the lower part of the right lung, which exhibited a slight inflammatory "eugonement." The bronchi, and their larger ramifications, were filled with purulent mucus, similar to what had been expectorated during life; the heart, pericardium, œsophagus, stomach, and the other abdominal viscera, were perfectly healthy; the tumour, at the upper portion of the sternum, consisted of encephaloid mass; and a similar tumour, but less in size was found at the lower portion of the trachea at its anterior surface, communicating by a small aperture with the canal of the trachea; another encephaloid tumour was situated between the pulmonary artery and the arch of the aorta, close to the cardiac nerve and the ganglions; a fourth tumour, which also communicated with the trachea, was found to have pressed on the right recurrent nerve, and another encephaloid mass was closely adherent to the left recurrent nerve, so as to be almost confounded with its tissue.—*Journ. Hebdom.*

MR. KEY'S NEGLECT OF HIS DUTY AT  
GUY'S HOSPITAL.

To the Editor of THE LANCET. Sir,—I am sorry that it is necessary I should have recourse to the plan made use of by medical students at most of the other London hospitals; but the nature of my grievance will, I am sure, induce you to allow me a corner in your valuable publication.

What I have to complain of is the irregularity of the attendance of the senior surgeon of Guy's Hospital (Mr. Key). The importance both to the students and patients that the surgeon should be punctual in the time of visiting the wards I need hardly point out to you, yet I can assure you, we are kept waiting by that gentleman from twelve (the appointed time) until one, and frequently till half-past one o'clock. Now, as most of the students that attend the practice of this hospital have an anatomical lecture at two o'clock, it must be obvious that they must either miss their lecture or not go round the wards at all. Mr. Key, no doubt, has a large pri-

vate practice, but then, I would say, let him attend to it at the expense of his own time, and not at that of the students, from each of whom he receives the third of 26l. 6s., the sum paid by the student for the privilege of witnessing the surgical practice at this institution; and I must say that, considering the enormous sum which Mr. Key receives from the pupils, he ought to pay a little more attention to their instruction; and not, through negligence of his duty, allow his pupils to be deprived not only of their money but also of their time. I cannot, nor do I think any student can, complain of the other medical officers' attendance at this institution,—Mr. Morgan and Mr. Cooper being regularly at their post within a few minutes of twelve o'clock. Hoping that what I have said may have some little influence towards the pupils of this institution acquiring their rights, I remain, Sir, your obedient servant,

Feb. 10th.

A PUPIL OF GUY'S.

BOOKS RECEIVED.

Illustrations of Surgical Anatomy, with explanatory references founded on the work of M. Blandin. By John G. M. Burt, Surgeon to the City Dispensary, &c. Engraved under the direction of the editor by Messrs. J. and J. Johnstone. Edinburgh. Maclachlan. 1831. 4to.

Three whole-length Views of the Human Skeleton, with surrounding outline delineations of the human figure. Engraved in mezzotint, on three large sheets, with references. London: published by J. Cross and S. Highley. 1831.

The Anatomical Atlas of Dr. M. J. Weber, Professor at Bonn; containing engravings on sheets of a front and hind view of the male skeleton, the organs of hearing, speech, and taste, and a posterior view of the pectoral viscera of the full size, with an explanation and references. London: A. Schloss. 1831.

A Supplement to the Pharmacopœia, and Treatise on Pharmacology in general; including not only the drugs and preparations used by practitioners, but also most of those employed in chemistry, with a selection of medical formulæ, an explanation of the contractions used by physicians and druggists; being a complete dispensatory and manual for medical practitioners and retail druggists, &c. By Samuel Frederick Gray. London: Underwood. 1831. 8vo. pp. 580. Fifth edition.

Manual of Operative Surgery, translated from the third edition of the French of J. Coster, M.D.P. By George Fife, M.D., Surgeon to the Northern Public Dispensary. Edinburgh: Maclachlan and Stewart. 1831. pp. 408.

A Manual of Analytical Chemistry, by Henry Rose, Professor of Chemistry at Berlin. Translated from the German by John Griffin. London: T. Tegg. 1831. 8vo. pp. 454.

The Veterinarian for January and February.

Illustrations to Cooper's Surgical Dictionary, No. 4.

Dr. A. T. Thomson's Introductory Lecture on Medical Jurisprudence, delivered in the University of London, January, 1831. London: Taylor. pp. 31.

CORRESPONDENTS.

We do not feel that it would be right to publish the letter signed *A Lover of Justice*. The surgeon against whom it is directed, did not in his communication make an attack upon any individual, and is not therefore open to the insinuations, whether just or not, contained in our correspondent's letter which, we may also add, does not contain a denial of any of the statements made by the gentleman in question, while its publication would involve us in a controversy to which it would be hardly possible afterwards to put a limit.

*Van.* Moderate diet and laxative medicines.

*A Reader of The Lancet*, must authenticate his communication.



# THE LANCET.

Vol. I.]

LONDON, SATURDAY, FEBRUARY 26.

[1830-31.]

*Clinical Illustrations of Fever.* By ALEX-  
ANDER TWEEDIE, M.D.

*Memoire sur le Traitement des Fieures  
Graves, &c.* PAR M. DANCE.

DR. TWEEDIE'S unpretending volume forms, in every respect, a happy contrast to the declamatory and laboured treatise on the same subject which we have recently noticed. The style is simple, but impressive; the arrangement exceedingly judicious, the theoretical speculations few and well set forth, and the therapeutic facts copious and of unusual value. In short, we know of no volume on this subject to which the young practitioner might more safely refer for assistance in the hour of need. We shall presently adduce ample evidence in support of these assertions.

Dr. Tweedie divides his work into nine chapters; the first and second of which are occupied with some sensible preliminary observations regarding the nature of the disease, a brief but interesting history of the origin of fever hospitals, especially of the London, to which institution the author is attached, and tabular and statistic records of the London fever.

Concerning the nature of fever, we find him judiciously describing the disease as originally functional, commencing in the nervous system, and then inducing derangement of the circulatory and secretory functions. In this his views, though apparently the same, differ materially from those of Dr. Smith, inasmuch as while the latter insists that his febrile circle should be received as a logically perfect construction, Dr. Tweedie confines himself to the observation of a general occurrence, and founds upon it no dogmatic or exclusive proposition.

The third chapter is of great value, con-  
No. 391.

taining tables of the monthly admissions and mortality, and of the comparative ages of the patients treated during the period comprised in his report; viz. one year, ending September, 1839. To these we refer the reader as sources of much valuable information; they do not admit of transference or condensation.

We next meet with remarks on the general characters of the cases, divided into simple and complicated. On the disputed occurrence of simple fever, he speaks in these appropriate terms:—

“ 1. *Of the Cases of Simple Fever.*—I am aware that many distinguished pathologists not only doubt, but positively deny, the existence of what has been termed fever—that is, fever without evident symptoms of local inflammation. On this point, I may state that I have daily opportunities of observing cases, which correspond with the description of the simple fever of many writers, in which there is no preponderance of action in any organ that can be detected by symptoms; but when we recollect how often organic disease steals on, undetected by diagnostic signs, how much we are at times deceived by latent local diseases, the condition of the organs in what is termed simple fever, requires minute diagnostic investigation. Of the whole number of cases which occurred at the hospital within the period of this report, more than 100 came under the description of simple fever—that is, the disturbance in the system was general; there was no evidence by symptoms of affection, either in the head, chest, or belly. The character of this class of cases was, increased heat, accelerated pulse, thirst, and general functional disorder. The danger in such instances was comparatively trifling, and the mortality small; if danger arose, it was always to be traced to some local mischief, which had supervened in the course of the disease.”

Of the 521 cases healed during the year in the Fever Hospital, 184 presented well-marked cerebral affections; and of these

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many were simultaneously attacked by thoracic and abdominal inflammations. In 26 the head and chest, in 30 the head and belly, and in 14 the head, chest, and abdomen, were together affected. Dr. Tweedie takes particular notice of the obscuring influence often exercised by cerebral disorders over other concomitant affections, a point which has escaped the attention of many eminent writers, but which is of the utmost importance in many respects. Amongst others, it displays the immense value of the stethoscope as a diagnostic instrument, and silences, effectually, the indolent cavillers, who still exclaim, "Cui bono?" whenever the stethoscope is praised as an auxiliary to practical medicine. On its utility in latent pleuritis, Dr. Tweedie makes the subjoined observations:—

"The pain, cough, and hurried breathing in general, readily pointed out the disease when it occurred. In a number of instances, however, the symptoms in the chest had been entirely overlooked before the patient was admitted; while in others, the disease assumed a slow insidious form, without any very well-marked symptoms, except a little acceleration in the breathing, and a slight increase of the fever: when there had been much disturbance in the nervous system, it was very often so obscure as to be entirely overlooked. It is well known, that in latent pleurisy, unconnected with idiopathic fever, there are often few or none of the ordinary symptoms to point out its existence; and when it occurs in fever, with much cerebral disorder, it is evident how much this condition of the brain must tend to conceal, still more, the symptoms in the chest. The application of the stethoscope is, in such cases, the only sure method of detecting the state of the lungs, and under such circumstances its utility is unquestionable. It is to be regretted that a knowledge of its distinctive sounds is not more easily attained."

In the fourth chapter the author gives an excellent description of typhus, which he subdivides into simple and complicated, and by which he means "those fevers in which the brain and nervous system are early and severely affected, accompanied with symptoms denoting a morbid condition of the mucous membrane or skin, and a tendency to what is known by the term putrescency." The following cases and observations are of the highest practical importance, and well illustrate some of our strictures on Dr. Smith's venesectionary operations:—

"I have treated several cases of adynamic or simple typhus fever, both in public and private practice, within the last twelve months; but certainly the proportion of these cases has been small, compared with the more acute forms of fever which have come under my care. I was called into consultation, by my able friend Dr. Marshall Hall, a short time ago, in a case precisely of this description; indeed it was an excellent illustration of its general character—great prostration of the muscular and nervous powers, delirium, hæmorrhage from the bowels, a few scattered petechiæ, soft fluent pulse, while the state of the skin, as to heat and moisture, deviated little from the natural state. I attended another case, with Mr. Duffin, about the same period. In this patient, the description of fever was purely adynamic; the most remarkable features were, the greatest muscular prostration, with nocturnal delirium, so that she lay sunk in the bed, passing her stools involuntarily without the slightest pain, or any symptoms of local disturbance. It was necessary, in the very first stage of the disease, to administer wine and stimuli very freely; under which treatment she slowly, though eventually, recovered; but her convalescence was retarded by that peculiar swelling of the lower extremity which I have elsewhere described."

This lady certainly was saved by liberal doses of wine; and so great was the 'tendency to death,' that for 48 hours it was necessary to sit by her bed-side with the finger on the pulse, and to administer stimuli whenever it appeared to become soft and compressible; in fact, the heart's action seemed to be completely under the control of diffusible stimuli.

"If such treatment were applied to cases of epidemic fever in general, I need not anticipate the result; or, had antiphlogistic measures been adopted in the case of this patient, I can safely say, that the abstraction of a few ounces of blood, or even a brisk purgative, would have been instantly fatal. The necessity, therefore, for discrimination in the treatment of fever is evident; for although much information and assistance may be obtained from the prevailing character of the disease, yet every individual case must be treated *per se*; with due reference to its particular and individual circumstances."

The three following chapters are devoted to the consideration of the causes of fever, its general mortality, and the history and treatment of the fatal cases. Under the first head we find the subject of conta-

\* "See my paper in the *Edinb. Med. and Surg. Journal*, October, 1838."

gion justly occupying a prominent place, and its agency proved by the most satisfactory reasoning, and an apposite assortment of striking facts, observed by the author, and his friend and former teacher, Dr. Alison, of Edinburgh. We, however, pass over Dr. Tweedie's views on this subject on the present occasion, as we shall shortly take an opportunity of noticing them, when we shall be occupied in investigating the merits of the numerous controversial essays which have been recently published on the late Gibraltar epidemic.

To the 7th chapter on the history and treatment of the fatal cases, and the morbid appearances observed on dissection, which comprehends 60 pages in a minuter character than the rest of the volume, we would especially direct the attention of the profession; in it the practitioner will find numerous valuable facts in semeiology, therapeutics, and pathology, and the student a useful model for the construction of cases and clinical reports. It is here that the contrast between Dr. Smith's Treatise and Dr. Tweedie's illustrations is most prominent. In the one, we find attempts without end to support a favourite syllogistic definition of a disease; in the second, we see a close adherence to its natural history and practical details. In the first, the treatment is either entirely suppressed, or noticed but with a cursory and occasional glance, while in the other, the treatment is properly placed in the most relieved position, so that its effect upon the symptoms of the disease may be readily understood. This, if we mistake not, should be the particular object of treatises on such a subject.

On the utility of blood-letting in fever, the restrictions with which it should be practised, and the examples in which it is detrimental, we find excellent remarks in the 8th chapter, in which the general treatment of the disease is considered. From this chapter we extract the following practical remarks.—

“Fully convinced as I am of the advantages of employing the lancet judiciously in fever, still it is not a remedy that should be indiscriminately adopted, as if fever were identical with inflammation. I feel it incumbent on me to give this caution as a check to those who abstract blood in fever, with the view of extinguishing it. The only stage of

the disease at which this can be accomplished, and it is rarely accomplished, is at the very first onset, and before any decided impression on the various organs has been made. From my own observations, I can bear testimony to the practical import of the following doctrine as applied to fever. The aged, infirm, and habitual free livers, in all diseases bear bleeding ill. But, besides these more familiar classes, there is another, in which phlebotomy must be cautiously and sparingly practised. It consists of men, perhaps not above the middle age, whose minds and bodies, either from the circumstances in which they are placed, or from a natural ardour of temperament, are unceasingly taxed to the very utmost of their powers. With this class of persons, and medical men themselves too frequently belong to it, we must deal tenderly, or the mischief will speedily be irretrievable.\* It is also a well-established fact, that in some epidemics, and even at particular seasons, fever is not only more fatal, but does not bear blood-letting so well as at other times. We also know that in complicated fever, the local symptoms vary in degree, and therefore require the discriminating hand of experience to apply, with advantage, a modification of this class of remedies. The experience of epidemic puerperal fever has shown, that though this severe, and often fatal, disease generally depends on inflammation of the peritoneum, and is most successfully treated by the early and free abstraction of blood, and other antiphlogistic measures, yet in some epidemics, or even in sporadic cases, these measures would be speedily destructive. This is owing not so much to any variation in the symptoms in the disease, as to some unexplained state of the system, at certain periods when puerperal fever is prevalent.”

Again, at page 175, Dr. Tweedie thus further adverts to this important topic:—

“As far, however, as my experience of the epidemic fever of London for the last ten years has enabled me to judge, the symptoms have generally required the employment of bloodletting at the commencement; yet, from the facts stated, and from what has been observed by many practical writers, I think it should be kept steadily in mind, that an epidemic may appear, which will not bear the same bold treatment which has been recommended in this report; and I would again take the liberty of reminding those who scarcely draw any line of distinction between complicated fever and common inflammation, that there are modifying circumstances in fever which render the sys-

\* “Medical Essays on Fever, Inflammation, &c., by Joseph Brown, M.D.”

tem unable to withstand large losses of blood without great hazard. - - - -

"In short, much judgment and discrimination are often required in the use of the lancet in fever, since, after it has advanced beyond a certain stage, the measures which, at a more early period, would have been proper, are not only inapplicable, but often positively injurious, if not fatal. When the indications for bloodletting in fever, to abate the violence of general excitement, or to subdue organic inflammation, have been fulfilled, or, in other words, when a decided impression on the general and local symptoms has been made by bloodletting, the system should be left pretty much to its own resources. We are not to bleed because the general symptoms of fever continue, but endeavour to guide the patient through the disease, carefully and minutely watching the recurrence of inflammation."

The several other modes of treatment, and the various remedies, are discussed in this chapter in an equally judicious manner; and the author's observations on the use and abuse of wine in this disease, are particularly valuable.

Cordially recommending Dr. Tweedie's "Illustrations" to the attention of our professional brethren, we turn to the "Memoirs" of M. Dance

Of these papers three have already appeared in the "*Archives Gen. de Médecine*;" the fourth and last will be published shortly. Taken as they stand at present, they are as singular productions in their way as we have ever perused. The author starts with the inuendo that the recent fashion for strict pathological researches in this disease, is detrimental to the early acquisition of practical curative knowledge; that it is a tardy and a roundabout mode of arriving at the legitimate object of inquiry, and that the best means of acquiring this practical knowledge is by the empiric observance of the effects produced by the most opposite methods of treatment. In his third page M. Dance anticipates the conclusion of his researches, by announcing his impression that the best of all treatment is the "*medico expectante hygienique*;" in other words, letting the malady work its own way; and he then proceeds to gallop over a multitude of cases, as Major Head did over the Pampas, scattering rough notes of observation and illustration as he goes, on the different groups of objects which he passes. One

thing is especially worthy of notice, namely, that the cases are not affiliated on any particular physician or institution, nor are we afforded any data by which we may refer them to M. Dance himself. So much the better for M. Dance's reputation, for a more melancholy exhibition of absolute and pernicious quackery we have never examined; many of the cases are disgraceful to the practitioner by whom they were treated. In one paper we are presented with a series of examples of fever treated exclusively by tonics; in another, by venesections and other evacuations of blood; in a third, by purgatives and emetics, and to each class we find observations appended, reasoning on the success, or want of success, of a certain mode of treatment, and rejecting or adopting it, according to the evidence afforded by results. But the degree of faith which may be reposed on these conclusions may be readily estimated, when we see leeching and bleeding practised in the most advanced stages of low typhus fever, and bark administered when the abdomen is exquisitely tender to the touch.

We have been induced, on several accounts, to offer these cursory remarks on M. Dance's production. In the first place the periodical which contains them, stands in high repute amongst the "compilers" of our medical contemporaries, and this notice may be the means of cautioning the profession against attaching any faith to such official, authoritative, tabular statements of M. Dance's results, as may appear in an English dress, neatly arranged in rank-and-file order, very captivating to the eye, but calculated to mislead the judgment of those who are not prepared to suspect the true character of the documents. We have of late repeatedly noticed compilations of this kind; general results being extracted from foreign journals and put forward as guides for our practice, while the cases from which they have been deduced have been, either not at all, or, at most, very superficially examined.

Having published this caution, however, we may venture to recommend the *Memoirs* to the notice of the pathologist, on account of the abundant and admirable necrotomic observations which they contain; for though M. Dance boldly contends for the superiority of empiric clinical experiments, yet, to en-

force his positions, he advances pathological facts of much value, and with great anatomical precision.

*The Edinburgh Medical and Surgical Journal, January, 1831.*

WE have already spoken in complimentary terms of the current number of the *Edinburgh Journal*, and we have made lengthened extracts from its first article on the state of medical science in Constantinople. We now proceed to an analysis of the remaining original papers, passing over a voluminous Essay on the Gibraltar Epidemic by Dr. SMITH, which we reserve for future consideration.

**FRAMBÆSIA.**—The third paper is by Mr. Mason, on frambæsia, or yaws, which disease he describes with great apparent fidelity; but as the subject is comparatively unimportant to the British practitioner, we shall pass it over with a superficial notice. A similar disease to the yaws, if the affections are not altogether identical, has been long prevalent in the south of Ireland, where it is termed the "button scurvy." Like the frambæsia, its diagnostic character is a pale-coloured, granular, compound tubercle, capable of propagating by inoculation; like yaws it runs a chronic and lingering course, and either induces or predisposes to various constitutional disorders, of which the aggravation of the scrofulous diathesis is of very frequent occurrence. We have, however, never heard of its affecting the soles of the feet in the manner of the *crab yaw*, though that it does so we have little doubt. We are not aware of the existence of any description of the "button scurvy." Bate-man contains no notice of it, Mr. Plumbe is equally silent on the subject, and we cannot find in Alibert's bombastic, though accurate volumes, any description of such disease as being endemic in France. We would, therefore, call the attention of our Irish readers to the disease. The infirmaries of Clare, Cork, and Limerick, afford abundant opportunities for investigating it in all its stages. We shall be much disappointed if no further information be elicited by this intimation.

We cannot leave Mr. Mason's paper without transferring to our pages the following

extraordinary statement respecting the ANTI-EBULLITION PROPERTIES OF AFRICAN LEGS.

"An African practice, however, still in use among the ignorant negro empirics, ought not to pass unnoticed. It is always attended with danger, and in some instances within my own knowledge has proved fatal. It consists in immersing the feet in a medicated hot-bath, composed of a watery decoction of various herbs, and which, by means of a slow fire, is kept constantly near the boiling temperature. In this state the patient's feet, closely wrapt round with woollen cloth, are retained in it for the period of nine days with barbarous perseverance, often in spite of the cries and supplications of some of the more sensitive sufferers, while others undergo the process with callous indifference. There are instances, as I observed above, of the former class of unfortunate individuals who have expired on the spot. The effects of this dangerous practice on the local affection tend to remove the hardened skin from the soles of the feet, and with it most probably the crab yaw tubercles; but of the permanency of the cure I am not sufficiently informed."

Now, we should, perhaps, believe every word here quoted, did we not recollect that Mrs. Glass cooks a leg of mutton thoroughly in three hours; the nine days' decoction just spoken of would convert any animal tissue, living or dead, into perfect *bouilli*.

**QUACK MEDICINES.**—The next article is by Dr. Hancock, on the *Mal d'Estomac*, or *Cachexia Africana*. The paper, notwithstanding its obsolete and disagreeable phraseology,\* may be read with some advantage in the West Indies, but in this country it is only interesting for the following valuable note, with the observations in which, from repeated experiments, we entirely coincide:—

"Certain empirical remedies are occasionally found to have great efficacy, and deserve more attention than has yet been bestowed in discovering the nature of their pharmaceutical composition. Dr. Paris has justly observed, that they not unfrequently afford instances of some of our best compounds, whilst the modern mania, for simplicity in prescribing, has robbed us of many of the more efficient remedies formerly in use as official. Some twenty years ago a

\* On which account, as it was very long, we were induced to decline, several months since, the publication of Dr. Hancock's paper in this journal; and while mentioning this circumstance, we take the opportunity of stating, that within the last year, there have been published twenty worthless papers in the pages of a certain characterless and venal periodical, which had previously been rejected by *THE LANCET*.

certain nostrum was used in the colonies, and with great success, in *Mai d'Estomac*, as reported by certain practitioners. It was sent home to some eminent chemist for analysis, and reported to contain *arsenic*. This was not improbable, although I have learnt to place but little confidence in the pretended examination of quack remedies. We see in several late works a display, or professed disclosure, of such secrets, and in which the components are mentioned without the least doubt as being indicated by chemical analysis. The reports we have hitherto seen published in some magazines, and repeated in the *Pharmacologia* of Dr. Paris, Rennie's and Gray's Supplements, &c., are little worthy of regard; they have for the most part been got up merely under a show of science. The old nostrum, for instance, called '*Spilsbury's Drops*,' is said, in these reports, to contain two drachms of corrosive sublimate to a pint of the menstruum; but several samples I have examined showed no traces of this mineral. One of these I bought expressly for examination from the proprietors in Soho Square, but the sense of taste alone would show this absurdity. \* \* \* \* \* With respect to such false reports, some will exclaim, 'It is right to put people on their guard against quack medicines.' Now, it has no such effect, but is liable to produce the most fatal results. Gentlemen who give publicity to such misstatements are not aware they are entailing much greater evils on society than could arise from all the quackery which they are desirous to defeat. They should consider that the more saleable nostrums are prepared by many other persons besides the proprietors, and that the prescriptions thus published will be followed by numerous imitators. Let us suppose, then, that a person who has been in the habit of taking large doses of *Spilsbury's Drops*, gets a bottle of that prepared with  $\frac{3}{4}$ ij of sublimate to a pint of menstruum, and takes his usual dose, the result, it is plain, might prove fatal."

SOME OF THE CHANGES PRODUCED IN THE COATS OF THE EYE BY INFLAMMATION.—The 5th Article is one of much practical value and pathological interest. The author, Mr. Watson, sets out by observing, that the investigation of the morbid changes of structure in the eye has not yet received much elucidation from the labours of the morbid anatomist, an assertion in which he is borne out by the testimony of all eminent writers on the subject, and which is accounted for by the rarity of a fatal termination from diseases of the eye. Mr. Watson then proceeds to describe the changes ef-

fects by inflammation in the various tunics. The annexed observations on the inflammation of the sclerotica are well worth attention:—

"*Sclerotica*.—Two changes of structure of an opposite nature take place in the sclerotic coat from inflammation: the one consisting of an increased thickening of the coat, the other of a diminution of its natural thickness or thinning of it. The former of these takes place in those cases where this coat is alone the seat of inflammation, or partakes of the inflammation affecting other parts of the eye. The latter appears to take place in cases where the other coats of the eye are chiefly affected. Increased thickness of the sclerotica from interstitial deposition is probably of common occurrence in aggravated cases of ophthalmia, though it has been rarely observed, owing to its not giving rise to any peculiar morbid phenomena, and opportunities for dissection rarely occurring. Diminished thickness, or interstitial absorption of the sclerotica, gives rise to an appearance known by the name staphyloma of this coat. Staphyloma sclerotica consists of a part of this coat projecting beyond the rest, and having a bluish colour, which is dark in proportion to the thinness of the part. This blue colour arises from the choroid coat being seen through the semitransparent conjunctiva and sclerotica. It seems to me probable, that the thinning and yielding of the sclerotic coat take place in consequence of increased pressure from morbid accumulation of fluids within the eyeball, upon an inflamed portion of this coat. It occurs most frequently near to the cornea, where the coat is thinnest, and where it is most apt to become inflamed, from its proximity to the iris and ciliary ligament. In most of the cases in which I have seen this affection, the eyes may be said to have been dropsical; and in none of them had an opening been previously formed in the cornea or other parts, by which any of the humours could have been evacuated. In some cases the cellular tissue of the hyaloid membrane, containing the vitreous humour, has become disorganised and absorbed, leaving the eyeball filled with limpid fluid, and the lens floating loose amongst it. In others, a morbid accumulation of fluid has taken place between the retina and choroid coat."

Speaking of inflammations of the iris, the author contends, that simple iritis is extremely rare, but that in a vast majority of cases the choroid coat is also affected. In some rare cases, Mr. Watson has noticed the growth of a red fangous-looking substance from the surface of the iris, an ap-

pearance which occasionally induces the inexperienced to apprehend malignant incurable disease of that organ, when a few soothing remedies would remove the affection. Two cases of mixed iritis and chorioiditis are related, which tend to show that effusion not unfrequently takes place in the retina-choroid cavity. For the cure of this the author recommends puncturing the sclerotic and choroid coats by means of a grooved needle. In one of these cases Mr. Watson records the curious fact, that cholesterine was found in the vitreous humour.

**FOLLICULAR ORIGIN OF SOME VAGINAL TUMOURS.**—Some brief but important observations on this subject, by Mr. G. O. Hemming, follow. In two cases which he examined after death, he thus describes the peculiar appearances to which he calls the attention of the profession:—

“Sir Astley Cooper has, in a very interesting paper, shown that some encysted tumours consist in enlargement of cutaneous follicles; and in the course of his work upon hernia, that gentleman has described a similar tumour originating in enlargement of a mucous follicle, situated just below the *meatus urinarius* in women.

“It has not, I believe, been hitherto conjectured, that some of those tumours which are known occasionally to occupy the pelvis and obstruct parturition have a similar origin. This fact appears, however, to be distinctly established by cases which have fallen under my observation; and it is the more important, because it immediately suggests the propriety and safety of the treatment by free incision.

“I have carefully examined the bodies of two women, in whom I found tumours of this description projecting into the vagina; in one there were two of these tumours, in the other there was a single one as large as an egg. On a minute examination of their internal structure, it was evident that they consisted of obstructed lacunæ, which had thereby become dilated into a cyst, and distended by a gelatinous fluid. I was enabled to trace distinctly in the smallest tumour a continuation of the mucous membrane of the vagina into the tumour, and a reflection of this membrane forming the lining to the latter. I can have no doubt that the tumour in Mrs. Hollingsworth, the particulars of which I am about to detail, was of the same nature. Mr. Vincent, as well as myself, was convinced of this fact; and it is probable that the greater number of those tumours which obstruct parturition, and which have been described by the authors who have written on this subject, were of similar

origin. If this be the case, I think no one would doubt that when they existed in labour, so as to obstruct the descent of the child, the best practice is to evacuate, and thereby diminish them by a *very free opening*.”

In the case alluded to, Mr. Hemming dissected out the tumour. The operation was attended with very considerable hæmorrhage, but this was stopped by plugging the vagina with lint, and in three weeks the patient was quite well. We should remark she was not pregnant. Mr. Hemming correctly attaches much importance to a just diagnosis, and this he considers may be certainly established by tracing the origin of the tumour, and taking into consideration the circumstances of the case. Thus, in the instance he describes, “it could not be prolapsus, for the neck of the uterus could be felt above the tumour in its natural situation, and the same circumstance, together with the absence of the symptoms of pregnancy, proved that it could not be retroversion of the uterus.”

**OPERATION FOR RESTORING THE COLUMNA NASI.**—Mr. Liston describes the operation in these words:—

“The patient’s head being held backwards, the under surface of the point of the nose is pared, so as to present a raw and concave surface; a bistoury is then twice passed through the upper lip, close to the root of the original columna, and each time carried forwards to the mouth in a straight direction, and with little sawing motion, so as to include a slip about a quarter of an inch in breadth. This slip, composed of skin, mucous membrane, and the interposed tissues, is then deprived of its prolabium, and elevated without twisting, so that its oral margin is placed in contact with the raw surface on the tip of the nose; and in this position it is retained by a point of convoluted suture, a pin being passed obliquely through the point of the nose and the upper part of the new columna. The raw edges in the wound of the lip are brought into accurate apposition by two points of twisted suture, as the operation for barelip.”

Mr. Liston operated in this manner in five cases with complete success. He insists particularly on the circumstance, that the slip removed from the lip should not be twisted at its attachment, but that it should be simply raised, as if on a hinge, the mucous membrane remaining external. In a few weeks, he states, this membrane be-



comes assimilated to the cutaneous texture, and no inconvenience is sustained by the growth of the beard internally, as the hairs from moisture and want of cropping soon lose their rigid character, and entirely resemble the hair peculiar to that situation. In a case in which Dupuytren lately operated without success, Mr. Liston considers the principal cause of failure to have been the twisting of the fleshy attachment to the upper lip. He also shows satisfactorily that the loss of part of the lip in *these cases* does not cause, but rather remedies, a deformity, inasmuch as from wanting the support of the columanasi, the lip hangs down in the manner seen in scrofulous persons.

ON THE MUTUAL ACTION OF BLOOD AND ATMOSPHERIC AIR.—We now arrive at the essay on this subject by Dr. Christison, being the first of an intended series of inquiries on some disputed points in the chemical physiology of the blood and respiration. This article is fraught with interesting matter, and we accordingly subjoin an ample abstract of its most important parts.

Dr. Christison declares his object in this part of his inquiry to be, to ascertain "what changes really take place, and whether the arterIALIZATION of the blood in the lungs is a vital or a physical process," observing that from the well-known phenomena of respiration, as far as it concerns the colour of the blood, and the effect on the inhaled air, it has been generally considered to be dependent on physical rather than on vital causes. Very lately, however, Dr. John Davy has, from experimental researches, been induced to contradict this opinion, and to state that air and recently-drawn blood have no mutual action whatever, that the colour of blood is not changed, that no oxygen disappears from the air, and that no carbonic acid is formed in it. Dr. Davy also asserts that the eminent chemists and physiologists who brought forward these doctrines, fell into the error by using blood in a state of incipient putrefaction.

On Dr. Davy's statements our author makes the following remarks:—

"I shall first consider the question as to the change the blood undergoes in colour by being placed in contact with air, and then the question as to the change the air undergoes in its turn. The effect of agitation with air in changing the colour of blood

has always appeared to me obvious and unequivocal. Dr. Davy says the change is more apparent than real, is produced by the blood being converted for a time by the agitation into bloody froth, and gives place after repose to the original dull purple colour peculiar to venous blood. I have not been able to observe what is here mentioned, provided the blood used was fresh and not decayed. The purple venous blood always became by agitation with air brightly crimson, and remained so for more than a day, sometimes for four days; and the difference in tint was so great that no one could mistake the two varieties of blood at the distance even of five-and-twenty or thirty feet. Dr. Davy adds, that agitation in hydrogen gas had the same effect on venous blood as agitation in atmospheric air. But in this respect also my experiments differ from his. When I agitated venous blood in hydrogen, which had previously been entirely freed from oxygen by a ball of spongy platinum, no change whatever could be remarked in the colour; and when the same blood was then agitated in atmospheric air, it became bright crimson as usual. In all the experiments I have been mentioning, the blood was drawn not more than three hours, and sometimes only one hour, before it was used. There appears to me, therefore, no reason for doubting that venous blood acquires the colour peculiar to arterial blood, after being agitated with air out of the body."

On a former occasion we ventured to speak slightly of some of Dr. Davy's *chemical* researches, and we should not be surprised if Dr. Christison has now put an "extinguisher" on his investigations. At least the public will not for the future sacrifice so much to a name as they have hitherto done, but, like Dr. Christison, will perhaps experiment for themselves, before they subscribe to any opinion no matter how authoritatively it may be set forth.

Dr. Christison next examines into the correctness of Dr. Davy's assertion, that "the colour of the blood is not changed, that no oxygen disappears from the air, and that no carbonic acid is formed in it." Of his results he speaks in these terms:—

"I am sorry, however, that my experiments on these points compel me again to differ from so eminent and accurate a chemist. I have tried the effect of agitating venous blood in air no less than thirteen times, in expectation of meeting with some fact which might reconcile my previous observations with those of Dr. Davy, but I have not been able to remark in a single instance that want of action on the air which

he believes he has established. I shall describe the experiments here alluded to in detail. For they seem to afford more precise information than any hitherto possessed respecting the arterialization of the blood out of the body; they prove completely that the process of arterialization, so far as regards the changes which the blood undergoes in colour, and the air in composition, is a chemical and not a vital phenomenon; and they will contribute afterwards to explain some doubtful points in the physiology of the blood, which it is otherwise extremely difficult to comprehend."

The experiments alluded to are perfectly satisfactory.

On the important question of the absorption of nitrogen by the blood, the author speaks as follows:—

"The quantity of azote in the residual air appeared in general to be exactly the same as that in the air originally. In three experiments the azote in the residual air and that in the original air were as follows:—

1st, 10.10 cubic inches ..... 10.12

2d, 10.26.....do..... 10.27

3d, 10.33.....do..... 10.35

Here then certainly no azote was absorbed or given off by the blood. In two experiments, however, a very small quantity appeared to be given off by the blood. But of this I am by no means satisfied, as the present method of experimenting is on too small a scale to justify any safe conclusion regarding such small differences as I obtained."

On this subject M. Collard de Martigny has recently made some interesting experiments; he found in four trials with 244 cubic inches of air, that azote was exhaled to the amount of 1.9, 1.8, 1.6, 0.1, cubic inch; in an equal number of experiments with 213 cubic inches, the quantity evolved was 4.1, 3.6, 1.8, and 1.3 cubic inches; and lastly, in a single trial with 183 cubic inches, the quantity was four cubic inches. Notwithstanding these experiments, we would still incline to Dr. Edwards's opinion, that the absorption or evolution of nitrogen depends chiefly on the age of the animal, the climate, and the season of the year.

Dr. Christison next advances some important facts and speculations concerning the different rates of absorption of oxygen by venous blood, which he has noticed to take place,—differences which he considers, and proves to be, too great to be dependent on the degree of exposure of the blood while issuing from the vein.

"The first cause of this different degree

of absorption of oxygen, is a difference in the degree of venosity or venalization of the blood in passing through the capillaries. That such a difference exists, is partly indicated by varieties in the colour of venous blood, which no medical man can have failed to remark. The usual colour of venous blood while issuing from a vein is dark purple; but in many febrile diseases, where the circulation is much excited, and especially in severe cases of acute rheumatism, its colour is unusually florid; and I have several times seen it issue of so bright a tint, that the operator was for an instant afraid he had opened an artery. This peculiar state of the venous blood will be naturally ascribed to the arterial blood having been less venalised in passing through the capillary circulation. --- Accordingly, the least alteration of oxygen invariably occurs in those febrile diseases where the circulation is much excited, and the respiration at the same time free. These conditions exist most especially in acute rheumatism; and it was therefore in cases of this disease that the instances of slight action formerly mentioned have occurred. On all these occasions the blood was evidently more florid than usual, and in the instance where the loss of oxygen was only 0.57 of a cubic inch, the stream from the vein was so bright, that the gentleman who opened it had at first some suspicion that he had opened the artery."

Another material cause of different absorption, Dr. Christison considers to be "a difference in the proportion of colouring matter in the blood:—

"Every physiologist is aware that the proportion of solid matter contained in the blood, and consequently the proportion of its colouring matter, differ much in different circumstances. This is a subject, however, upon which very little precise information has been collected, and very few experimental inquiries have been made. It is therefore one of the topics which it is my purpose in the present series of investigations to endeavour to elucidate, by establishing what are the conditions of the body in which the colouring matter and other principles of the blood abound or are defective, and what relations their abundance or deficiency bears to diseases and their progress. My experiments in this department of inquiry are still too few in number to admit of being mentioned particularly. But I may anticipate the results which will be stated on a future occasion, by observing, that a very great difference does really exist in the proportion of solid ingredients, or in what may be termed the richness of the blood, and that its colouring matter appears to be peculiarly deficient in the advanced stages of fever, and in some forms of dropsy."

A case of dropsy is then described, in which this deficiency of colouring matter was found to exist, and in which the absorption of oxygen was proportionately minute. The author then concludes his paper by charitably offering some excuses for Dr. Davy's "failure," which he attributes to the small quantities of blood and large volumes of air on which that gentleman made his experiments. We leave them to arrange these compliments between them, and conclude our notice of Dr. Christison's paper, by expressing our hope that he will not long withhold the continuation of his researches.

**VENEREAL DISEASES.**—The 11th article by Dr. Donnelly, surgeon of the Hussar frigate, on the treatment of the venereal disease, presents an elaborate series of facts respecting that disease, collected during his service on board the Hussar and the Sparrow-hawk, and during his superintendence of the Bermuda and Halifax naval hospitals. The sum of his observations he presents chiefly in the tabular form, which, of course, precludes any attempt at analysis on our parts. His therapeutic conclusions, however, are briefly told, and possess much practical value.

"If, then, the data I have furnished are considered sufficient to warrant any deduction, I can only conclude, that, as far as shortening the time of cure is important, the advantage is much in favour of the non-mercurial treatment, which is at least gratuitous, where sores heal without its aid, whilst the inconvenience to the patient and service is infinitely less. With regard to secondary symptoms, I am inclined to think that five out of eighty-one is a smaller proportion than would have followed full mercurial courses in them all, or perhaps would succeed to such a liberal use of mercury in any equal number of persons, as happened to some of the secondary cases of the Hussar and Sparrow-hawk. As in all the others, from eighteen months to two years have on an average elapsed since their cure, I see little reason to apprehend the development of any sequelæ, considering also, that in the five cases in which secondary symptoms have occurred, the average time subsequent to the primary disease was only four months and a half."

**FILARIA MEDINENSIS.**—The last article consists of extracts from a correspondence on the *filaria medinensis* between some of the medical officers in the honourable East

India Company's service at Bombay, and a letter from Dr. R. Grant, professor of comparative anatomy in the University of London. The nature of the correspondence may be expressed in a few words. In order to amuse themselves while under the influence of the dog-star, the East India officers debated the question, whether the substance protruded in cases of dracuncle is an individual animal, or a dead portion of lymphatic vessels. Party raged so high on this vital affair, that a box containing specimens was sent to Edinburgh for investigation, with copies of all the arguments *pro* and *con*. The matter has been referred to Dr. Grant, who has ascertained the substance to be a living *filaria medinensis*.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Feb. 7, 1831.

#### CANCER OF THE WOMB.

I HAVE to show you, Gentlemen, this morning, a horrid specimen of *cancer* of the womb. [Here the lecturer exhibited the womb and adjacent parts in a dreadfully diseased state.] You observe here the uterus. The body of the womb you observe is very little enlarged, but exceedingly hardened, quite of scirrhus hardness, and the neck is nearly consumed by ulceration; the os uteri is perfectly destroyed. The induration is greatest at that part which is nearest the ulcerated portion; and as you ascend towards the fundus, the induration is less, till at last the structure is comparatively healthy, but still, more compact than it ought to be. This is the urinary bladder, which has been cut into. The disease had not ulcerated into that organ, nor into the rectum. Here is the bladder: and here the rectum, which also, you observe, is entire, excepting at one minute part, where the coats are exceedingly thin, and there is now a small aperture; but I rather think this has been made after death, in withdrawing the parts from the pelvis. You see that on the other side the ulceration has penetrated so as to thin the parts very much, but whether the aperture took place during life or not, I will not pretend to say. However, if the

patient had lived a week longer, there certainly would have been an aperture into the rectum. The bladder appears thickened, but there is no ulceration of it. The vagina is more or less implicated. The discharge was of the most fetid description; it was hardly supportable to those standing near the woman, when the bed-clothes were turned up. This case follows the general law of those parts of cavities which are nearest to their opening, being the most liable to disease. The larynx is particularly liable to disease; the cardia, the pylorus, the ileum just where it enters the cæcum, and again the rectum, are all far more liable to structural disease than any other parts of the alimentary canal. With respect to the uterus, you see here that the fundus is comparatively healthy; the nearer you approach the neck, and still more, the nearer you approach the situation of the os uteri, the greater is the havoc. This is the front of the uterus; here is the vagina.

You observe that, externally, adhesions have taken place. The fallopian tubes are adherent to the uterus in about half their length, and all the surrounding parts are more or less in a state of adhesion to that organ similar to what is observed in phthisis. Whenever there is a large collection of tubercular substance deposited in the substance of the lung near the surface, the corresponding spot of the surface is almost always found adherent to the costal pleura. Nature's view in this, as a general rule, is, clearly, to prevent mischief as much as possible. As ulceration goes on within, the adhesions without, prevent the ulceration of the organ from coming into connexion, and forming a communication with the cavity of the serous membrane, be it the cavity of the peritoneum, of the pleura, or whatever else.

I shall now cut into the fallopian tube of the left side, and you will see that it is labouring under the same scirrhus affection precisely as the womb itself. Here is the fallopian tube opened, and you observe scirrhus deposit even here. It is all thickened together, in a state of great induration and some enlargement. Here are two patches of circumscribed hardness, which are beginning to soften in their centre. This is a very good specimen of the course of scirrhus. Scirrhus, hard as it may be at first, after a time softens down; when softened, the substance is sometimes called *encephaloid* substance. It is said by some to soften down into an *encephaloid* mass. But that is inaccurate. There is no appearance of that brain-like matter which you see in the particular disease called *encephaloid* affection.

There is frequently, in these cases, a deposit of *black matter*—a degree of *melanosis*; and here, accordingly, is a collection

of *black matter*; it is rather extensive, and quite black. You sometimes find, in various parts of the body, *scirrhus*, *encephaloid*, *melanosis*. The last is now generally considered to be an *innocent* disease; to do no harm, except as far as the bulk of the black deposit may produce mechanical inconvenience; but though of itself it is not malignant, it, like others in themselves malignant, may be united with malignant diseases.

Here is a large encysted tumour filled with fluid, or a large collection of fluid; at the side of the womb, giving an appearance of what was formerly called an *hydatid*, though the term *hydatid* should be restricted to those formations which consist of vesicular animals, and should not be applied to mere encysted tumours. The one looks exactly like what is called a *wind egg*, an egg without a shell—merely membranes without any calcareous deposit. Here is another scirrhus tumour excessively hard, indurated like cartilage. All around by the side of the womb you see that the more external part of the section is of a light-grey colour, while the more central is of a yellow colour, and between the two you observe it is red—of an excessively vascular appearance. This is a very beautiful appearance of disease. The tumour which I have now shown you might be taken for an ovary, but I never saw an ovary, when cut into, present that appearance. Here is the ovary itself at the exterior of the fallopian tube, which I have cut open, and it is in a state of ulceration. You observe something like the granular vesicular character which we see in ovaries. It is undoubtedly that organ, but adherent to the neighbouring parts. The fallopian tubes, the uterus, and the ovaries, are all grown together. It is very common to find in the ovaries a black mass such as you see here.

On the other side of the womb you notice, corresponding to the part I have shown you, another mass of *scirrhus*, which is white without, but within the whitened part it is excessively red, and there is also a dark colour in some parts. It is in the progress of softening-down towards the centre, but is still tough. At the moment of cutting into it, it was excessively offensive. This mass, I presume, is merely a very great deposit in the left side of the womb, projecting and forming a globe. There is a great part of the cavity of the womb left, but you notice a substance excessively hard at one spot, forming a tubercle.

You observe that the uterus is not much increased in size, but it has become very irregular; that is to say, it has bosses here and there, according to the degree of change or new deposit; it has become irregular in shape in various parts. This specimen

illustrates also the fact, that when organic disease advances, it is not confined to one structure. Here is the mucous membrane in a state of rapid ulceration, and here is the substance of the womb itself, and here the peritoneum in a state of considerable hypertrophy, in a scirrhus state; in fact, this which is external is the peritoneum fallen into a state of great hypertrophy, enlargement, and induration.

From the obstruction that takes place at the termination of the ureters in the bladder, you will very frequently find the pelvis of the kidney enlarged, and very frequently even the infundibula too. You remark that one of these kidneys has a large cavity formed in it, and this is solely by the accumulation of the urine. Here is the pelvis of the kidney not much enlarged, but here is one of the infundibula of very great size. Frequently, as the termination of the ureters in the bladder becomes diseased,—becomes scirrhus, and the peritoneum and cellular membrane all around are indurated, the urine does not readily enter the bladder. The consequence is, an accumulation of urine all the way up the ureters, in the pelvis and infundibula, so that the whole kidney is sometimes almost reduced to a bag. The other kidney I will now open. You perceive that its pelvis is larger than that of the other, and the infundibula also are dilated. This kidney would soon have become a complete bag, instead of being a pretty solid organ, as it is naturally.

In scirrhus, I believe there is in general both a *transformation* and a *new formation*. I believe that the structures are changed into other structures, and that a new kind of substance is deposited among them. In this disease, parts which are naturally soft become cartilaginous, particularly the cellular membrane. There is a transformation to a sort of cartilaginous substance; but besides that, a new substance appears to be deposited within the fibres of this cartilaginous mass. In general this disease is not very distinctly circumscribed. You see here that the disease runs imperceptibly into all the surrounding parts. The cellular membrane around the uterus is more or less in an indurated state, and the surrounding parts are all grown together.

Scirrhus is generally at first of a light-grey colour, and semi-transparent if cut into thin slices. I have now cut a thin slice of it and you perceive its translucency. You may consider the exterior of this specimen as exemplifying what scirrhus is, in colour at the beginning a little greyish, and, when cut thin, rather transparent.

You will observe in scirrhus two parts, a fibrous, and a softer inorganic substance; but the fibrous structure forms the chief part. In this part of the womb which has not

become ulcerated, you observe this fibrous structure, and really it here to the eye cuts like a turnip. The part I now point out, is in the first stage of the disease, and here is another which is becoming very scirrhus, where the hard white fibres are more numerous and bulky, and the fibrous substance, as I just said, is the chief part. Here you observe a number of the fibres running in various directions forming septa. These are opaque, and whiter than the rest of the substance. The septa thus produced occasion it to cut like a turnip, and run in all directions, now and then forming cells.

The proportion of the fibrous structure to that which is deposited within the septa formed by it, is very various in different instances; and according to its distribution and proportion you have the various appearances of these scirrhus tumours; some look like the breast, and are called mammary; some like the pancreas, and are called pancreatic; some like tubercles—not scrofulous tubercles, but granules and tubera, and then they are called, though with some confusion of terms, tubercular. After a time, the less hard substance deposited within the septa, between the fibres, softens down into something like jelly, sometimes like a syrup or gum; and this change is always first observed in the centre, which originally was the hardest part. When the parts ulcerate, then the disease is called *cancer*. Suppuration of the surrounding cellular membrane takes place; the edges of the ulcerated part are everted and elevated, and sometimes hard cauliflower excrescences grow from the centre of the ulceration, and as this extends very deep, great irritation of the constitution takes place, and an intolerably fetid discharge; sloughing occurs, and the neighbouring lymphatic glands generally become contaminated. Here is a mass of glands taken off the spine. You see that they are enlarged, are almost scirrhus. If the patient had lived, these glands would have gone through the same process as the uterus itself, softening down and ulcerating.

This particular disease generally attacks parts originally which are not necessary to life, and especially parts the functions of which have been interrupted, or have never been performed, or parts that have been injured. It attacks the breast, the uterus, the ovaries, the testes, and the thyroid gland chiefly. The four first of these are parts which are not necessary to life, but are possessed by individuals for the sake of another race to succeed them. Life would go on just as well without them, as healthily, though not, you will perhaps say, so merrily and so happily. (*Laughter.*) However, other parts, which are for the individual himself and some of which are important to life, become affected secondarily, the liver, the lungs, the

spleen, if one can say it is necessary to life—the pancreas, if it too is necessary to life; the brain and its membranes, the omentum, the mesentery, the medullary membrane of the bones, and even the skin; that is to say, although parts which are decidedly not necessary to life, or so much for the individual himself, are those oftenest originally affected, yet the disease will spread to other parts intended for the individual himself, and even to parts most important to the system.

You are perhaps aware that it affects the bones; that persons who have cancer have sometimes their bones softened, friable, and broken. Women who have had cancerous breasts have broken their legs in bed, and on inspecting the parts, a bloody mass has been found in the medullary cavity and the cancelli, and the surrounding parts all blended together, the muscles blended with the bone and cartilages, and a morbid mass produced, in which spicula of bone are occasionally found. You will find cases of this kind mentioned by Mr. Salter, a surgeon, in the 15th volume of the *Med. Chirur. Trans.* There are specimens of this sort in the Museum of this hospital which I ought to have ordered in, but it escaped my recollection before lecture that we had any.

This disease is generally attended with great pain, pain of a sharp stabbing character. It seldom occurs before the middle period of life. It must be a very extraordinary thing to see it in a child. Now and then I certainly have seen it in young persons, but as a *general* rule it does not occur before the middle period of life, and then it will sometimes remain inert for many years. In other persons, however, it soon augments and softens, and irritation, supuration, ulceration, and sloughing, take place. Besides its remaining occasionally inert for many years, nature will sometimes effect a cure; the diseased part will completely slough out, be turned out, and the individual get well; but this is a rare occurrence.

When the irritation has become very great, the patient in this, as in other malignant diseases, acquires a particular straw-coloured hue, and this state of the body has been called the *cancerous cachexia*. It is not the paleness you see in cases of excessive loss of blood or enlarged spleen, but it is a particular straw-colour look; it is not like the appearance in ague, that is a dirty straw-colour; it is a clear straw-colour, a pale sallow hue, a sallowness which is very characteristic, and which is considered as indicative of cancerous or malignant cachexia.

Now the patient from whom this mass of disease was taken, was admitted into the hospital about two months before her death.

Her name was A. M——, she was 47 years of age, and had had the complaint two years. She said she had laboured under excessive menorrhagia during the whole of this time, till the last four weeks, since which a green water only had come away; but till the last four weeks she had had excessive and constant discharge of a bloody fluid. She also complained of strangury, continually desiring to make water, and voiding it with very great pain. She always had a bearing down forwards, and it would have been extraordinary if she had not, when you consider the proximity of the bladder to the parts affected. The pain which she experienced was constant and severe—in the hypogastric region, in the region of the womb, and likewise across the upper part of the thighs. There is almost always an extension of the pain to the hips, and frequently down the thighs. In the uterus there was not only a constant sharp pain, but a throbbing and pricking; and she said that in every respect her sufferings were like those of labour, only that she had little pain in her loins. I heard from her, that at the time of her admission she had a discharge of clear water from the uterus, particularly in the morning; and that during the menorrhagia she had always felt pain in the left breast, shooting down to the pelvis, and showing the sympathy between the two organs. I need not say that, having been ill for two years, she was excessively weak, and confined to her bed. She never got out of it here I believe, at least I never saw her out of it after her admission. She had cedema of the legs, and, after death, cedema of the hands was observed. On examination per vaginam as soon as she came in, I found the neck of the uterus excessively hard, as hard as any cartilage, and immovable. It was impossible to make the least impression on the substance with the fingers, or produce the least movement. There was one hard solid mass stuck in the pelvis. You see now that that must have been the case from the extreme adhesions of the organ to all the surrounding parts, and on looking into the pelvis, at the autopsy, the solidification had extended on each side of the uterus and broad ligaments, so that there was one solid mass in the centre of the pelvis, joined to the parts immediately adherent to the bones. The os uteri was very irregular. At the examination I made during life, ulceration had begun, and on withdrawing my fingers, I found them covered with blood. This is what is commonly found in the advanced stage of scirrhus of the womb—the os uteri rugged, the neck of the womb excessively hard, and on withdrawing your fingers, they prove bloody. The examination gave her great pain, whenever the os uteri was touched.

This case was perfectly incurable. The patient was at the period of life I have already mentioned, namely, 47. She illustrated the age at which cancerous affections usually take place; and she illustrated the other fact I have already alluded to,—that the disease most frequently occurs in parts that are not necessary to life, and which have done their office in the economy. She had been ill two years, and was 47 years of age, and 45 is about the time at which women in this country cease to menstruate, and ought, one would think, to give over employing their generative organs (!) However, she did not illustrate another fact; that is to say, she had had plenty of children; and therefore did not illustrate the fact, that parts indisposed to perform their functions are the most liable to the disease. Certainly the disease occurs more frequently in women not married, or if married, in those who have had no children; but still the organ in this case had become inert, had furnished its share of function, when it fell into disease. I understand too, though I do not know that that had any thing to do with it (at the same time it might be well if all women thought it had), that she was a great gin-drinker—never drunk, but always bibbing.

It was impossible to think of curing the disease, or even of lessening it; and as to the extirpation of the uterus, there was such a solid mass fixed in the pelvis, that extirpation would have been impossible. If extirpation had been possible and resorted to, you see some portion of the disease must have been left; for all the surrounding parts were in a state of scirrhus, as well as the womb itself; the fallopian tubes, ovaries, and the broad ligaments, were all scirrhous together. She was admitted on the 2nd of December, gradually sunk, and died on the 31st of January.

Although, however, no good could be done in the way of curing the disease, she was made exceedingly comfortable, and spent the time she passed in the hospital in the greatest degree of tranquillity. I gave her immediately *two grains of opium* every night, and that entirely lulled the pain, so that from having suffered dreadfully—having been sleepless generally every night, and writhing in agony, she passed her nights with very great comfort, and lay without complaining all the time she was here. I allowed her a pint of porter daily, and the house diet. When the opium appeared to begin rather to lose its effects, at the end of three weeks I allowed her three grains every night, and that proved quite sufficient; she never took more. I understood that her bowels were regularly open, and whenever I asked her how she was, she always replied, "Very comfortable indeed." It is

certainly a great satisfaction that when you cannot save life, you still can mitigate suffering, and I do not know whether it is not upon the whole more important, a greater blessing, to make life happy while it lasts, and to remove suffering, than to save life. She was brought into a state of comparative freedom from pain, and certainly one of the greatest delights is freedom from pain after suffering severely. She sank very gradually and died free from pain. One of the great ends of our profession is to effect an *eubasaria*.

With respect to the power of opium, I may mention that Sydenham used opium abundantly, perhaps too abundantly, not only to relieve suffering in many cases, but as a curative means: and he had so high an opinion of it, that he used to say it was one of the greatest blessings bestowed upon us, and that without it medicine would be almost nothing. *Sine illo manca sit ac claudicat medicina*, I think are his expressions. I would remark that common opium with means answers all purposes so well that I very rarely think of giving acetate of morphine, black-drop, and other peculiar preparations of it. I have used them all, and I will not deny that now and then a patient may be so peculiar as to have one of them agree with him better than common opium. But I am certain that this is not so very common a thing, and there is a great deal of fancy and caprice and habit among those who employ such preparations, some actually fall into such a habit as always to prescribe one of them. I can only say that in my practice common opium almost always answers every purpose that I see answered by them; and it would be well if all our medicines were of as uniform a strength as common opium and its tincture.

With respect to the factor of the discharge, this poor woman employed a solution of the *chloride of lime* to the vagina. This, or some other chloride, is an article that ought never to be omitted, I think, when there is a discharge of an offensive nature from a patient. If applied assiduously and constantly, it takes away the smell entirely; and I generally direct it to be applied not only to the source of the discharge, and to the discharge itself, but to be sprinkled around the bed of the patient, so as to destroy as much as possible the factor altogether. I do not think that the chlorides are yet by any means employed to the extent they deserve. If they were used in dissecting-rooms, and where any contagion or any effluvium, vegetable or animal, exists, I am satisfied that much disease would be prevented—innumerable cases of disease that arise solely from one emanation or another. The destruction of offensive smells is comparatively a trifle, important as it is, and some

think the smell of the chlorides so disagreeable, that they like it as little as an original stench. But we should remember that chloride is innocent, while the emanation that stinks is generally deleterious. You cannot do better than read the translation of Labarraque's work on the chlorides by my friend Mr. Alcock, who has added facts to those of the work itself.

You might have imagined that the opium would cause constipation. Yet, though a small dose constipates when given occasionally; if people take it frequently and in large quantities, it has often no constipating power at all—I do not say always, but very often.

You are aware that the uterus is subject to another disease, called the *malignant ulcer* of the womb. This occurs, I believe, more particularly in the same circumstances as scirrhus and cancer of the womb. It begins, like scirrhus, in the neck, or, indeed, some say, in the os uteri itself; but the uterus is not indurated around, there is merely a dreadful ulceration. Frequently the patient complains of very little pain, and if you press upon the part you do not produce any agony, sometimes hardly any pain at all. When you examine a woman with scirrhus of the womb, you find extreme hardness, and that she complains of excruciating pain; but in malignant ulceration of the womb there is no induration, and if you press the parts, the patient merely complains of a little smarting. I believe there is no new deposit. It was known to Dr. William Hunter, and, consequently, you will find it well described by Dr. Baillie; yet it is singular that, though he speaks of scirrhus, he never speaks of *ulcerated* scirrhus of the womb, or open cancer of it, at least in the edition that I have. All he says is, that "ulceration is sometimes discovered upon the internal surface, but I believe it is generally wanting." The omission is hardly to be accounted for. This is the view of what is called malignant ulceration of the womb by Dr. Baillie, and which was mentioned by Dr. William Hunter in his lectures. (*Showing the drawing.*) Here is the neck of the uterus. The body of the womb is not affected, but sometimes it is slightly enlarged. Both malignant ulcer and cancer may extend to the rectum and to the bladder. Sometimes the cavities are all thrown into one, and then the suffering is horrid.

You are also to remember, that the uterus is subject to a hard deposit; sometimes in large quantity, without any danger whatever. Tubercles are produced in the organ, sometimes in the substance, sometimes under the peritoneum, sometimes under the inner coat, and sometimes hanging into the uterus; at least Dr.

Baillie said he once found a large mass of this texture within the uterus and scarcely attached. These are exceedingly hard, fibrous, and white. They consist of small collections of fibres heaped up into little balls, and you may distinguish them from one another. Sometimes the uterus is so enlarged with them, that it may be felt above the pubes, which is not the case in true scirrhus, and these do no harm whatever, except the inconvenience that may result from their size and pressure. I think some one says, who has made the subject a matter of inquiry, that in examining the bodies of about 100 women, from 45 and 50 years of age, deposits of this kind were found in no fewer than twenty. They remain inert during the rest of life, and produce injury only by their bulk, by compressing the neighbouring parts. These are called by Dr. Clarke the fleshy tubercle; but that, perhaps, is an improper expression, if fleshy means muscular. Yet we must remember, that our established word *Sarcoma* is derived from *σαρξ*, flesh, and that an abdominal *gland* is called *pancreas* from *κρεας*, flesh.

Besides this patient, gentlemen, no other has died since I had the pleasure of seeing you, but five have been presented: one case of *acute rheumatism*, which was rather obstinate, but yielded at last to perseverance in local bleeding and mercury; a case of continued *fever*, which yielded to the same treatment; and a case of

#### PALSY OF THE WRISTS FROM LEAD,

Which yielded exactly as the other case did about which I spoke, in the beginning of the season, as illustrating the great use of *electricity*. We have here a good many patients labouring under palsy of the wrists, on account of the white lead manufactories in the neighbourhood, and the number of painters in the metropolis, but particularly the former. You know that the parts affected drop, and the person cannot extend his hand, fingers, or thumb; and they are entirely useless, if it is severe. I have tried a great many things, and certainly nothing has answered so well internally as *strychnine*, and externally as *electricity*. The other man was cured rapidly by electricity; this man was cured also by electricity. The cure here was much too rapid for one to ascribe it to the patient's removal from his ordinary poisonous business, to the restorative powers of nature, or to any thing but the electricity. The electricity was latterly given in sparks, but originally in shocks. As the man used to assist when others were electrified, one of his hands had a far greater share of electricity than the other, and was recovering much faster; for that, besides the shocks it received in common with the other, had thus also an abundance of



sparks. The man finding this hand recover so much faster than the other, ascribed the greater benefit, not to the greater dose of electricity, but to the sparks. He requested that both hands might now have shocks no longer, but sparks; and as there could be no harm in indulging him in his predilection for sparks, I ordered him no longer shocks, but sparks, and he continued to amend, and more rapidly, as he thought, under the sparks than before; however that might be, he went out nearly well. He did not wish to stay here any longer, being satisfied that he was recovered sufficiently to go to work. He could extend his hand, fingers, and thumbs, and grasp very firmly, so that he felt he could now gain his living again. I am glad to say he found some other occupation, and did not return to the poison.

Dr. Pemberton, in his work on diseases of the abdominal viscera, when speaking of *colic*, takes occasion to speak of palsy of the wrist from lead, the same poison which frequently produces colic, and he recommends the hand to be extended on splints. For many years, at his recommendation, I caused the hand to be thus extended, but I cannot say I have had reason to think the practice did good. Friction, with various stimulating substances, and placing the wrist and hand in hot water (as hot as it can be borne) is very good, but certainly no stimulant is equal to electricity or galvanism: we employ common electricity here. Electricity goes much deeper than any liniment. If you use any liniment, of course the stimulus is applied merely to the surface, though undoubtedly the friction, and perhaps external heat, may affect the parts within. It is the parts within that you wish particularly to be affected, and electricity will penetrate to the inmost parts; you may send it where you like; it is very natural, therefore, to suppose it much more powerful than any external application. The electricity was applied from the elbow downwards, all over the forearm, wrist, hand, and fingers.

There is another patient now in the hospital with the same disease, who is likewise improving very much under the same treatment.

#### PROLAPUS OF THE VAGINA.

There was a woman presented with prolapsus of the vagina; she was said to have some horrid disease or other of the womb, but on examination I found it was nothing more than prolapsus of the upper part of the vagina. That part appeared so relaxed above, that on making the least effort it descended, and formed a large globular tumour at the upper part, forcing its way downwards and forwards, and the uterus descended a little with it. The disease appeared to be merely

an extreme relaxation of the upper and anterior part of the vagina. Upon giving her a pessary she was able to go home.

The patients admitted last week were ten; three females, with hysteria, brouchitis, and gastritis; seven males, with bronchitis, chronic dysentery, chronic peritonitis, neuralgia, palsy of the wrists from lead, and two of secondary syphilis.

#### PROFESSIONAL ATTENDANCE AT DUELS.

##### *To the Editor of THE LANCET.*

SIR,—You will, perhaps, allow me to inform your readers, that the late Mr. Heavyside was the surgeon alluded to by Mr. Justice Bayley, as having been at the bar of the Old Bailey for attendance at a duel. The facts of the case were these:—Two gentlemen, named Montgomery and M'Namara, upon a very trifling occasion, quarrelled, and engaged with inveterate animosity in a duel; they were both known to be excellent shots, and were determined to do business. They went to the field attended by their seconds and surgeons. When all preliminaries were adjusted, the principals fired together; Montgomery fell dead, and M'Namara was unhurt.

The survivor, seconds, surgeons, &c., were apprehended and taken to Bow Street. M'Namara was committed to Newgate to be tried for the murder. Heavyside was strongly reproved by the magistrate for being present upon such an occasion; he answered in a very grand style, justified his conduct, asserted his right to exercise his profession whenever and wherever he was called upon to do so, and avowed his determination to attend upon any similar business, if, in future, he were called upon.

"If that be the case, Sir," the presiding magistrate (I think it was Bond) said, "I must teach you to understand the law better, and immediately committed him to Newgate to be tried as an accessory before the fact. M'Namara was tried for the murder and acquitted. Heavyside was likewise acquitted and liberated. I conversed with him a few days after he was liberated; between ourselves he still insisted upon his right to attend upon duels when he was called upon to do so, but avowed his determination to be very careful how he exercised that right in future.

I am yours, &c.,

T. SNEEDRAKE.

No. 73, Upper Berkeley Street,  
Portman Square.

## THE LANCET.

London, Saturday, Feb. 26, 1831.

WHEN we were so unpolite and indifferent last week as to retire from the commanding eloquence and forcible arguments of Dr. ANTHONY TODD THOMSON, *half*-professor of medical jurisprudence in the University of LONDON, the "grateful" admirer of the worshipful hags was enforcing the expediency of "*expertness*," and the necessity of the powers of prophecy in medical witnesses. His words were these:—"He is presumed to be an *expert* witness; to *foresee* the *consequences* of his answers; to have some idea *beforehand* of the nature of the questions which he will be required to answer, and to prepare himself accordingly." Further; the witness was required to "know as much of the *law of evidence* as would enable him to *penetrate* the *intentions* of counsel to mislead him." It certainly were to be wished that medical evidence were on all occasions unexceptionable. Counsel, however, are allowed such vast latitude in cross-examination, and medical facts and theories are so innumerable, that that querist must, indeed, be a dull-headed fellow who could not puzzle, or apparently confound, the most learned and philosophical member of our profession. When the doctor talks of a witness "*foreseeing* the *consequences* of his answers, of *penetrating* the *intentions* of counsel, and of having some idea *beforehand* of the questions he will be required to answer," he reminds us of a proposition made in this metropolis by a celebrated jurist in an annual oration. It was nothing more nor less than this;—That medical witnesses, that is those for plaintiffs and defendants, should meet before going into court, and agree "*beforehand* upon the evidence they should give." This practice, it was stated, would save the profession from much reproach and sarcasm, and shield it

from those lamentable exposures of incompetency which are so frequently presented to the public in our courts of law. The scheme was loudly cheered by, we suspect, the THOMSONIAN portion of the auditory, and the exhibition passed off with the greatest eclat. On a subsequent occasion, having met the learned lecturer in company, he said, "Well; what think you of my plan for deciding upon evidence before going into court? Is it not a settler for the brow-beating counsel, a regular hit; a knock-down by —?"—"As part of a plan," we replied, "it is probably unexceptionable. A point, however, of some importance is requisite to make the thing complete. You must agree also upon the *questions* to be propounded by counsel in their *cross-examinations*." This seemed, too, almost a "settler," for the querist concluded the conversation on the subject by exclaiming,—"*My stars!* this did not occur to me, we never thought of *that*." So it happens, we believe, with Professor THOMSON. It never occurred to his vivacious understanding that gentlemen less gifted than himself would never be enabled to "*penetrate the intentions* of counsel," or to "*foresee the consequences* of answers." We fear it must be confessed, that if the failures in the witness-box are equal to the failure of Dr. Thomson in this lecture of his, the profession is in but a sorry plight. It is really surprising, that a man possessing ten grains of common sense, should have omitted to perceive that he was inditing some of the vilest trash ever ushered into public notice, even in the *imposing* form of an "introductory" lecture.

Here we had reached the bottom of a page (would it had been the last!), when we hoped to be relieved for a moment from the further inspection of this most sickening professorial twaddle. Alas! disappointment is our lot, for at the conclusion of the very next sentence, one which relates to the duty of medical witnesses in cases of lunacy, our author says, "Without some acquaintance with

the legal *object* of the inquiry, the evidence of the medical practitioner will not only be defective, but he will scarcely be able to understand the questions that he may be asked." Thus again intimating, that the *attention* of the witness should be abstracted from the immediate and obvious reply to the question, by contemplating the *objects* for which the legal inquiry had been instituted or to the *consequences* which might result from the investigation. The cases put by the doctor in illustration of the position are these :—" Lunacy, whether it be *that* lunacy which exempts from criminal responsibility, or that which incapacitates an individual from the management of his own affairs." Now then, doctor, let us place you in the witness-box, in each of these cases, and in replying to our questions, we beg of you to "penetrate" the intentions of counsel, and at the same time to devote particular attention to the *objects* of the inquiry.

#### *First Case.*

##### The KING *versus* STURDY PRESS.

The prisoner was charged with the *wilful murder* of ABERDEEN DUB. The case for the prosecution having closed, Dr. THOMSON was called for the *prisoner*.

QUESTION.—Is the prisoner capable of managing his own affairs?

WITNESS.—Yes.

QUES.—Does he know right from wrong? Is he, do you think, a responsible being?

WIT.—No.

Now reverse the inquiry, the *object* being to prove *incapacity* merely.

QUES.—Is STURDY PRESS a responsible being? Does he know right from wrong?

WIT.—Yes.

QUES.—Is he capable of managing his own affairs?

WIT.—No.

To say nothing more, it is to be hoped that the mere fancied absurdity of a position like this, will be sufficient to deter the doctor from hazarding a repetition of such monstrous arguments, though it were idle to ex-

pect much in the way of rationality from him if he continue in the state of mind which possessed him when he penned this lecture. Look here, reader :—" In addressing the *law-student* and the young *barrister*, I would press upon him the opinion, that without some knowledge of medical science he cannot do justice to his client; (he might in a few cases we should think;) by possessing it (some knowledge), he will be enabled to *probe* the skill of medical witnesses (probe the skill!) to unmask ignorance (query after our present fashion?) to ascertain what ought to be stated (that is, the evidence which would suit his side of the question), to detect false representations, and," gentle reader, what further think you?—" *to supply neglect, or correct omissions, and thus fully to elicit truth.*" This is an original idea; it is, at the same time, an original operation, and, by the way, not a little curious one. The counsel, poor wight, is to "elicit truth," by "supplying neglect." Passing over about half a dozen lines, we come to a passage occupying upwards of two pages. It commences thus :—" The chief qualification of the medical man, when placed in the witness-box, *independent* of professional attainments, is a sacred love of truth, a determination to sacrifice for it every opinion, theory, or hypothesis, and to admit nothing as *proof*, as I have already stated, which is not capable of *demonstration*." The doctor goes a little too far here; nevertheless the language indicates correct feeling, and a considerable share of sound sense. The points, however, were too obvious to be neglected or obscured. " Another qualification of great importance is *patience*." And now let us see how the other parts of this paragraph will square with the sensible introductory passage just quoted. " A third qualification is *secrecy*; for without the power of keeping a secret, the medical witness may inflict, unintentionally, the utmost misery upon individuals." The lover of

truth, we suspect, when in the witness-box, must find the office of "secret keeper" rather a disagreeable one.

But now for the climax :—

"I have heard it stated that an eminent barrister obtained the acquittal of a murderer, who, previously to trial, had acknowledged to him, his guilt. The acquittal arose from his address in the cross-examination of the medical witness. This gentleman, the witness who at first gave such a clear and distinct testimony as would have convicted the prisoner, was rendered afterwards so confused by impatience and dread under his cross-examination, as to lose the power of COMPARING one part of his testimony with another; which was thus so much weakened, as to render it of no value in the summing up of the judge, and in determining the verdict of the jury."

Lost the power of comparing! Is evidence to be guided by first impressions, or first statements? Comparing? Why, is it not the duty of the witness to give distinct and true answers to all questions, without reference to what might have been said previously, either by mistake or by others? "Comparing" what? If a witness, in his examination in chief, were to swear that arsenic was the only poison which could destroy the mucous membrane of the stomach, would the doctor have him continue to swear the same thing in his cross-examination, and after he had discovered his error, merely because his first and last testimony should harmonise in "COMPARISON?"

Such is the conclusion of the paragraph which commenced so favourably. The practice inculcated by this language, is opposed to every principle of justice, of propriety, and of truth, and if pursued would bring upon our profession the just and lasting reproaches of every honest and intelligent man. Dr. Thomson ought to know, that this system of comparing words with words, of rendering the answer in cross-examination suitable to the answers in the

examination in chief, is the peculiar trade of *perjured scoundrels*, of men who lend themselves out to the hire of rascally attorneys to swear any-thing which they may be instructed to swear; and that villain is deemed the most "expert" who may be gifted with the best *memory*.

From these "important qualifications" of witnesses, we turn to a point of pathology, in which we had certainly some reason to expect that the doctor would prove more *au fait* at his subject.

"It is true," he remarks, "that the appearances in certain cases of poisoning cannot be mistaken; as for instance, the pulpy state of the stomach when oxalic acid has been swallowed; and the *dissolution* of the mucous, nervous, and muscular coats, whilst the peritoneum remains little affected when arsenic is the poison, leave no room for doubt."

This is a most extraordinary passage, and it seems to prove that the doctor is not much better qualified to treat this part of his course of lectures, than he is any other of those branches which we have already considered. In truth, there is something appalling in the carelessness, the extreme inaccuracy which are so exhibited in the language now before us. "The pulpy state of the stomach when oxalic acid has been swallowed!" This would lead the pupil to infer without any qualification whatever, first, that a pulpy state of this organ is *proof* that oxalic acid has been swallowed; and, secondly, that when this poison has been taken, the fact is proved by a pulpy state of the stomach; whereas, this condition of the organ may exist without being caused by the contact of oxalic acid, and oxalic acid may destroy, and does destroy, without producing the effect which the doctor has described. Again; what is his language in relation to the action of arsenic? "The *dissolution* of the stomach," he says, "leave no room for doubt." Now the coats may be dissolved independently of the influence of ar-

senical action upon the stomach; and, further, arsenic may kill without destroying even the *mucous coat*. Hence we are led to infer that the doctor has nearly as much to learn in this department of pathology as his pupils, who are to take to the old hags "a course of medical jurisprudence," as a "qualification" for their "license." We shall, therefore, bid adieu to the doctor, in order that he may pursue his studies undisturbed by a more lengthened criticism on his first unfortunate performance in the "half-chair" of medical jurisprudence.

JOHN LONG, quack, and felon, has been tried at the Old Bailey, on a charge of having killed Mrs. COLIN CAMPBELL LLOYD, and—hear it, ye powers! he has been acquitted? The evidence on the part of the prosecution was similar to that which was adduced at the coroner's inquest. As this was reported at the time in THE LANCET, it would only be a waste of time and space for us to give a repetition of it here. We cannot, however, refrain from directing attention to a reply given by the *chief medical witness*:—

"MR. JUSTICE BAILEY. 'Would a man of common prudence or common judgment have used an application likely to have produced such fatal consequences?'

"MR. VANCE, *surgeon*. 'I think not.'

"Question repeated.

"MR. VANCE again. 'I THINK NOT!'"

Let those who are anxious to condemn the judge and jury, reflect for a moment upon what must have been the *effect* produced by this evidence—evidence delivered by the chief medical witness for the prosecution—upon the feelings and mind of the Court. Its prisoners are always entitled, and more especially in criminal cases, to the benefit of a *doubt*, if any be entertained, upon the question of their guilt, and we know not how any jury, coupling this *thinking* testimony of Mr. VANCE, with the astounding facts in

proof of the prisoner's "ability," sworn to by the members of the "*thinking club*," could have omitted to return a verdict of "Not guilty." Mark. We do not condemn Mr. VANCE for not having rendered more positive testimony against LONG, but we do condemn him, and severely too, for having given such an answer to a plain, straightforward, question.

JUDGE. Would a man of common prudence or common judgment have used an application LIKELY\* to produce such dangerous and fatal consequences?

WITNESS. I THINK not.

JUDGE. Gentlemen, it is a *doubtful* case, you see.

JURY. "Not guilty."

After the first step, nothing could have been more natural, more straight-forward, than the second and third; for, as it remembered, that the "*such dangerous and fatal consequences*" to which Mr. Justice BAILEY referred, had just been proved by Mr. VANCE HIMSELF, and were as follows:—An ulcer from one arm-pit to the other—mortification—the breast-bone laid bare—the wound extending *seventeen inches in length*, and *eleven in breadth*,—and *death*. "Would a man of common prudence use an application LIKELY to produce such effects?" "I THINK not."

It is unnecessary to say more. Mr. VANCE, we dare swear, believes that he discharged his duty admirably, and so think the jury. We shall not say that the persons who profess to have been cured by LONG, came forward to swear falsely, or that LONG himself is an impostor, a doubly-stained slaughterer, and ought to have been transported for life. Thus much, however, we must declare, that if there be deception, the public mind ought to be disabused, and if the clamorous adherents of LONG be sincere in their belief of his "profound skill," their sincerity ought to be established, and LONG's abilities acknowledged. We have proved on more than

\* This is the point.

one occasion, that it is the better plan to meet men of great pretensions upon their own ground; and we have learned by experience, that where the mind has been deceived by false impressions made upon particular senses, it is only by counteracting impressions made upon the same senses that the mind can be undeceived. The fate of Monsieur CHABERT, of prussic acid notoriety, must be fresh in the recollection of the majority of our readers. Now we have a very simple proposition to make to JOHN LONG and his titled "admirers." The latter have sworn that this "lotion," when rubbed upon skin which covers a diseased part, will immediately produce a discharge from that skin. That the "same lotion," when rubbed with equal force upon skin covering sound parts, will produce no sore, discharge, inflammation, or mark whatever. Further, LONG has published a book, in which there is a letter from Lord INGESTRIE, containing the following passage:—"I am willing to bear ample testimony to the fact of your having extracted a fluid like MERCURY from the head of one of your patients in my presence on one or two occasions. If these remarks can be of any use to you as being those of an eye-witness, I hope you will make what use you please of them."

Again, "We, the undersigned, have been personal witnesses of the effects produced by Mr. LONG's mode of treatment on one of his patients, whom we visited at her residence. She was immediately excited and irritated at our being admitted to her apartment, and did not recognise her parents, while her conversation gave much proof of her being *insane*. Mr. LONG applied his remedies to her head, which IMMEDIATELY produced a flow of liquid matter from the temples. A short time only elapsed, till she came to her reason, recog-

nised at once her friends, and spoke rationally, assuming a different tone of voice and a placid demeanour." This certificate is signed, "HARWOOD, DARTMOUTH, HOWE, THOMAS LAWRENCE."

Once more.

"London, June 19, 1829. We, the undersigned, who are patients of Mr. LONG, give our testimony to an extraordinary fact. It relates to a patient of Mr. LONG. We saw about a fortnight since, on three different occasions, a quantity of MATTER extracted from his temples, and produced by the same external remedies that we were applying to different parts of our bodies for the purpose of removing inflammation." Signed.—"PETER O'BRIEN, Limerick; S. H. OUGHTON, Manchester; G. DENZI, Palermo; INGESTRIE, London; and W. ABINGDON, India House."

To this certificate LONG adds the following paragraph.

"This gentleman, now in his visits to me, frequently makes use of the same remedies he employed while labouring under his complaint, for THE SAKE OF THE REFRESHING SENSATION THEY AFFORD."

Well then, the case stands thus. LONG alleges, in common with several noble lords and other persons, that by means of a lotion he has immediately extracted "a fluid like MERCURY," "a large quantity of matter," "and an acrid fluid," from the temples and various other parts of the body, and that the "same lotion" had no effect whatever when rubbed upon the skin of a sound person. Further, his witnesses swore at the inquest held on the body of the late Miss CASHIN, that this "same lotion" might be taken "into the mouth, and swallowed with impunity." Our offer, therefore, to Mr. LONG and his "admirers," is simply this;—that the Editor of this journal, accompanied by only one witness, will attend at any place that Mr. LONG and his admirers may appoint, or if that be objected to, he will attend ALONE; and that if Mr. LONG will, in his

\* Mr. PAENDERGAST, M.P., gave evidence to this effect:—"The lotion immediately produced a discharge between his shoulders, but had no effect when rubbed upon his forehead or his thorax." The applications of LONG had some effect upon his chest.

presence, produce those effects by means of his lotion which have been *sworn* to by his witnesses at the inquest, and which have been *attested* by the noblemen and gentlemen in the above certificates, the EDITOR will then acknowledge to the assembled company, and afterwards to the world, that Mr. LONG has been basely calumniated, that he is the most talented secret operator in the universe; and, further, the Editor will consent to pay one hundred pounds to any charity which may be named by the Earl of HAREWOOD, the noble Earl of course being himself present at the exhibition,—a public duty from which we are certain this excellent nobleman would not shrink; because, as one of the attesting witnesses to the extraction of the matter from the temples, his certificate may have had some effect in inducing those unfortunate victims, Miss CASHIN and Mrs. LLOYD, to place themselves under Mr. LONG's "system" of treatment.

Here, then, the question stands fairly before the public and the medical profession on the one side, and Mr. LONG and his "admirers" on the other; and if this *challenge* be not accepted, as it embraces nothing, according to the witnesses, which is not perfectly *easy* and, practicable, LONG must henceforth be considered as one of the vilest and most scandalous jugglers that ever disgraced society, and his "admirers," if, to the imminent danger of the public health, they afterwards continue to support him, must be prepared, notwithstanding their high titles, to be stigmatised as the willing dupes and fools of a dishonest and tricking knave.

A PROPOSAL to establish a public dispensary in the important and populous town of NOTTINGHAM, has led to some public meetings, and, by an unexpected course of events, to much excitement and dissatisfaction among the members of the medical profession. The gentlemen who attended the first meeting, including some physicians

and surgeons, were named as the committee. At the second public meeting an amended list of the committee was read, from which there were excluded the names of those medical gentlemen who had been previously appointed. This occasioned a discussion and correspondence, which, in great measure, terminated, by the introduction of the names of the three senior surgeons, and the three senior physicians. Mr. JOWETT, however, a highly respectable and able surgeon, who had been most strenuous in his endeavours to establish the dispensary, is even now excluded from the committee, and the mode by which that exclusion has been effected, is, we are bound to state, of a highly personal character. The committee or subscribers appear to have been influenced in their proceedings by a Mr. THOMAS WAKEFIELD, a cotton spinner, and sort of busy body, residing in the town. This gentleman and his followers profess to think that a medical institution can be best regulated by gentlemen who are entirely ignorant of all medical subjects. Now we would ask Mr. THOMAS WAKEFIELD, cotton spinner, and those who think with him, this plain question:—If a manufactory for the spinning of cotton were to be erected in the town of NOTTINGHAM for the benefit of the poor, what would Mr. WAKEFIELD and his friends say if surgeons, physicians, clergymen, and ironmongers, were to resolve that no cotton spinner should be allowed to sit upon the committee of management? The answer to this must decide the question as to the propriety of excluding medical gentlemen from participating in the government of a medical institution.

From the ungentelemanly and illiberal conduct displayed by the committee towards the members of the profession residing in NOTTINGHAM, and more particularly towards Mr. JOWETT, we think those gentlemen would have best consulted their own dignity, and even the interests of the public, by withdrawing altogether from the

undertaking. Strong evidence of an *esprit du corps* in such a case, is highly commendable, and even salutary.

Of the policy of establishing the dispensary we entertain very great doubt. In truth we have long been of opinion that these institutions, whilst they effect little or nothing for the poor, are silently, but certainly, working the ruin of thousands of the profession. Medical men in these establishments work gratuitously. For whose benefit? Not, as it is pretended, for the benefit of the poor. Not even for the benefit of the subscribers, but for the benefit of those who would be compelled by the laws of the land to supply medical attendance on the afflicted, at a proper rate of payment, if there were no pretended charitable medical institutions in existence. Why should medical men be the only individuals in the community who are required to exercise their talents, and devote their labours, for nothing? Do the attorneys come forward to supply law gratuitously? Are linen-drapers required to supply calicoes gratuitously? Are ironmongers required to supply tea-kettles and saucepans gratuitously? Yet medical men in the "public charities," as they are called, work and slave themselves to death, without receiving a farthing in the shape of pecuniary recompense, or even the paltry acknowledgment of thanks from one in forty of the subscribers. In fact, the annual payments made to these institutions have become a species of profitable trade to those who bestow them, while the whole of the gain is wrung from the pockets of the members of a deserving, but not over-rich, profession. We shall continue to direct attention to the proceedings at NOTTINGHAM, and if necessary shall recur to the subject.

The statement published in some of the newspapers that a Charter has been granted to the LONDON UNIVERSITY is entirely

without foundation. Indeed, we deeply regret to find, that difficulties on this subject have presented themselves in a quarter where they might least have been expected. This Institution is likely to prove a blot on that escutcheon of which it ought to form one of the brightest ornaments. It is in very many respects a splendid and useful establishment, and the support of the government, which cannot now be justly withheld, will render it of incalculable advantage to inhabitants of the not-over-educated inhabitants of this metropolis.

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### COLLEGE OF SURGEONS. NAVAL SURGEONS.

WE are not aware that the President and Council of the College have yet received any reply to the memorial which, in compliance with the unanimous call of the profession, they have presented to the Lords of the Admiralty. After the very kind and appropriate spirit displayed by SIR ASTLEY COOPER, and other Members of the Council, at the Theatre in Lincoln's Inn Fields, no one can doubt that, on this occasion at least, these gentlemen will omit to adopt any measure which may appear calculated to uphold the dignity and respectability of the members of the profession.

Just as this sheet was going to press, we received the following communication from Mr. KING :—

TO THE MEMBERS OF THE ROYAL COLLEGE  
OF SURGEONS.

GENTLEMEN,—I lose no time in laying before you the subjoined communication. As we transacted business without pens and ink and almost without paper, the resolutions were not signed when handed to Mr. Keate, to whose politeness I am indebted for the honour of authenticating them by signa-



ture. In the hope that justice will be done,  
I have the honour to remain,

Your faithful servant and confrère,  
T. KING.

10, Hanover-street, Hanover-square,

February 24, 1831.

SIR,—I think it my duty to inform you, that I have this day laid before the Council of the Royal College of Surgeons, the second resolution and its duplicate, signed by the mover and seconder, and inclosed to me in your letter of the 18th instant.

I am, Sir,

Your most obedient humble servant,

ROBERT KEATE.

15, Albemarle-street,

February 22, 1831.

T. KING, ESQ.

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METROPOLITAN SOCIETY OF "GENERAL  
PRACTITIONERS" IN MEDICINE AND SUR-  
GERY.

THE difficulty encountered by the members of the Committee in their endeavours to establish this Society, have induced them to recommend that it should be dissolved; and we are authorised to state, that a general meeting of the subscribers is to be forthwith convened for that purpose.

We always contended that this Society was based upon a defective foundation, and, simultaneously with the announcement of its establishment, we predicted its fall. As it is possible that the *exposé* at the general meeting may afford some useful hints to the profession, we shall report the proceedings in THE LANCET. The majority of the members of this association are sincere and zealous medical reformers, and their exertions in the attempt now about to be made to establish a national College of Medicine, which will open the doors of a medical association upon the broadest and most efficient scale, will now be called into action by the impolitic arrangements of a defective institution.

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Mr. BATES, a respectable surgeon, residing at Hounslow, made a determined stand last week at an inquest held before Mr. CARTER, the Coroner for Surrey, against giving his evidence until he had been paid for his attendance. The coroner, at last, threatened to enforce the law, and Mr. BATES was obliged to yield. It ought to be known that a surgeon is liable to be committed for contempt, if he refuse to give evidence before a coroner when he has been duly summoned. In suits of *injuria* the law is different. A witness may then successfully refuse to give evidence until he has been paid his "just expenses."

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AN ESSAY ON THE  
LIGATURE OF THE INNOMINATA

AND  
SUBCLAVIAN ARTERIES.

THE LATTER BETWEEN THEIR ORIGIN AND  
THE SCALENI MUSCLES.

By THOMAS KING, Esq., Lecturer in  
Surgery.

I THINK it was in 1824 that, being engaged in teaching anatomy and surgery in Paris, my attention was first called to the superficial situation of the arteria innominata, and the facility of tying it. To Mr. O'Donnell, now an eminent practitioner in Liverpool, belongs the merit of having discovered the quickest, safest, and best mode of tying this vessel, and to him I am solely indebted for the notion I formed afterwards, of applying the same operative process to the ligature of the subclavian arteries prior to their passage between the scaleni muscles. One day, this gentleman, a most accomplished anatomist and expert operator, undertook in my class-room to tie the innominata without dividing a single muscle or important part, and that in an incredibly short space of time, I think two minutes. A body was placed on the table; Mr. O'Donnell laid bare the trachea, passed his finger down upon it towards the chest, and embraced the vessel in a ligature. The operation was completed in a trice, to the astonishment of all present. But the simplicity of the plan, when once executed, was so striking, that far from surprise being evinced at the success of the operator, every-body wondered, as is often the case,

at the attainment of a new object, that it had never been thought of before. Still the subject lay dormant in my memory till I had occasion to perform the operation of laryngo-tracheotomy upon a woman for oedema of the glottis; when feeling the large vessels thump away superficially at the bottom of the neck, my attention was fixed more than ever upon the anatomy of this region. The more I considered the matter, the more was I at a loss to account for the opinion entertained respecting the situation of the innominate artery and the mode of taking it up; for Mr. O'Donnel's operation, and that I had performed upon the air-tube, made what may be termed a practical impression upon me; they impressed me with the superficial and open situation of the arch of the aorta, and consequently of all the large vessels springing from it. What Mr. O'Donnel had done for one of these, it seemed to me might be applied to them all, and if so, I became at once the advocate of this gentleman's operation, and the inventor of a new one founded upon it—one for tying the subclavian arteries between their origin and the scaleni muscles.

In commanding the cross of the aorta, I could tie these vessels nearer their origin than had ever been supposed possible, and therefore somewhat extend the boundary of operative surgery. I soon satisfied myself that my opinion was correct, and sometime afterwards, did not hesitate to lay it before the professors of the school of medicine in Paris, in the presence of some of whom I performed these operations on the dead subject; and as they have not been published in England, I shall submit them to this Society, first recalling the anatomical relations upon which they are founded, and after describing them, take a cursory view of the objections to which they are liable.

It is at the superior aperture of the chest that an instrument, or the finger, passed downwards upon the trachea, necessarily comes in contact with the cross of the aorta. This vessel arises from the anterior part of the left ventricle at its base, opposite the centre of the fourth dorsal vertebra, and from this point to the lower part of the left side of the third, it forms what has been termed its arch. The most elevated part of this arch corresponds to the lower part of the second dorsal vertebra, and it constitutes more than three parts of a circle of about three inches in diameter. The curvature is far from being regular; the vessel first proceeds forwards and to the right without any ascent, then ascends almost vertically, and, finally, it curves across from left to right, and from before backwards, to terminate in a vertical direction. The anterior and posterior planes are, therefore, inclined, the former to the left, the latter

to the right side, and in one-fourth or fifth of its extent, it is contained within the pericardium. Its relative position, which we now have to consider, is of the greatest importance. Its anterior region, concealed at first by the origin of the pulmonary artery, is covered by cellular tissue, through which some mediastinal vessels run, sometimes by the thymus gland, and finally by the anterior wall of the chest, that is, principally, by the sternum, from which, in its most anterior part, it is distant only about half an inch. Its posterior region is in relation, first, with the right branch of the pulmonary artery, further on with the trachea near its bifurcation, and, finally, with the left side of the third dorsal vertebra; its right side, or region, corresponds to the superior cava; the left is in relation with the left lung; its inferior region corresponds to the heart, the bifurcation of the pulmonary artery, the ductus arteriosus, and left bronchus. The superior region of the aorta, to which I wish particularly to call the attention of the Society, and which it is most important to consider on this occasion, corresponds to the superior aperture of the chest, an aperture offering about two inches and a half in its antero-posterior, and four and a half in its transverse diameter; it is there lodged under a sort of triangular vault, which is bounded anteriorly by the deep layer of the cervical fascia, the inferior extremities of the sterno-hyoid and sterno-thyroid muscles, and the sternum; and bounded posteriorly by the trachea. This region of the arch of the aorta is a little in relation with the left subclavian or innominate vein, which, as it advances to the right side, somewhat overlaps its anterior region.

The superior aperture of the chest bounded behind by the spine, and anteriorly by the sternum, with the sterno-hyoid and thyroïd muscles attached to it, is occupied in its three posterior fifths by the trachea and œsophagus, whilst the aorta, with the large branches springing from it and the left subclavian vein, occupy its two anterior fifths. The aorta, in forming its arch, traverses this aperture on a level with the inferior part of the second dorsal vertebra, passing obliquely from right to left, and from before backwards. In consequence of this disposition there is, on the left side, between its anterior region and the sterno-hyoid muscle, a space sufficient to admit the finger, and on the right side a similar space between its posterior region and the longus colli muscle.

The left phrenic and pneumo-gastric nerves pass before the left portion of the arch around which the recurrent branch of the first winds. The œsophagus and thoracic duct are found to the right of its termination, the former situated anteriorly to the latter. Most of the cardiac nerves creep

upon the arch of the aorta, between which and the bifurcation of the pulmonary artery, and before the end of the trachea, is the cardiac ganglion. Excluded from either pleura the aorta winds from the anterior to the posterior mediastinum, which it may be said to unite at the upper part of the chest, embracing in its arch a portion of the left auricle of the heart, the right pulmonary artery, and the left bronchus.

The innominate arises from the arch before the trachea, the left subclavian on a level with the inter-vertebral substance between the second and third dorsal vertebra, and the left carotid at the junction of the inner, with the middle third of the space between the two first-mentioned vessels. The innominate extends as far as a line drawn from the right sterno-clavicular joint to the centre of the body of the first dorsal vertebra, where it rests immediately upon the right side, but anterior part of the trachea. In this place it seems rather to continue as subclavian, after furnishing the right carotid, than to form these by its bifurcation. Thus the passage of the innominate is in an oblique direction, upwards, outwards, and backwards. Its anterior region is covered by the left subclavian, and unfortunately by the inferior thyroid veins, a little by the thymus gland, the deep layer of the fascia of the neck, the lower part of the sterno-hyoid, sterno-thyroid, and sternomastoid muscles, the sternal extremity of the clavicle, and the platysma myoides; its posterior region is in relation with the trachea, and at its termination separated from the longus colli muscle, by a space admitting the end of the finger. On the right of the artery are the pneumo-gastric nerve, the internal jugular vein, and the pleura, from which last it is separated by cellular tissue and lymphatic glands; on its left, between it and the left carotid, is a free space, at the back of which the thyroid veins run close upon the trachea; its inferior region corresponds to the pleura, and is somewhat in relation with the superior cava. The left subclavian vein passes immediately before the vessel opposite its upper part; some cardiac nervous filaments creep upon its anterior region. In general it gives off no branch, but sometimes one which runs upon the trachea to the thyroid gland. The right subclavian artery extends from the right side of the trachea on a level with the middle of the first dorsal vertebra to the external edge of the first rib, which, in my mind, ought to indicate the distinction between it and the axillary artery. It is intermediate in size to its fellow of the opposite side and the innominate. A line drawn from the right of the trachea to the tubercle of the rib for the attachment of the scalenus anticus muscle indicates its course, but being

obliged to descend slightly, and at the same time to pass over a convex part, it curves over the summit of the right lung, forming a sort of vault to the pleura costalis, with which it is in immediate contact. Its anterior region is covered from within outwards by the pneumo-gastric and phrenic nerves, and some filaments of the great sympathetic, by the vertebral, internal, jugular, and subclavian veins, by the deep layer of the fascia of the neck, the lower part of the sterno-hyoid, sterno-thyroid, and omo-hyoid muscles; more externally this region of the artery is covered by the scalenus anticus muscle, and is, finally, placed between the subclavian muscle and the first rib. The posterior region of the vessel is separated from the longus colli muscle and first costal-vertebral joint, by a space occupied by the great sympathetic and recurrent nerves, lymphatic glands, and cellular tissue; further on it is in relation with the brachial plexus, which separates it from the scalenus posticus muscle, and, finally, still in contact with the plexus, is lodged with it at the summit of the axilla, in the space bounded externally by the m. subscapularis, and internally by the serratus magnus; its inferior region rests upon the pleura, first rib, and first external intercostal muscle. The superior region, which we have most to do with in this description, lies at first in a free space bounded anteriorly by the deep layer of the fascia of the neck, and the inferior attachments of the sterno-hyoid and sterno-thyroid muscles, and bounded behind by the longus colli muscle; more externally it is placed between the scaleni muscles, and at last in the supra-scapular space, the omo-hyoid and platysma myoides muscles, the transversales colli and supra scapular vessels, with the external jugular vein, are, to a certain extent, in relation with it.

The right subclavian vein is situated rather inferiorly to the artery; the pneumo-gastric nerve, some filaments of the great sympathetic and the phrenic nerve, pass between the two, the first near the origin of the artery, the last near the scalenus anticus muscle. The left subclavian artery differing in its origin and extent from the right, has not the same relative position and direction as the latter. As we have stated, it arises from the end of the arch of the aorta on the left side of the intervertebral substance, between the second and third dorsal vertebra, and ascends almost in a straight line outwards to the inner edge of the first rib, where it takes the same direction as the right. Its anterior region is covered inferiorly by the pleura and lung, and then by the left subclavian and internal jugular veins, the deep layer of the fascia of the neck, and the inferior attachments of the sterno-hyoid and sterno-thyroid muscles; its posterior region

at first rests on the left side of the spine and longus colli muscle, but as the vessel ascends, a space is left between them, which is occupied by the great sympathetic and recurrent nerves, lymphatic glands, and most frequently the thoracic duct; its internal region is separated from the left carotid artery by a space in which the pneumogastric nerve, which lies anterior to it, passes down to the chest; its external region or left side is intimately united to the pleura. The pneumogastric nerve runs parallel to the artery, the phrenic nerve crosses it anteriorly very obliquely, and the filaments of the great sympathetic embrace it, as its fellow, the right subclavian. The direction of the left subclavian artery is such as not to admit of distinguishing a superior and inferior region; but superiorly it is lodged in the same space as the right, the space limited anteriorly by the deep layer of the fascia of the neck, and inferior attachments of the sterno-hyoid and sterno-thyroid muscles, and posteriorly by the longus colli muscle. As soon as the left subclavian artery reaches the inner edge of the first rib, its relations, as well as its course, are exactly the same as those of the right.

In order to understand how the blood reaches the upper extremity, when a ligature is applied to the subclavian artery, it is necessary to bear in mind the branches it furnishes. These are, in general, five in number; the vertebral, thyroid axis, internal mammary, superior intercostal, and profunda cervicis, all of which arise on the cardiac side of the scaleni muscles, or between them.

I have not yet met with an opportunity of performing the operations here treated of upon the living subject; indeed, the cases requiring them are fortunately not very frequent. There are, however, some cases of aneurism and wounds in which the lives of patients might be saved by them. Hitherto the distinction between subclavian and axillary artery has been very indefinite, and not the same in every country; what is commonly called the subclavian artery has frequently been tied with success; that is, the artery just passing out from, or lying between the scaleni muscles; but the operations I am proposing, apply to the vessels before they arrive at, or on the cardiac side of, the scaleni muscles. Perhaps it would be as well to distinguish these operations, giving to the former the name of extra-thoracic, and to the latter that of intra-thoracic, which terms might also be applied to the arteries themselves. A ligature was applied to the intra-thoracic portion of the right subclavian artery by Mr. Collis in 1813, but the operation, performed in a manner very different to my plan, was unsuccessful. I know of no other attempt to

tie the intra-thoracic subclavian arteries, which have been taken up frequently between the scaleni, but never except in the above instance on the thoracic side of these muscles. Neither am I acquainted with any successful case of ligature of the innominate. Graefe, of Berlin, and Mott, of Philadelphia, attempted it; the first patient lived three weeks, and the other a fortnight after the operation. It is scarcely necessary to observe, that in both cases a plan widely different from that of Mr. O'Donnel was adopted, and I do think the unfavourable result attributable in some measure to that circumstance.

It is so general and important a rule in tying arteries to attack them by their most accessible regions, or to cut down upon them through the most superficial and least important parts covering them, as to amount to an axiom in surgery, and it is in a great measure the test by which operations of this kind should be estimated. In attempting to lay bare the innominate, operators did not follow this rule, but carried their incisions towards its anterior region. Mr. O'Donnel, on the contrary, attacks its superior region. Judging the question by the above test, we have then only to determine which region is the most accessible. Anatomy clearly shows that the superior region is that by which the vessels can be approached with the greatest facility, and least disturbance of important parts; and, on the contrary, that it is almost impossible to uncover its anterior region, since the latter is concealed not only by the left subclavian and inferior thyroid veins, the fascia of the neck, the sterno-hyoid, sterno-thyroid muscles, and superficial parts, but also by the sterno-mastoid muscle, and the sternal extremity of the clavicle.

Now the superior region of the vessel may be said to be covered by no important parts; it lies in that space to which allusion has so frequently been made; between the deep layer of the fascia of the neck lining the sterno-hyoid and thyroid muscle, and the trachea. On the median line this space may be cut into by merely dividing the skin and fascia of the neck, and when once in it, the surgeon has only to follow its posterior boundary—that is, the trachea, in order to reach the innominate. These observations apply with double force to the research of the subclavian arteries which lie in the same space; to arrive at the right subclavian the surgeon has only to follow the trachea, and to pass his finger along the trachea and spine to find the left. The last vessel, it is true, is deeply seated; but it must be recollected, that as the surgeon's finger exceeds the extent of the bodies of two vertebræ, the artery can be commanded even at its origin; and were it still deeper,

it might be commanded by properly constructed instruments. Besides, attacking them anteriorly does not diminish their depth, unless it be proposed to saw through the sternum, and turn it out of the way. I have now to detail the different steps of these operations.

To tie the *Idiommatina*, the operator places himself on the left of the patient near the head, which is extended, and makes an incision about two inches long from the upper end of the sternum on the median line, or obliquely (which I think preferable) along the inner border of the left sterno-mastoid muscle, dividing successively the skin and cellular tissue, perhaps some fibres of the *platysma myoides*, and the middle part of the cervical fascia; the finger is then passed into the cellular interstice, between the corresponding edges of the opposite sterno-hyoid and thyroid muscles, and directed rather obliquely under the right sterno-thyroid muscle, between which and the trachea is the deep layer of the cervical fascia. This fascia must be divided with the nail, or a blunt-pointed bistoury, and then the left fore-finger may be passed down along the trachea, bearing a little to the right, where it necessarily falls upon the artery, which, as we have so often mentioned, lies upon the air-tube in this place. Having well ascertained the precise position of the vessel, the surgeon directs the patient's head to be inclined forwards, in order to relax the muscles, and afford as much room as possible; he takes care to protect the left subclavian and internal jugular veins, by carrying them towards the sternum with the same finger, which is never removed from the vessel, and which serves to guide the ligature. The ligature is conducted by a blunt-pointed hook-needle, and drawn tight by the two fore-fingers passed into the bottom of the wound.

In this operation, the anastomotic veins placed under the sterno-mastoid muscle are sometimes wounded, if so, they must be secured by ligature. The *immominata* may thus be tied in the place of election; the ligature will be found at first near its bifurcation, but it may be easily moved by drawing it inwards upon the trachea. Neither the pleura nor the pneumo-gastric nerve is in danger; but some of the cardiac filaments of the great sympathetic, which run along the vessel, are necessarily included in the ligature.

No operation can be more easy and simple, or more in conformity with the true principles of surgery, than this, and it will be found, with very slight modification, to be applicable to the ligature of the right subclavian artery, which we have now to consider. To tie this vessel, the same incision may be made; only, when the finger is

passed down upon the trachea, instead of directed more obliquely outwards, and sometimes it may be necessary to divide a few of the fibres of the sterno-thyroid muscle. The ligature is to be placed at any given point between the trachea and its surrounding muscles, but we are here in close contact with the pneumo-gastric, recurrent phrenic, great sympathetic nerves, and with the pleura. The first may be avoided by drawing it inwards, the phrenic should be carried outwards, and as the recurrent nerve may be felt winding round the artery, it may be cleared also by a little dissection. The pleura must be gradually and very methodically pressed down and detached from the vessel.

The principal modification necessary for the ligature of the left subclavian artery consists in making the incision along the border of the right sterno-mastoid muscle instead of the left. The operator necessarily stands on the right of the patient, and passes his finger under the left sterno-hyoid muscle, along the left side of the trachea, over the left carotid artery, and along the left side of the spine, till he arrives at the vessel. The pneumo-gastric nerve should be left *in situ* on the inside of the trachea, whilst the phrenic nerve, the internal jugular and left subclavian veins, are carried forwards and outwards. Considerable time is required to work the finger progressively and safely through the cellular tissue; the operator must proceed very slowly, step by step, and with extreme care; for he has not only to avoid injuring the vessel and nerves which are here in abundance, but must detach the pleura from the upper and back part of the chest, and nothing is more easy than to rupture this membrane; indeed the difficulty of detaching it without laceration, constitutes with some surgeons, as we shall have occasion to state, a serious objection to any attempt to tie the vessel.

When the artery is distinctly felt and cleared, so that the surgeon can pass his finger round it, a ligature may be applied by means of a long blunt needle, curved and hook-shaped at one extremity, or by Desault's *aiguille dressant*. To tie the trachea, two metallic tubes may be used, supposing the fingers too short. Great care must be taken that the way be clear, and nothing is proposed between the first and second tube, an accident which I once witnessed in an operation for tying the external iliac, and which required a second ligature. To avoid the great sympathetic nerve and the thoracic duct, the ligature should be applied nearer to the origin of the artery than to the scalenus muscles.

I do not foresee that any other mode can be made to this mode of tying the vessels, because it is the only one which

the anatomy of the parts indicates, but most of the formidable objections made to the ligature of these large arteries, from the danger of rupturing the pleura, do not apply to any attempt to tie these arteries. Still, as in some cases of wounds and aneurisms, these operations afford the only hope of saving life, the surgeon will be justified in performing them, if there be some chance of a cure, or no proof that a cure is impossible.

With respect to the ligature of the innominate, no objection founded upon the difficulty of performing it can be taken; the lesion of every important part, with the exception of some cardiac filaments, may be avoided by a careful anatomist; the left subclavian and right internal jugular veins can be moved out of the way by the finger, and the injury of the minute nerves, running upon the vessel, ought not of itself to prevent an operation where it is the only means of preserving life. A strong objection arises from the difficulty with which the circulation is kept up in the head, neck, and right arm; but the arteries of the sound side are sufficient for the two former, and would carry the blood to the latter by their anastomoses with their fellows of the opposite side, which, in their turn, anastomose with vessels arising from the subclavian; these last, particularly the first intercostal and internal mammary, would receive blood also from the descending aorta by means of the other intercostal arteries. Besides, experience has answered this objection in the cases operated upon by Graefe and Dr. Mott, where one patient survived a fortnight and the other three weeks, and in neither of which the circulation was seriously impeded. Indeed, there is every probability Dr. Mott would have been successful, had he operated according to the plan here laid down.

The difficulty of tying the intra-thoracic subclavian arteries, furnishes an objection to the operation being undertaken by any but a skilful anatomist and well-educated surgeon, because parts are exposed the lesion of which would instantly cause death. The possible lesion of the internal jugular, vertebral, and subclavian veins of the phrenic, pneumo-gastric, and great sympathetic nerves; that of the thoracic duct on the left side, and the rupture of the pleura, constitute formidable obstacles to the safe accomplishment of the operation. But it must be recollected, that the injury of most of these parts can be avoided by protecting them with the finger. The thoracic duct is a serious obstacle, but as it is in direct relation with the artery only opposite the junction of the internal jugular and subclavian veins, it may be avoided by respecting the parts in the immediate vicinity of its termination. Some of the filaments of the great sympathetic must inevitably be injured, but not in

sufficient number to be necessarily mortal. One of the greatest objections is the liability to rupture the pleura. I grant that it is a frequent occurrence even on the dead subject, but it is not unavoidable if the surgeon will but allow himself time—time, the great requisite of a sound operation. If it cannot be avoided by the plan I propose, which has the advantage of laying the artery bare to a great extent of its circumference without touching it, there is certainly no other by which it can possibly be spared. The surgeon has the opportunity of detaching it from the mediastinum outwards, just as the peritoneum is separated in the ligature of the iliac arteries. I admit, that the two cases are not perfectly analogous, for the pleura, which are of extreme tenuity, have not the cellular tissue that lines the peritoneum, and are closely applied to the subclavian arteries, especially to the left. Nothing is more difficult than their separation, still it is possible without the lesion of either. Supposing the lesion of the pleura inevitable, would this accident be sufficient to cause the operation to be rejected? For my own part, I should answer negatively. The membrane would be ruptured by the finger, and the lung would not be exposed to injury, therefore the lesion would be much less serious than certain penetrating wounds of the chest which admit of recovery. Another circumstance weakening the chances of success in these operations, especially that proposed for the right subclavian, is the proximity of large branches, which receiving fluid blood constantly, might prevent the formation of a coagulum in the artery, and consequently expose the patient to secondary hemorrhage from its not being obliterated after the ligature; but as long as the obliteration is not proved to be impossible, the ligature is justifiable in all cases where death is certain without it.

The Society\* will perceive that I have in no wise concealed the difficulties attending these operations; and, considering that the cases requiring them are of necessity mortal, it will, I doubt not, deem them justifiable also. In my own practice, I should, after a consultation, have recourse to them, and should any of my colleagues meet with a case and decline operating himself, I should be very grateful for the opportunity of giving these operations a fair trial.

Hanover-street, Hanover-square,  
February, 1831.

\* This paper was read before the Westminster Medical Society.

STEPHENSON AND CHURCHILL'S  
MEDICAL BOTANY.

To the Editor of THE LANCET.

SIR,—Having being a little “behind the scenes,” and witnessed how the machinery of medical criticism has in general been sustained, I so highly value the impartiality with which you conduct your labours in that department, that I should consider it my duty to writhe under your lash without a murmur, were you to think it right to inflict punishment. But when I find you make remarks of an injurious tendency, which are evidently the result of incorrect data, you will readily concede my right to explanation. In No. 385 of THE LANCET, you have given a favourable notice of “Medical Botany,” but remark, “that you cannot say that you think the publication a cheap one.” Now that it will cost the purchaser rather more than eight guineas, is quite true, but notwithstanding this, I am bold to affirm, that it is not a dear work in the general acceptation of the term, having cost the authors the labour of five years, and nearly two thousand pounds to complete it. How they are to be repaid, excepting by the commendation the work has received, your knowledge of the almost universal poverty of the profession, of the complete ignorance of, and general inattention to, the subject, will readily suggest. Wishing to look with a complacent eye on my own labours, and with an admiring one on those of my coadjutor, I intreat you to come round to my opinion, as the publication, instead of containing “altogether nearly a hundred and fifty plates,” has nearly two hundred, which addition to the number you have assumed as the groundwork of your remark respecting the price, adds nearly five hundred pounds to the author's expenses.

I might add, that previously to the appearance of our work, Woodville's was selling for *eight pounds eleven shillings*, and that it is now unsaleable.

I am, Sir, your obedient servant,  
JAMES MORRIS CHURCHILL, F.L.S.

#### CURE OF HYDROPHOBIA BY ASPHYXIA.

In the same Number you have designated M. Chardon's plan of producing asphyxia as a cure for hydrophobia, a new method; so far from this being the case, I beg to inform you, that there are fishermen at Southampton who regularly, and *secundum artem*, perform this operation, by holding the bitten person under water with forked sticks, till the “blood is turned,” as they term it. They have cards announcing their residences, skill, success, &c.; and nearly twenty years ago (I shall never forget it) I saw a man of the name of Covey row his boat about a

hundred yards from the quay, and there hold a man under water in the manner described, for about three minutes. He was then quickly conducted to shore, and put to bed at the nearest public house. On the same day I saw *nineteen pigs* driven down to the water to undergo the same process; they came out of *Bark-shire*, in which county this *turning of the current of blood* is highly thought of.

\* \* Mr. Dewhurst will excuse me by reminding him, also, “that there is nothing new under the sun.” In another letter I will state my reason for supposing that *acetic acid* was John Long's counter-irritant; if so, Mr. Dewhurst's humane assumptions in his concluding sentence, have but a sandy foundation.

J. M. C.

#### CHARGES OF PLAGIARISM.

THE Number of THE LANCET for February 12th, contained an abstract of a paper read by Mr. Quain to the Westminster Medical Society, purporting to communicate original information on the subject of the diagnosis of affections of the cerebro-spinal system and its membranes.

In it the names of Georget and Abercrombie are first quoted, apparently with most laudable candour, as though the best or the only authorities on the subject; but, in fact, merely for the purpose of intimating that they have failed to accomplish that in which the author has succeeded. In this proceeding there are two circumstances calculated to excite surprise; the one, that the essayist should have reckoned so confidently on the ignorance of his hearers and the public, as to lay claim to originality; the other, that none of the members of a medical society in the metropolis should have had the ability or the firmness to expose the attempted deception, and pluck the daw of his borrowed plumes.

To those who may not be acquainted with all that has been done in this part of pathology, it is sufficient to state, that the diagnosis in question, between the symptoms produced respectively by affections of the brain and of its membranes, is borrowed without acknowledgment from two French works, viz. Martinet and P. Duchatelet's Treatise on Arachnitis, and Lallemand's Six Anatomico-Pathological Letters on the Kcephalon and its Dependencies. The latter in particular, a work of great merit and originality, has been pillaged without scruple.

Martinet and Duchatelet, however, have no cause for gratulation; they had already paid their tribute to English plagiarism. One Dr. Hawkins, some two or three years ago, treated the College of Physicians to a

series of lectures on the pathology of the brain and of its membranes, in which the descriptions, the anatomical researches, and the curiously-minute statistics of the two Frenchmen, are appropriated with all imaginable complacency, without a shadow of acknowledgment, or the escape of an expression which might indicate whence they were derived! This system is clearly "too bad;" the more so, as these cases, though gross and glaring, are far from being solitary or unparalleled. If people of this mediocre stamp feel their incompetence to observe and expound the laws of nature, and if their introduction to public animadversion be necessary or desirable, let them have recourse to imagination or any other faculty they may possess; but at best, let us request them to be honest enough to abstain from laying their hands on other people's property. If, however, principle and honour should be wanting to ensure men this small virtue, the public have a right to demand that the transgressors shall not escape the castigation of THE LANCET, pledged as it is to expose fraud and false pretences in whatever shape they present themselves.

CUIQUE SUUM.

## ST. BARTHOLOMEW'S HOSPITAL.

### ABSCESS IN THE CEREBELLUM.

ELIZA PURT, ætat. 19, was admitted into Faith's Ward, on the 13th of January, under the care of Mr. Lawrence. She has paralysis of the portio dura of the right side; during sleep the eyelid of the affected side is but half closed; and when she laughs, the muscles of that side remain motionless, and thus a rather ludicrous appearance is produced. She suffers severe pain in her head, but none of the functions of the body are disturbed. There are two excrescences in the meatus auditorius externus of the right side attended with purulent discharge.

She states that she has been subject to headache for the last twelve months, and that lately excrescences have appeared in the meatus. She has been married a fortnight, since which the pain in her head has increased to such an extent, as to compel her to come here to seek relief.

The treatment which was adopted was antiphlogistic, and consisted of five copious bleedings from the arm, the application of leeches to the head, a blister to the nape of the neck, and active purging. These remedies were attended with considerable mitigation of her sufferings; a portion of one of the excrescences came away, which also

was productive of relief. The pain being still severe, her head was shaved, and ice applied to it. She was then submitted to a course of mercury, which affected her system in a few days. These measures were not capable of arresting the disease, and she died on the 27th of January.

### *Post-Mortem Examination seven hours after death.*

*Head.*—Membranes of the brain perfectly healthy; the convolutions appeared paler than usual, and were much flattened, especially on the right side. There were no evidences of inflammation in the substance of the brain. Three ounces of very transparent fluid were found in the lateral ventricles. On dividing the tentorium, the right half of the cerebellum appeared enlarged, and its anterior part felt as if it contained fluid. When it was cut into, about half an ounce of thin, and very fetid, pus escaped; the parietes of the abscess were of a blackish-green colour, and the cerebellum was adherent to the meatus auditorius internus. On stripping off the dura mater from the petrous portion of the temporal bone, thick pus was seen on the upper surface of the superior wall of the tympanum. This was washed off, and ulceration of the bone beneath it was observed; there was an opening in it through which a probe was passed into the tympanum, which, when its superior wall was removed, was found full of pus. There were two excrescences in the meatus auditorius externus; one attached to the lower part of the meatus, the other to the membrana tympani, and in this membrane there were several small holes. The portio dura was examined, and exhibited its usual appearance.

The thoracic and abdominal viscera were healthy.

*Pelvis.*—The uterus and ovaries were enlarged, and in a state of congestion. The labia of the os uteri were prominent, and the posterior one more injected than the rest of the uterus. Several small eminences were seen on the surface of the ovaries, which Mr. Lawrence supposed to be ova ready to escape. Sections of the ovaries were made, and in the one on the right side a very beautiful corpus luteum was found.

### SYPHILITIC ULCER OF THE EYELID.

Ellen Cole, ætat. 22, was admitted into Faith's Ward on the 27th of January, under the care of Mr. Lawrence. The superior lid of the right eye is so much swelled as to prevent her elevating it; is of a dark-rose colour, and a slight ulceration is seen on its ciliary margin, near the external canthus. When the lid is everted, a sore of a circular figure, and about half an inch in diameter, is seen on its conjunctival surface. The sur-



face of the ulcer is of a dark-ash colour, as are also the edges, which are raised and slightly irregular. The conjunctiva lining the lid is highly inflamed, but that covering the eye is not. There is a slight purulent discharge from between the lids, and with the exception of being unable to open the eye, she experiences no inconvenience. There are two syphilitic sores on the scalp, and one of them is rather extensive. Her tongue is white, bowels open, pulse natural, catamenia suspended during the last eighteen months.

She states that she is a servant, and that she had a clap three years since, but denies having ever had any other affection of her genital organs. *To take a dose of the compound senna mixture directly, and two grains of calomel, with a third of a grain of opium every eight hours.*

31. Swelling of the lid less than when she was admitted, but is still considerable; vascularity of the conjunctiva diminished. The surface of the ulcer is of a much lighter colour, and small red granulations are seen at several points. The discharge has nearly ceased, and the ulcers of the scalp are improving. Tongue clean, bowels open; pulse 70 and soft; her gums are rather sore, and there is an increased secretion of saliva. *Continue the calomel and opium.*

Feb. 2. The swelling of the lid has much decreased; the ulcer looks more healthy than it has hitherto done, and those on the scalp are also better; her mouth is very sore; she is in other respects the same. *Discontinue the calomel and opium.*

6. The ulcers are healing fast; her mouth continues very sore. *Let her use an alum gargle.*

14. The improvement has been rapidly progressive; the swelling of the lid has subsided; the ulcers are healed; the vascularity of the conjunctiva has disappeared, and she says she feels perfectly well.

#### LITERARY INTELLIGENCE.

Mr. E. W. Tuson, teacher of anatomy at the Little Windmill Street School, is preparing for the press a folio Fasciculus on the Anatomical and Surgical Parts of Inguinal and Femoral Hernie, illustrated by plates on a similar construction to those that have been already published by that author.

#### BOOK RECEIVED.

A Description of the Diseases and Accidents incidental to the Horse, wherein the Rock Oil of Barbadoes, or Green Mineral Naphtha, has proved a particularly useful remedy, with directions for its general use. By B. Mart, Zoetrist. London: Sherwood. 1831. pp. 48.

#### TO CORRESPONDENTS.

Mr. B. M. Bradford will find in our 388th No., that we had already inserted a reply on the subject of the Surrey Dispensary.

*Medicus.* In both cases he is safe.

*Judicus.* The market in that quarter is completely overstocked, and the pay has of late been so much reduced as to be considered a very inadequate remuneration.

Mr. Litchfield. Unfortunately surgeons cannot recover by legal means fees for attendance on coroners' inquests.

Probably J. H. had better forward his suggestion to the editors themselves.

We should be very glad to comply with the wish of *Veritas* and his friends, had we more space, but an introductory lecture can hardly be expected to afford sufficient novelty to justify our publishing one at this moment.

A Pupil of St. Thomas's denies that the resolution of pupils attending the demonstrations at that hospital exculpate the demonstrator from the charges brought against him. He states that the resolution itself was proposed by the acting demonstrator, that not more than one-fourth of the students would sign it, and that many of those who did were old students who are not in the rooms above once a month. He repeats his statement that there are no demonstrations on a Thursday, that at Christmas there were none for *fifteen* days, and that for many hours in the week there is but one instead of two demonstrators present.

A Correspondent informs us that arrangements have been made between Dr. Addison of Guy's Hospital, and Mr. Cooper of the Webb Street School, which will permit the course of lectures delivered by the former gentleman to continue undisturbed.

*Discipulus Esculapii.* We believe the examination is, in Gregory's Conspectus, restricted to the first ten books, and to the first and third books of Celsus.

Mr. Gates. It is not necessary that he should be a medical practitioner; but, of course, a member of the medical profession must be deemed best qualified for such an office.

C. W. M. We regret to say there is no remedy.

The annual dinner of the teachers and pupils of the Aldersgate Street School took place on the 18th. We have not room for a report of the proceedings in our present Number.

J. R., S.—d. It would have afforded us sincere pleasure to have rendered him assistance in the controversy in which he was engaged, but we feared that his position was not maintainable. Another communication, containing an account of the subsequent proceedings would be acceptable.

We beg to acknowledge the polite notes of the editors of several medical journals; and we regret that our arrangements will not allow of our accepting their offers to exchange. The business at our office is already too weighty to be managed without considerable difficulty, and we have hitherto found it inexpedient to exchange journals with any periodical whatever;—not from any unfriendly feeling, but on the ground that we are averse to add to the number of our already complicated arrangements.

R. C. The clerks are certainly allowed to make the additional charge for the supplemental numbers, but Dr. C. may spare himself any further uneasiness on the subject, as the opportunity for making the demand is not likely to recur. We value his friendship.

*Inquirer.* The disease is not dangerous, but we would earnestly recommend him to apply to a surgeon. There is not a man in the profession who, if our correspondent's circumstances are such as he states them to be, would withhold his gratuitous assistance. He may rest assured that this is the safest course, and will tend most to his advantage.

We are compelled most reluctantly to omit the insertion of Mr. Garden's note until next week.

*Glasgow Medical Journal. No. XIII.*

*February, 1831.*

We find several valuable papers in the number now before us. The conciseness and importance of the following articles induce us to present them to our readers without abbreviation:—

CASES OF IDIOPATHIC GLOSSITIS.

*By Mr. John Orgill, Surgeon, Stranraer.*

"True idiopathic glossitis seems to be a very rare disease; at least, the recorded cases are few in number. The following cases, therefore, occurring in my practice here, may not be altogether destitute of importance:—

"CASE 1.—C. Kenmuir, a farmer, aged 50, complained of much difficulty in deglutition, which he attributed to inflammation of the throat. As he lived at some distance in the country, and could not come in himself, his wife came to me, and explained the symptoms as well as she could. Appropriate remedies for the supposed disease, inflammation of the throat, were recommended. About a week after this he was brought to town in a cart. I then found that the left half of the tongue was so much swollen as completely to prevent articulation and deglutition. The right half, of its natural size and appearance, was in part overlapped by the diseased half. For eight days preceding he had not been able to swallow any-thing solid, and during the last two days he could not get down a drop of liquids; the pulse was nearly natural. I wished to apply leeches to the tongue, but the mouth was so completely filled with it as not to afford space for them except at the tip; I therefore put eleven large leeches to the root of the tongue externally, and when they fell off applied a cupping glass over the bites, by which means about six ounces of blood were obtained, but this afforded little relief; I then introduced a scalpel flat on the dorsum of the tongue, and made two incisions, about half an inch deep, from the farthest point to which the instrument reached to the tip. The incisions bled pretty

freely, and the swelling was, in consequence, so far reduced as to enable him to answer questions intelligibly; he could also expectorate a little, which he was before unable to do, though, as he expressed it, 'choking with his spittle,' which was thick and very tenacious. This was at noon. I saw him again about eight o'clock in the evening; the diseased half of the organ was then as much swollen as ever; I scarified it still more deeply, and ordered an enema with an ounce of castor oil. As he was evidently exhausted from want of food, for which he had a good appetite, but which, as I have stated, he had been unable to take for eight days, I ordered some soup to be made, with the intention of calling in an hour after, and of attempting to introduce it into the stomach by means of the stomach-pump. I accordingly returned, and found him smoking his pipe, the last scarification, along with the enema, having given him great relief. With considerable difficulty, and very slowly, he swallowed a small bowl of soup. When I saw him next morning, the tongue had resumed its former swollen state. I then observed, what I had not done before, a peculiar lividity at the tip of the diseased half of the organ. I now introduced the scalpel as before, and made an incision more than an inch in depth. A great gush of most offensive pus followed, and gave the patient immediate relief; the incisions healed in eight days, the tongue having recovered its proper size and appearance. The sensibility on the left side of the tongue continued impaired for a year after, but it was afterwards gradually recovered.

"CASE 2.—March 5, 1828. Jas. Brown, a sailor, æt. 15. After languor, and some rigors, complained of difficulty of deglutition, which he attributed to inflammation of throat. I saw him next day, and found the left half of the tongue swollen to at least three times its natural bulk, and very painful; articulation and deglutition were performed with much difficulty and pain; the surface of the tongue was foul, except at the tip, which was peculiarly clean and red; the papillæ of this part seemed to have entirely disappeared, leaving the tip remarkably

smooth; the median line formed an abrupt termination of the enlargement. Pulse 100, very hard and full; some thirst. The abstraction of twenty ounces of blood gave some relief, and enabled him to swallow a brisk cathartic immediately after. The next day the tumefaction and pain seemed to be again on the increase; five large leeches were applied to the tongue, and the cathartic was repeated. The leeches gave immediate relief, and from this time the disease rapidly abated, leaving the organ in a healthy state on the fourth day after the attack.

"**CASE 3.**—July, 1828. J. B., a woman from the country, applied to me with glossitis affecting the whole organ, and terminating in suppuration of the right half. She was relieved by scarifications, by letting out the pus, by the lancet introduced at the side of the tongue, and by cathartics. Some months after she was again attacked with the same complaint. As I was hurriedly called away when she came to me she went to another surgeon, and I never learned the result. In this case, likewise, there was a peculiar lividity and smoothness at the tip, on the side which suppurated.

"**Remarks.**—In none of these cases could the patient assign an adequate cause for the complaint, unless we consider as such the only one that Kenmuire could give. At the first bite of a very sour apple, which he had been eating two days before the attack, he felt as if a needle had run into his tongue, and a sudden flow of saliva followed. In the 4th vol. of the Dublin Hospital Reports, a case of idiopathic glossitis, affecting the left half of the tongue, is related by Dr. Graves, and is, apparently, the only case on record in which the inflammation was limited to the half of the organ. In the first two cases related above, the disease was confined to the left half also; this of course must be considered as an accidental coincidence, for we can hardly conceive why the left half should be more liable to inflammation than the right. Perhaps the lividity on the tip in the first and last cases may be considered as symptomatic of the suppuration which took place; if so, this would encourage us, in a similar case, to have recourse to incision as practised in these cases with so much success. I believe it will be found very difficult to detect the presence of pus by the feeling of fluctuation which generally guides us in other cases. The tongue fills the mouth so completely, and the introduction of the fingers gives so much pain, that putting out of the question the unsteadiness of the organ, its peculiar texture, and the deep seat of the pus, it may be considered a matter of some importance to fix on some appearance as indicative of the formation of an abscess. So far as these cases go, the livid colour of the tip of the

tongue may be considered as symptomatic of suppuration."

#### ŒSOPHAGOTOMY IN THE HORSE.

*By J. P. Cheetham, Veterinary Surgeon.*

"On the 9th of August I was called to attend a bay mare at the Horse Barracks, the property of an officer of the 4th Dragoon Guards; when I entered her loose box, I found her discharging masticated food by the nose; and I perceived on the right side of the neck, in the situation of the œsophagus, a swelling of the size of my arm, commencing about six inches below the pharynx, and gradually increasing in size until it reached the sixth cervical vertebra, where it terminated abruptly. From the history of the case, it would appear that there had been a partial obstruction offered to the passage of the food ever since she had been purchased, which had been progressively increasing for a period of about nine months. On several occasions of late, the œsophagus had become so obstructed, that it was necessary, in order to remove the contents, to wash these down with water; in other instances a probang was used. Last spring a blister was applied over the diseased part, and she was afterwards turned out to grass. While at grass, it was observed that the food, when it happened to lodge in the lower part of the dilatation, was frequently passed up towards the mouth, and again returned towards the stomach. This action went on in many instances, till the food, as it were, accidentally passed on to the stomach. She was taken from grass on the 6th of August, and, on the following day, was given a considerable allowance of corn, in order to ascertain if she had recovered from the disease. An accumulation of the food as formerly was the result; and the means formerly used having been tried without effect, I was sent for, and finding by the previous history that a permanent stricture existed, I resolved to perform the following operation. Having had her cast on her right side, I made an incision opposite the sixth cervical vertebra into the œsophagus, about four inches in length, the knife passing between the levator humeri and the vessels and nerves (namely, the jugular vein, carotid artery, and par vagum); on opening the œsophagus, it seemingly was divested of its muscular fibres, the cuticular coat being the principal part that here composed the tube. Having exposed part of the masticated food which it contained, it was, from its density, removed with some difficulty, and she was afterwards given a little warm water to wash out the œsophagus. The dimensions of the dilated portion I could not correctly ascertain, but its inferior part I imagined, when distended, to be

three or four inches in diameter. On examining the cyst, I found the tube so much contracted at the opening downwards, that it would only admit a probang half an inch in diameter to pass, and that not without rotatory motion and some degree of force. After withdrawing the probang, she was allowed to get to her feet; she then drank freely of warm water, which, by applying pressure on the wound, passed on to the stomach without interruption. But when the pressure was removed, the greater quantity passed out by the wound; her pulse, which at first was 65, having risen to 75 after the operation, I abstracted from the jugular vein five quarts of blood, administered a laxative drench, and I left her at five p.m. At nine p.m. I again visited her, and found the pulse 90; the wound in a foul-like state, an ichorous discharge, with an offensive smell; fomentations of tepid water were then applied to the parts all night, and a solution of the chloride of lime injected into the wound every half hour. In the course of two hours she was much relieved, pulse fallen to 80; she took freely of gruel through the night, and by four next morning the wound had lost the offensive smell; the discharge much less; pulse 75. I now left her, a poultice having been applied over the wound. At eleven a.m. the symptoms much the same; the wound was bathed with tepid water, and a fresh poultice applied. In the evening, pulse 65, at which it continued for two days. With the wound, similar treatment was pursued; her regimen was gruel, mashes of bran, and a decoction of linseed of a thin consistence. On the 12th a sloughing in the wound commenced, extending to the œsophagus, part of which was detached in a week, when the wound assumed a healthy condition, and the fever abated. I now introduced a probang of a similar size as that mentioned formerly, through the stricture, and repeated it two and three times a day for ten days, increasing its size gradually. After the first introduction the probang passed every day more easily, till at length it could be introduced with the greatest facility. By these means the stricture, which appeared to have formed where the tube enters the chest, was overcome; but since that time the probang has been occasionally introduced by the owner. To assist the mare in swallowing, the dilated part is aided in its action by pressure, which is accomplished by means of a collar similar to that of a martingal, with a pad attached to it, and the whole being fixed to the roller by straps properly adjusted, a regular degree of pressure is kept up.

"Sept. 26. I now find the dilated portion greatly diminished in calibre; the

wound nearly closed; she is lively and in good spirits, taking daily exercise, and eating her regimental allowance of corn and hay.

"The mare has now, 30th of December, 1830, been for a considerable time quite well, is in good condition, and has been frequently hunted since the operation."

#### PATHOLOGY OF TETANUS—REMARKABLE DISSECTIONS.

The 8th article consists of an account of the yellow fever which prevailed on board H. M. S. *Iphigenia* in 1822. We shall notice this essay on another occasion. The last paper from which we shall make an extract, is a report of cases treated in the Glasgow Royal Infirmary, by Dr. Perry. In this report, two cases of traumatic tetanus are detailed, in both of which peculiar morbid appearances were detected. We extract the account of the dissections, which appear to us to be of the utmost importance. The symptoms or treatment require no observation:—

"CASE 1.—*Inspection 24 hours after death.*—The whole spinous processes and calvarium were removed; the brain and thecæ vertebrarum fully exposed. There was a little serous fluid at the base of the brain, betwixt the tunica arachnoidea and pia mater. The brain was considerably more vascular than usual, and on the posterior part of both lobes of the cerebellum there existed an ecchymosed appearance, which could easily be removed by raising the pia mater. The medulla spinalis had a perfectly healthy appearance, but a considerable quantity of partly fluid, partly coagulated blood, existed betwixt the theca and the vertebræ. The vesicated surfaces occupied the lower half of the left leg, and the outer and lower half of the right leg. Both had a green sloughy aspect, and the cellular substance was much inflamed. The veins did not appear more vascular than natural, and the arteries appeared healthy. The nerves were also carefully examined; the cutaneous of both legs, particularly the communicans tibialis, and the communicating branches of the peroneal nerve with the tibialis communis, were inflamed at the seat of the injury; tracing them upwards above this point they were perfectly healthy, except that portion of the peroneal which turns over the head of the fibula, there it was again distinctly very vascular, thus leaving an intermediate portion perfectly free from the appearances of inflammation. The vascularity appeared to be confined to the sheath of each nerve; the deep-seated branches appeared to be quite

natural. No other morbid appearances were detected:

"CASE 2.—*Inspection 24 hours after death.*—The body was allowed to lie the usual way on the back till the time of inspection. The calvarium and spinous ridges were removed, fully exposing the theca vertebrarum, down to the cauda equina; there was no effusion on the brain or its membranes, and its substance was natural throughout. No effusion existed between the theca and the vertebræ; the theca was healthy, and betwixt it and the spinal chord was a preternatural quantity of serum. The chord itself was of a pale colour. The nerves on each side of the remaining phalanx of the ring-finger were very vascular. On tracing upwards the ulnar nerve from this point to the elbow, it was of its natural colour, but here again it became very vascular for about the extent of two inches. In the axilla it again presented a similar appearance as at the elbow, the portion of it intervening betwixt these two points being healthy. Tracing the median nerve in the same way as the ulnar, it was found perfectly natural, from its digital branch, which supplied the radial side of the ring-finger (and which, as stated above, was much inflamed), till about the middle of the arm, when it again presented an inflamed appearance for the extent of an inch and a half. The portion of it intervening betwixt this part and that confined to the axilla, where it again became vascular, was natural. This vascularity throughout, was not confined to the sheaths of the nerves, but occupied their substance; the radial and superficial nerves of the arm, along with its veins and arteries, were perfectly natural; the lumbar nerves were unaffected; the œsophagus was examined, and found healthy; the trachea appeared inflamed, and contained a large quantity of greenish-coloured mucus; the other thoracic viscera and digestive organs natural."

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PRACTICAL OBSERVATIONS ON THE  
PATHOLOGY AND TREATMENT  
OF  
DEAFNESS.

No. III.

By JOHN FOSBROKE, M.D., *Cheltenham.*

THE predisposing causes of deafness are, hereditary transmission; unknown imperfections of the structure of the organs of hearing; debility arising from other diseases, and especially weak and disordered states of the pulmonary organs. The doctrine of predisposition, though it has been limited to particular diseases, is applicable

to almost all. Diseases, whether of the liver, lungs, brain, or of other organs and tissues, are seen continually to descend through families, and, in fact, to form family diseases, derived from one side or the other. Deaf patients very frequently trace their infirmity in this manner from their progenitors. I have been consulted upon deafness by more than one member of the same family at the same time, as in the instance of Lady B. and her daughter Miss G. B. A lady, a friend of the late Colonel James Smith, of Cheltenham, fell out of a window at Norwich, in a state of pregnancy, and instantly became deaf in one ear. The child produced by this pregnancy was born deaf in the corresponding ear.

In the absence of hereditary predisposition, as indeed in the majority of those who go deaf, there would appear to be some original condition of the organs, which renders them in a particular degree susceptible of being acted upon by the exciting causes. Otherwise, why should it occur that under all the same conditions of the case, the same remote causes should produce it not in one individual immediately excite it in another? This original condition consists probably in some original imperfection in the constitution of the ear in structure and function. Also the ears, comparatively with other organs, are constructed with a superior delicacy, and more exquisite sensibility of impressions of all kinds, and, from that circumstance alone, are more liable to be affected by all the general exciting causes of disease. Hence, bodily and mental disorder, general constitutional derangements, co-operating with the disposing cause, may either induce deafness, or returns of it. I have known many patients who entertained a notion that shortness of breathing, or "weak lungs," had led to their deafness. General debility is followed by an enfeebling of this sense. Hence, deafness frequently occurs in the last stage of consumption. It comes on as a monitor of old age, often goes away,\* and returns again, till it becomes fixed. An old lady, now æt. 85, became hard of hearing at 75 æt., recovered, became deaf again, at last permanently. She loses her hearing totally when attacked with catarrh or other smart indisposition. The aged frequently grow deafer and deafer imperceptibly to themselves, marking the participation of the failing sense in the progressive wearing out of the whole frame.

Very little certain knowledge has been obtained of the proximate causes of deafness, or of the pathological conditions of the parts of the ear after death. Examinations have been very rare. In the museums of the School of Medicine of Paris, Trinity College,

\* These disappearances generally coincide with the coming on of some other affection.

Dublin, the University and College of Surgeons of Edinburgh, where the stores of instruction in morbid anatomy are so abundant and excellent, I found no preparations of importance, except of diseases of the brain, of which deafness was only one of the symptoms. Some few examples are scattered through the medical journals. They exhibit changes of structure, which, for the greater part, from their nature and situation, afford very little prospect of successful treatment of the class of cases to which they belong. The physicians of that extraordinary and magnanimous people the French, with their accustomed zeal and superior perseverance in pathological anatomy, have recorded numerous aural examinations of persons dying deaf. The morbid appearances were chiefly accumulations of pus in the cavity of the tympanum, caries of the bones of the ear, inflammation of the membrane covering the cochlea and semicircular canals, and erosion and opening of the fenestra rotunda. In deafness of a single ear, the membrane just mentioned was found opaque and thickened, and its proper fluid was wanting. (*See Archives, Oct., 1824.*) M. Blandin, supplementary professor of anatomy in the Ecole de Médecine, to whose attentions I am indebted, found in a man born deaf an ossiform concretion in the labyrinth, whilst the optic nerve was atrophied to a simple cellular filament. "The most common species of deafness," says the very able pathologist, Professor Macartney, of Dublin, "arises from inflammation extending from the auditory passage to the membrane of the tympanum. An immense effusion of mucus into the tympanum takes place; ulceration follows; the chain of bones is thrown out. The patient is rendered incapable of regulating the impressions of sounds; he sometimes finds them too loud, and cannot discern them when low. The impression is produced on the organ without his having the power of regulating it."—*MS. notes of Pathol. Lect., 1829.—J. F.*

All the above changes, and the deafness to which they gave rise, were ascribed to inflammation, in almost every case of a chronic nature. Scanty as are these facts, they bear powerfully and obviously upon the principle of practice to be observed at the commencement of deafness, when only, there is much hope of success. Though aware of the difficulty of investigating structure so minute as the ear, and of the necessity of a practised anatomical hand and pathological eye, I cannot but regret that opportunities are neglected of examining those who die deaf in our large institutions. No private practice, I am sorry to say, can ever afford sufficient opportunities.

One thing is certain, that the morbid action going on in the internal ear and pro-

ducing deafness, does not always extend to disorganization of the parts, or permanent injury of the sense, for I have seen very obstinate and long-continued deafness disappear upon the occurrence of diseased action in another part of the body. Mr. Giller, a young man who applied to me in 1827-8, had been deaf five years in the left ear; he had sounds in this ear like the boiling of a kettle, and a continual discharge from the external auditory canal; the Eustachian tube was pervious. Sometimes he could hear a watch with the deaf ear, at others he was so totally deaf with it, that when lying in bed with that ear towards the door he could not hear persons entering the room. He was liable to constant spitting, and once every three or four months to spontaneous diarrhoeas with blood, attended with great pain and weakness. Three weeks before he came he had had spitting of blood, which was relieved by Mr. Averill. He was subject also to pains in the back and side. After trying other remedies for the deafness some time, he took the tinct. of iodine. The deafness *went off*, but inflammation of the chest *followed immediately*, after which, upon his convalescence, the deafness *returned*. Dr. Parry relates the case of a lady 50 æt., who, being affected with jaundice, dropsy in two forms, and total want of urine, had also been deaf for two months. Twelve hours before her death her natural hearing returned. "This must be ascribed," says he, "to the diminished activity and fulness of the vessels." He gives another case of noise in the ears and deafness in a lady aged 76 (she lost the noise when in a carriage), with cough, shortness of breath, threatening of suffocation in the night, and swellings of the legs. *She happened to lose thirty ounces of blood by hæmorrhage from an issue and the deafness left her.* (*Posthumous Works, Vol. I. p. 554.*) I do for my own part believe firmly that if deafness were treated like acute ophthalmia, with decisive bleeding at its first coming on in plethoric subjects, it might be cured and prevented from establishing itself. M. Lallemand observes, "Occasionally in otorrhœa the discharge from the ear ceases in consequence of some other operation going on in the system, as the epoch of puberty, pregnancy, &c., or some pathological fluxion or determination to a particular organ. Sometimes these discharges alternate with attacks of rheumatism, catarrhus vesicæ, leucorrhœa, &c. In some cases the new disease is so violent that it is necessary to produce a drain near the ear by seton, and to adopt the rigid antiphlogistic system of treatment." No certain rule of practice can be inferred always, or even often, from these spontaneous evolutions or changes of determination. Professor Andral, jun., an authority of the

first class, remarks that though preternatural accumulations and congestions of blood in the capillary vessels may exist independently of organic alterations, they cannot be removed by bleeding or other means, because the local congestion is merely the effect of the exciting cause, and so long as that cause exists, though we leave but one drop of blood in the body, that drop will obey, in despite of all our bleedings, the summons of the irritating cause and fly to the part affected. It is, therefore, he adds, the exciting cause which we should endeavour to investigate and counteract, a principle so fully recognised by the Italian school as the basis of their counter-stimulant system.

The above facts prove the occasional disappearance of even old deafness, and also show that the diseased action, however protracted or obstinate, is not such as always to produce alteration of structure. The question is, in these cases, in what can the diseased action have consisted? Some say in a nervous affection, but I am disposed to believe it is far more probably in congestion of the venous capillaries. We see a slow, irritable inflammation of the eye, especially of its conjunctival membrane, which continues a length of time, creates some deposition on the iris and retina, but not the same rapid and destructive changes as inflammation from increased arterial action. May not the ear be similarly affected? Congestion is an interesting, and a by no means well-defined action. After venous congestion of the intestines, we see the veins tortuous, the parts blue and green, like an English snake, and an attempt at effusion of coagulable lymph, with but little effusion and little adhesion; the appearances quite different from those of the same part after acute or chronic inflammation; and we say, this person died in congestion, not of inflammation; but what are the characteristic and discriminating symptoms? There is less pain, and it comes on more in paroxysms. The inquiry is important in relation to the treatment of deafness.

Whatever may be the proximate cause, or pathological conditions, which constitute deafness, no such characteristic symptoms, I apprehend, will ever be ascertained in different cases as will enable practitioners to discriminate, with precision, during life, the different morbid conditions to which the internal ear is subject. Most, or all, the symptoms which I have described may occur either together, or at separate periods, in the same case. Indeed the symptoms in every case of deafness are remarkably uniform, notwithstanding the refined distinctions of many scientific and disinterested writers and the pretences of *aurists*, who are mere traders in the diseases of the ear.

Abiding strictly by all that can be known by the operations of the senses of the morbid conditions of the organ during life, and preferring rather to confess my own ignorance than take advantage of that of others, by ascribing these cases to causes of which I can have no ocular or other demonstration, I consider that deafness is divisible, generally, into only two kinds, *deafness with and deafness without discharge*.

In cases of *deafness with discharge*, I have observed, that the inflammation only, not the discharge, affects the hearing. The deafness, which is worse during the continuance of the inflammatory symptoms alone, as also the pain and throbbing, which are often in that case very severe, are ameliorated on the appearance of the discharge. The discharge in different cases, and in the same cases at different times, varies in quality and appearance. M. Lallemand says, with truth, that—"The smell, colour, and consistence of the discharge, vary much in different individuals, and in the same individuals, under different circumstances."—Deafness, with discharge, is sometimes periodical. In the case of a tradesman's son at Cheltenham, who applied to me, it came on annually. About the middle of the last century, M. Mery published an account of a very severe case of deafness, with discharge, in a girl, which came and departed periodically. The patient, when lying upon the grass, was seized with excruciating pain in one ear, which was followed by paralysis on one side of the face. An insect, like a large grub, was extracted, and other means being used, the girl is reported to have recovered, though small portions of carious bones were discharged from the tympanum.

All cases of *deafness without discharge*, have received the general appellation of "nervous deafness." The application of this hypothetical term is merely a proof of our complete ignorance of the real causes, seated so deeply and interiorly as they are in the several varieties of deafness, if such there be, and of the discriminating symptoms, if any, by which such supposed varieties are to be distinguished. But under the simple division which I have chosen, those parts of the ear, and its appendages, which come within the scope of actual observation, present some morbid phenomena in deafness worth detailing.

In cases of *deafness without discharge*, the sensibility of the external porch of the ears, and even of the Eustachian tube, is often so much diminished, that the injection of water, almost boiling, can be borne with pleasure. In passing probes into the tympanum, I have found the mucous membrane of the tube more sensible on one side than the other. So kindly, indeed, is warmth to

the ear, that East Indians, in Cheltenham, have told me, that deaf people frequently lose their deafness on arriving in the East Indies; and I have known some of the Company's officers recommend an East Indian voyage to relations to get rid of their deafness. "A chronic discharge from the ears, with inflammation," says M. Lallemand, "is generally diminished under the influence of a *dry and warm* temperature, exercise, and low living. In simple cases, it will entirely disappear under these circumstances; it is easily renewed or augmented by the *reverse*, and especially by *cold and moisture*, too much intellectual exertion, and excesses of the table. Bonet states, that "A nobleman from the climate of Rome, which is very damp to live in, having removed to the climate of Naples, especially on the sea-coast, found his sight and hearing much improved. Indeed he became perfectly well after going for his recovery to the sulphureous watering-places and to the sudatories (cells in baths for exciting perspiration without washing), which are hot-houses in myrtle groves."—*Sepulchretum de Aurium affectibus*, tom. I. p. 435. Mrs. Macklyn, the sister-in-law of the state-surgeon of Ireland, four days before her death, when under my care, had so much insensibility of the ears, that she experienced sensations of severe cold from the injection of hot water, till it was raised to a degree at which I could not bear my fingers in it. She had ear-ach from a carious affection of the lower jaws. Quite different is the effect of cold water; it causes painful frigidity, catarrh, and even an increase of deafness. After warm injections, the rush of cold air is felt more sensibly, and increases the liability to colds. I ascribe to this circumstance that instinct of the deaf which renders them so generally averse from subjecting their ears to treatment during winter. These phenomena are all explained by the exquisite structure and sensibility of the organ to both impressions, hot and cold.

Enlarged tonsils contribute to deafness even when those glands, in their enlarged state, are not so adapted as to compress and close the Eustachian tubes; for I have found the hearing often improved by the reduction of large tonsils, though they did not obstruct the passage of probes through the Eustachian tubes when at their greatest magnitude. Whether in these cases the tonsils contribute to deafness by defeating the impulses of the air, or by modifying the reverberations of sound in the posterior palate and nares, or by association of function with the ears, or by the relative position of the posterior part of the enlarged tonsil to the Eustachian tube, is not ascertained. In deafness of one ear, generally,

a single gland only is enlarged. It should be understood, that simple tonsillar enlargement in deafness coincides, and is complicated, with other causes of deafness, and that such simple tonsillar enlargement often occurs without deafness. The brother of a respectable druggist here, and another person, lately came to me with tonsils immensely enlarged, without any effect on the hearing. Apparently enlarged tonsils often give rise to dyspepsia and disordered states of the stomach, for I have known those affections yield, in deaf persons, in proportion as the tonsils were reduced to their natural bulk.

Feb. 1831.

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REMARKS ON THE MECHANICAL MEANS  
EMPLOYED IN THE TREATMENT OF  
FRACTURES OF THE LOWER  
EXTREMITIES.

By W. H. NEVILLE, Esq., Surgeon.

(With two Plates.)

It often happens in fractures of the leg, where both bones are broken nearly in the same relative part of their shaft, that, whether the limb be laid on its side, in a state of semiflexion, or extended in the straight position, it is found difficult to keep the broken ends of the bones respectively in such accurate contact, as finally to preserve the proper figure of the limb. The weight of the foot, and the hollow form of the leg at its back and lower part, together with the projection of the heel, constitute some of the difficulties both in simple as well as compound fractures, and a reference to the anatomy of the bones as well as of the soft parts will show us that such difficulties are to be expected. In compound fractures too, a necessity may arise for frequent changes of dressings and bandages, and this is seldom accomplished without some disturbances which it would be very desirable to avoid. The absolute necessity of occasionally moving the patient in bed, is another source of disturbance to the fracture, and the pressure of splints against some prominent part of the limb in order to give proper stability to the whole, is a matter very annoying, and very often complained of.

In the endeavour to obviate some of these difficulties, and to fulfil the primary purposes of the surgeon simply and effectually, I have constructed a new sort of splint for the leg, the utility of which I have proved in some very bad fractures, to the satisfaction of several professional friends, besides having received the complimentary testi-



mony of other surgeons who have employed the same plan in their own practice. I have shown the splints to many surgeons of great experience in military, naval, and private practice, and in every instance they have expressed the most decided approbation of them, both in regard to the accuracy of their mechanical power, and their ability to meet the pathological requirements of fracture. I am therefore induced to publish this account of them, in the hope that they may become useful auxiliaries in many instances, and I shall be highly gratified to find that a more extensive trial may confirm the favourable opinion which so many have already expressed of them. The plan of the instruments is very simple, and the materials of which they are composed exceedingly durable. Mr. Thompson, of Windmill Street, to whom I have given the plans and any advantages that may arise therefrom, has taken great pains to manufacture the splints neatly, and he has spared neither trouble nor expense in procuring a set of engravings which accompany this paper so as to exhibit and explain the matter pretty accurately.

I need only say, therefore, that the splints are made of iron, and the padding of flannel eight times folded, and enveloped in a cover of linen or of chamois leather. The substance of the under splint, is such as to bear the weight of the limb easily, and yet to bend so as to meet any shape that may be required; the substance of the side splints is almost the lightest that is to be obtained, and such as will enclose the limb laterally with great exactness, and maintain its shape without any painful pressure; the padding is sewed on the splints, through holes bored in pairs at proper distances.

It is thus assumed that a flexible splint with soft and regular padding will perform its office more accurately, and with less pain to the patient, than an inflexible splint and graduated cushion.

Several different sizes will of course be required, to meet the length and width of different limbs from childhood to the adult age, as the object is—to provide a firm and easy resting-place for the limb, additional to the pillow, by carrying a splint at the back of the limb from the point of the toes to half way up the thigh—to retain the limb thereupon in its natural form by fastening the foot and ankle to one end by a figure-of-8 bandage—and to extinguish for a time the action of the knee-joint, by binding it with a broad linen roller, moderately tight only, upon the other end of the splint, carrying the roller a little below the knee and as far above on the thigh as the splint extends.

The side splints will assist in maintaining the accurate position of the limb, as from their flexible nature they will accommodate themselves to the existing state of the limb,

and having a bearing on the foot part of the under splint, and extending thence above the knee, they will yield an efficient and accurate support in their whole line.

A little oiled silk being laid on the back splint, under the fractured part of the limb, and the eighteen-tailed bandage upon this, the latter may be changed at pleasure by means of a spatula; or what in many cases is easier, the eighteen-tailed bandage may be altogether applied under the back splint, and yet encircle the limb with sufficient power.

This arrangement of the fracture will provide for—

1st. The easy and natural position and length of limb.

2nd. The necessary change of dressings.

3d. Passive motion, without disturbing the fracture.

But as there is a great variety in the nature of fracture, and as all mechanical means are limited in their power, so in those which I have now the honour to submit, there will arise occasional difficulties in adapting neatly the means to the end we have in view.

In putting up a fractured leg, as it is termed, some surgeons make use of an upper splint to lie along the anterior part of the limb. In order to obtain much advantage from this, it should probably extend through the whole course of the tibia; but as the foot rises from the end of this bone, at an obtuse angle, there is often much inconvenience felt by the end of the solid splint pressing against the instep. To obviate this I have suggested a flexible splint, made of very narrow strips of thin metal sewed on a pad, in imitation of the wooden splint. This may be turned up at the end, so as to accommodate the instep, and, as Mr. Thompson manufactures it, the splint has a very neat appearance.

OF FRACTURED THIGH-BONE.—From the diversity of means proposed for the management of fractured thigh-bone, it may be inferred that this accident is a matter of serious consideration for the surgeon, and of this fact every man's experience will sooner or later convince him. Every eligible proposition for managing such cases is, therefore, a matter of interest to him who desires to perform his work neatly as well as securely. Those who have been accustomed to use the long splint, as it is called (a plan, I believe, emanating from French surgery), and who have witnessed the successful results of its operation, will not readily be persuaded to abandon it, in the majority of cases, for any other means. Admitting then the preference which many surgeons entertain for that instrument, I have ventured to think that the alteration I have made therein will be received as an improvement; such at least is the assurance which

I have received from persons practically competent to offer an opinion.

The instrument described in Mr. Thompson's plate is made of iron and padded throughout, on the simple plan already described; it is strong enough to maintain the length of the limb when duly applied, and requires, like the old splint, the agency of additional short splints to compress the powerful muscles of the thigh. In the construction of the old splint, a separate one was required for each limb; in this of mine the shaft is moveable on the foot-piece, and the instrument is thus convertible into right or left at pleasure. In the old splint a great distress was generally experienced from the pressure of the lateral foot-board, or from the stricture of bandages required to preserve the foot motionless; in mine, by providing an easy and accurate resting-place for the heel and lower part of the leg, and at the same time the sole of the foot having a support accommodated to its shape, the whole of these parts may be bound easily, yet securely, so as to constitute the one grand *point d'appui*. The shaft being then added the ankle will be received against a soft cushion, and will escape all violent pressure, whatever be the form or size of the mal-*leolus*. In making the upper point of resistance against the ischium, one end of the bandage, pierced by the hook, may be thus neatly fastened thereon, and the few other turns will be easily received into the sinus which the hook makes with the shaft, and kept secure from slipping. The two principal points for giving the limb its due length being thus secured, it will naturally occur to the operator, that the next part requiring attention will be the centre of the shaft, viz., that in contact with the knee. To those who may prefer wood to iron for the shaft of the thigh splint, I beg leave to say, that Mr. Thompson has manufactured both, having adapted the iron foot-piece to a wooden shaft of the same size as in the old splint.

In conclusion, I may say that I have made a variety of experiments with different sorts of metal, and also with the same metal, in various states of ductility, for the purposes above mentioned, and I have preferred such as are here described. In what I have done my aim has been merely to be useful, and if in the endeavour to multiply useful means, or to simplify such as would admit of improvement, I have effected any thing worthy of imitation in principle, or of adoption in practice, I shall be sufficiently rewarded for the pains I have taken.

Esher, Surrey, Feb. 1st, 1831.

## MEDICAL EDUCATION AND GOVERNMENT IN IRELAND.

To the Editor of THE LANCET.

SIR,—I did expect that the letter signed "A. J.," which appeared in a late number of your excellent Journal, would have been noticed on this side of the water, although in many points of view it appears not worth the trouble of a rejoinder.\*\*\*\* Say what you will of the venerable few in the big house in Lincoln's Inn Fields, their practices, as concerns the student at least, are excellent compared with ours. They have declared the law, and have bound themselves to respect that law, such as it is. Any one producing the qualifications specified in their printed paper, may claim his examination as matter of right, and those claims will be allowed. But *here* there is a *discretionary* power, a *judge-law* to be made for the occasion, which, under similar circumstances, may or may not be allowed as a precedent, without cause shown in either case, where whim or interest can inflict injury on a faultless individual, where the agents are irresponsible, and against whom there is no appeal. The by-laws relating to education begin thus:—"Candidates shall be admitted to an examination for letters testimonial as apprentices, and shall be entitled to the privileges reserved for apprentices, if they shall have been duly registered as such on the College books. Every apprentice so registered shall be admitted to an examination for letters testimonial, if he shall have laid before the Court of Censors the following documents." Then, after requiring a certificate of a previous examination in classics, his indentures, with the master's certificate, and his bank receipt for thirty guineas lodged to the College account, it continues:—"4th. Such certificates of attendance on the practice of a hospital or county infirmary, and on lectures on anatomy and physiology, surgery, practice of medicine, chemistry, materia medica, midwifery, and medical jurisprudence, and of the performance of dissections, and attendance on anatomical demonstrations, as may satisfy the court that the candidate has had sufficient opportunity of acquiring information." Such certificates as *may satisfy the Court!* "Aye, there's the villany," as some one says in the play: there are no specific forms—no specific number and class of certificates for the exclusively privileged. How does this work? in various ways, but always to the advantage of the junta; at least if it is not so, they do not lack the power to make it so at pleasure. A young man, say, indentured to a member or licen-

tiate in the country, produces a certificate for three or four years' attendance on a county infirmary, besides those for lectures, dissections, &c. This infirmary attendance takes so much money from the Dublin Hospital (each of which has its representative in either of the courts), that such practice must be discouraged; he is told he wants one certificate in chemistry (*two* of which, by-the-by, are required by the laws for non-apprentices); the candidate says he was an apprentice, and did not think he was bound by laws made for others, and from which he was exclusively exempted by the published regulations; he is told the court does not care what *he* thinks—that he has had his answer. "But," rejoins the despairing candidate, "I sent in my certificates last October, it is now February, and the court have but taken them into consideration, when it is too late to attend the second chemical course this year. I live a hundred miles from Dublin, and I think I will be found prepared in chemistry if now examined." "The court have decided," replies Peter Courtney, the clerk of the College, shutting the door in his face, and denying further parley by the addition of some of that vulgar insolence which he never fails to exhibit to every one who has occasion to speak to him, and thus the candidate has fourteen months longer to wait before he can present himself again for examination! Here is one of the *exclusive* privileges which the members of the Irish College of Surgeons have permitted to be made law, for the exclusive advantage of that junta or their exclusive favourites. Do I state a thing which *may* occur? No, I would not insult the public understanding so far. I speak of a thing which *has* occurred. I speak of a power above the law, of which a junta of seven men have possessed themselves—who, according to certain unmentionable peculiarities of the case, could do irreparable injury to the character and prospects in life to a faultless individual, for a reason which they can waive in favour of, perhaps, a much less estimable person; they can do this, and "say it is their humour;" where is the redress? If they never used this *judge-made law*, the suspicion is upon them, and will remain so as long as the power remains; they are irresponsible for any injustice in such cases—they are not bound by oath in such cases—their discussions in such cases are strictly private, and the decision in such cases has often been partial and oppressive.

I have but touched the first link of those by-laws, but intend, if you afford me space, to bring more of them before you hereafter.

Yours, &c.,

NEMO.

Dublin, Feb., 1831.

## MEDICAL EDUCATION AND GOVERNMENT IN IRELAND.

To the Editor of THE LANCET.

SIR,—In a former letter I endeavoured to explain the operation and effect of the system of surgical education by apprenticeship in Ireland. I have now to contrast it with another plan, and, in doing so, to refute the charges of partiality and shuffling brought against the College, by the very person who has for years been endeavouring to goad its members into the adoption of measures of such a character. The charges to which I allude are contained in a letter published in THE LANCET of the 20th of November, and dated, with besitting state, from Palace Row, Rutland Square. It will scarcely be credited, that the article in which this letter appears, and which teems with such extravagant praises of the "laudable exertions," "liberality," "pungent reasonings," "dignity," "Berlia celebrity," and so forth, of the writer, was actually composed by the party himself, or immediately under his eye. I state this advisedly, inasmuch as a copy of this celebrated letter could not have been obtained from any other source. I may also be allowed to quote the following passage from the same article: "Why does Dr. J. wince at thought of the publicity of Mr. Carmichael's letter? *He can reply to confute its calumnies publicly, and I predict he will not.*" Well, I have replied to confute those calumnies publicly, and how have I been met? By hired abuse and abortive attempts to stifle me and the discussion together, beneath a dunghill of scurrility.

It has been already stated, that the College of Surgeons in Ireland was not authorised by the first charter to examine any but those who had served an apprenticeship. In 1828 a new charter was obtained, enabling them to grant their diploma to those also who should be educated according to a system to be laid down in future by by-laws. This wise and just measure was agreed to almost unanimously by the senior members of the profession, who unquestionably risked, by doing so, the income derived from the former system. There was, however, one, who, if not actually a dissentient, gave no cordial assistance towards the accomplishment of the object, but, afraid or ashamed openly to oppose the measure, attempted to embarrass it by prophetic expressions of doubts of its results. Yet did he, the following year, with experienced confidence in the temporary value of a bold assertion, tell his introductory-lecture class, "that he should not say what great effects from trivial causes spring, but so it was, that after his

introductory lecture of the preceding year,"—for there were annual prologues to these unacted dramas,—“the College was suddenly convened for the purpose of attaining this object.” Thus attributing to his efforts the accomplishment of a measure which he feared, and which he attempted to baffle by sidewind manœuvring.

Whatever may have been the motives of the parties for or against the measure to which I have alluded, the old charter was withdrawn and the present one substituted, by which the College is authorised to grant its diploma, as well to students who serve an apprenticeship as to those who pursue another specified form of education. It was surely just and wise that the advantages which the experience of forty years proved to attend the education by apprenticeship, should not be rashly sacrificed, because it was desirable that the College should be enabled to enter into a fair competition with the Colleges of Edinburgh and London, or because they wished to remove the complaint that the students were compelled to seek professional honours in other Colleges, in consequence of not having served an apprenticeship. All this, say the enemies of the Colleges, may appear very just and very wise, but it is a mere subterfuge; and in that same resigning epistle the writer insinuates what he has repeatedly, openly, asserted, that the College did seek and obtain a power which they determined never to exercise, and that they never intended that the non-apprenticed pupil should be enabled to obtain the diploma. In other words, that the College, in possession of full power to refuse the diploma to any one but those who served an apprenticeship, and deriving large, safe, and steady incomes from that system, at a great risk, and at an expense of 800*l.*, surrendered this power and endangered this income, for the purpose of making a hollow display of candour, or to avert the thunders of introductory lectures. The tendency of this charge is obvious; it is calculated on the one hand to perpetuate the system of apprenticeship exclusively, by deluding the pupils into a belief that they could not enter the profession by any other road, and, on the other hand, to drive the students to seek professional honours in another college, to which the path is not, perhaps, so toilsome, long, and rugged. The manner in which this charge was adopted, urged, and reiterated in certain quarters, strengthens this impression. Never was there raised so unanimous, cordial, and joyous an outcry as upon the promulgation of these new regulations. Feelings, views, and speculations long pent up, got vent, and all burst forth in one wild halloo of vituperation of the *Irish* College. But those gentlemen who pretend to take so much interest in our affairs, will

do well to stick to the shearing of their own lambs, which are more docile and have heavier fleeces; in Ireland they will most assuredly meet with great cry and little wool. Let them not suppose that we are so dead to our own interests as to reject the advantage, distinction, and pride, of being the College of Surgeons of *Ireland*, or so silly as to drive the pupils of this country to take shelter in other colleges, and thus convert friends and adherents into enemies and rivals.

But let us appeal to facts and to those reprehensible laws which have caused so much distress to virtuous legislators. The registered apprentices of the College are required to produce, in addition to the indenture of apprenticeship, such evidence of sufficient hospital attendance as the examiners may consider necessary, as well as certificates for dissections, and attendance on lectures on anatomy, surgery, practice of medicine, chemistry, materia medica, medical jurisprudence, and midwifery. The precise limits of these exercises are not assigned, for a reason to be stated presently. The non-apprenticed pupil is required to produce certificates of an education of six years' duration, of hospital attendance of five winter seasons, or three entire years, of three courses of dissections, three courses of lectures on anatomy, three on surgery, two on chemistry, one on the practice of medicine, one on materia medica, one on medical jurisprudence, and one on midwifery. The charge against the College is two-fold; that, leaning to the apprentice, they have made his education less expensive and less laborious than that of the non-registered pupil. The falsehood of these charges I am now to prove. I will, for example, contrast the expense incurred by an apprentice of the seven-thousand-five-hundred-guinea-*p*rentice-*a*blhorring-*i*ntroductory-*l*ecturer, with that incurred by a non-apprenticed pupil. The former pays in fees to his master 150 guineas, to the College 40; he pays nothing for his hospital attendance, his master being a hospital surgeon. I am at a loss to assign the expense of his dissections and anatomical and surgical lectures, he being quartered on a neighbouring private school at a moderate rate, in consequence of certain *weighty* considerations; it may perhaps amount to about twenty guineas; he pays about twelve guineas for his other lectures, all which being added together, amounts to a sum of 23*l.* 12*s.* But an apprentice may be educated for a smaller sum than this. If, for instance, he be bound to a gentleman who engages to defray the expenses of his education in those branches in which he, the master, cannot afford him the requisite instruction; he pays 150 guineas fees, and 40 to the College, in all 194*l.* 10*s.* Two hundred pounds may therefore be considered the

lowest expense of an apprentice's education. The expenses of the non-registered pupil must vary, because the fees paid for instruction are greater in some establishments than in others. The following may be considered a high average. He pays 60 guineas to the College, 50 for hospital attendance, 18 for dissections, 24 for the different courses of lectures required, twelve in all, at two guineas each, total 152*l*. So much, then, for that part of the charge; so much for the imputation that the College has heaped unreasonable expenses on the non-apprenticed pupil, to deter him from adopting any other mode of education than that by apprenticeship. If these figures be correct (and correct I vouch them to be), the apprentice is the person who has the most reason to complain of the unequal allotment of expense: his education costs him at least forty-eight pounds more than it costs the non-apprenticed pupil.

The next charge is embodied in the resigning epistle above alluded to in the following words:—"The College, instead of laying down one system of education for both classes of pupils, has enacted a distinct system for each, and this is done in such a manner as must convince any disinterested person who peruses the by-laws relating to this subject, that the *object of the College is to discourage all pupils from entering into the profession by any other route than that of an apprenticeship.*" That charge is just as false as the last. The College defines the precise line of education to be adopted by the non-apprenticed pupil, but leaves that of the apprentice, to a certain extent, to the discretion of the Court of Examiners. Now what is the fact? The College, for a period of 45 years previous to 1829, adopted the system of education by apprenticeship exclusively, the pursuits, habits, and opportunities of the pupils, being notorious; and at a more recent period, the extent and nature of these pursuits being more distinctly proved by the voluntary production of certificates. The results of this very simple plan of education I stated in a former letter. The pupil, unshackled and uncontrolled by laws or regulations defining the precise limits of his studies, adopted, in obedience to custom and opinion, a course of education, in nine cases in ten more expensive and valuable than any laid down by any college in these kingdoms. An experiment, in fact, heretofore untried in modern times, has been made in Ireland, well worthy of the attention of medical legislators. The examiners sit as a jury; the pupil is called upon to afford evidence of capability, which he does as well by his answering, as by the proofs he affords of diligence and opportunity of acquiring information. I am aware that, in other col-

leges, the pupil produces more certificates than those required by the regulations, but in no case has the matter been left so much to the discretion of the parties, and with such good effect, as in Ireland. Now here was a system which, as the politicians say, worked well, capitally well, and was it to be given up in obedience to the wishes of any individual, especially of one who plainly showed that he did not at all comprehend the bearing of the question? But there was another reason for not assigning precise limits to the education of the apprentice. The opportunities of instruction afforded by different masters are various; one may be surgeon to a large hospital, another to a small one, or to a county infirmary or dispensary, or he may be a teacher affording peculiarly valuable opportunities in some particular branch. A Court of Examiners might, therefore, if bound by a precise rule, often find that rule inapplicable to a particular case, and be compelled to refuse an examination to a pupil who had enjoyed good, though not the required, means of acquiring information.

The non-apprenticed pupil not being so immediately under the control of the College, or under the superintendence of any one responsible to the College for the direction of his education, has a defined system laid down for him, which system, it is insinuated, enjoins exercises much more laborious and protracted than those expected or required from apprentices, for the purpose, as it is said, "of discouraging them from entering the profession by any other route than that of an apprenticeship. I think I have heard that the old King of France, when he wished to conciliate the students of the school of medicine, ordered that they should be allowed credit for a year's study, and I suppose if they had been good boys would have ordered them diplomas without further trouble; but I scarcely think that the Irish College is likely to act on the same principle. If there be any leaning to the apprentice, it is assuredly to secure for him a high professional character by the care bestowed on his education, and not to allow any other class of students to go abroad claiming superiority on the best of all possible grounds, a better education.

It is proved by reference to existing documents, that the apprentice, although not compelled by precise regulations to produce the same exact number of certificates as the non-apprenticed pupil, does actually, in the majority of cases, produce more; and it appears now settled, that the education assigned for the non-apprenticed pupil, may be considered the minimum of that expected from the apprentice. I candidly admit that there are some causes which may, in a very

few instances, operate to lower the education of the apprentice, below the scale assigned for the non-apprenticed pupil. A hospital surgeon, for example, may enjoy no other means of instructing his pupils than the wards of his hospital, and may be so enamoured of that only source of instruction, that he may hold it up as an equivalent to every other. For instance, he may suppose that when his apprentice strolls after him in his morning visit through the wards, he is not only learning practical surgery, but chemistry, materia medica, practice of medicine, midwifery, and medical jurisprudence, and that therefore it is altogether unnecessary to attend lectures on such a subject. It is also barely possible that some master may be found who has engaged to bear the expenses of his pupils' education on account of the fee paid, and may consider it waste of time and money that he should attend lectures on the above subject. But these causes can be only temporary and partial in their operation, competition and publicity will soon remove them.

There is one other point which must not be forgotten. The apprentice serves five years, the non-apprenticed six. This it is said is unjust and partial, adding to the facilities afforded the apprenticed, and to the difficulties presented to the non-apprenticed pupil. But the fact is, that not one in ten of the apprentices is examined at the expiration of the apprenticeship. Most of them postpone the examination for six or twelve months, and many for even a longer period. Also, it will surely be admitted, that there is so much value in the opportunities, instruction, and responsibility in practice, afforded by the master to the apprenticed, as may be fairly set off as an equivalent to the difference in length of service imposed on the non-apprenticed pupil. Upon the whole, it is quite certain that there is no such difference between the two systems as to deter the pupil from adopting one in preference to the other; on the contrary, the advocates for the exclusive education by apprenticeship, entertain well-grounded apprehensions that the facilities afforded for the admission of those not apprenticed, will ultimately greatly diminish the number of apprentices.

I have now, Sir, endeavoured to show Mr. Richard Carmichael that I "could reply to confute the calumnies" contained in his vapouring letter. I accepted his challenge, but he has fled like a craven from the field, placing in his saddle such an ugly, gaunt, hollow-eyed, lenden-headed spectre, that I must fly in my turn. I will have nought to do with Longman's newly imported Irish Gazetteer. There is one point upon which I must contradict this Phantom

of Medical Literature. He asserts, with true "high-life-below-stairs" assumption of acquaintance with medical men and medical affairs in Dublin, that the profession there is torn by paltry dissensions. Nothing but his total ignorance on the subject acquits him of deliberate falsehood! I will venture to say, that there is not a great town in Europe in which there exists a better feeling between the members of the profession than in Dublin, or less of that shabby jealousy which embitters social intercourse elsewhere. The controversy upon which I have been engaged has been reluctantly undertaken, and on public grounds alone; and after long waiting for some one else to perform so disagreeable a duty. I never had the slightest cause, on any other account, for a personal unfriendly feeling against the gentleman with whom I have been at issue; and have replied to his personalities in kind, in order to deter him and others from attempting to patch up an ephemeral reputation at the expense of other men's characters.

AR. J.

Dublin, Feb. 15, 1831.

## UNIVERSITY OF LONDON.

ACCOUNT OF SOME RECENT EVENTS IN THE  
MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—The firm and independent manner in which you have ever advocated the cause of justice, and the interest which you have always evinced for the welfare and prosperity of the medical profession, will sufficiently justify any intrusion of which I may be guilty, in requesting that you will give insertion in your valuable Journal to the following statements, the subject of which is intimately connected with the success—nay, even the reputation of a medical school, which, although yet in its infancy, has bid fair, from the extent and superiority of its advantages and facilities for study, to rival the most renowned in this or any other metropolis—I mean that which has been founded in the London University.

Some account of the proceedings, which have been passing within the walls of this institution for the last fortnight, may have fallen within the notice of many of your readers. That reports of the most exaggerated nature, attaching some degree of blame to the conduct of the medical students, have prevailed, there is no doubt, and it is only justice to them that a full and correct statement should be laid before the

public, that their conduct may be exonerated from any imputation which prejudice or malevolence may have fixed upon it.

You are already, Sir, aware of the proceedings which were instituted during the last session by a part of the medical students against one of the lecturers upon anatomy, Mr. Pattison. Fully aware of the importance of attaining a correct anatomical education, and equally aware of the inefficient manner in which it was taught in that branch of the department which was under the direction of Mr. Pattison, they came forward in a spirited and manly manner, and sent in a memorial to the Council freely expressing their sentiments upon the subject, and calling upon them to institute such inquiries as might lead to a permanent redress of an evil, so evidently calculated to injure their prospects, and sully the rising fame of this institution.

The Council, however, not being fully satisfied of the validity of the charges brought against Professor Pattison—or perhaps not choosing to enter into the subject in the manner it deserved, or give it that attention it so imperiously demanded—did not take those decided steps by which the grievance could alone be redressed—they contented themselves by agreeing to the suggestion of Professor Pattison *himself*—that Mr. Bennett should be associated with him in the chair of anatomy—and that those parts should be allotted to him, the inefficient execution of which, on Professor Pattison's part, had given rise to the just remonstrances of his class. Thus, at the opening of the session, the following was the arrangement of the anatomical part:—the general anatomy of the tissues, and the descriptive anatomy of the viscera and organs of sense, by Professor Bennett; the descriptive anatomy of the bones, muscles, blood-vessels, and nerves, by Professor Pattison; demonstrations by Mr. Bennett, assisted by Mr. Quain and Mr. Phillip.

With this arrangement the students have, in a great measure, had reason to rejoice; the talented and interesting lectures of Professor Bennett, of whose qualifications and exertions it would be impossible to speak too highly—the attention and assiduity of Mr. Quain and Mr. Phillip in the dissecting-room, and their systematic mode of performing their respective duties, cannot fail to impart to the students that information which it is so necessary for them to possess.

But unfortunately the same encomium cannot be passed upon the remaining, but by no means least important, part of the division—that of descriptive anatomy under the direction of Professor Pattison. Whatever may be the professional knowledge or the intrinsic talents of this gentleman, it is but too evident to every one who attends

his class, that he fails in conveying his information in a manner sufficiently impressive, either to excite the interest, attract the attention, or improve the knowledge of his pupils: the consequence of this is easily imagined; both his surgical and anatomical lectures are deserted, and the students either study these important departments of their profession in the theatres of other schools, or they neglect to study them at all.

This unfortunate but undeniable fact, which is so evidently calculated to strike at the very foundation of those grounds upon which this University mainly rests its claim of superiority, has long been perceived and deeply felt by those whom it more immediately concerns—the pupils themselves; but being unwilling to remain longer passive under its unjust and oppressive influence, they came to the determination to perform what they had long contemplated—viz. to send in another memorial to the Council, respectfully requesting them to take the subject into their most serious consideration. In order to carry this object into effect, several meetings have been held, both within and without the walls of the University. At these meetings no invectives were thrown out against Mr. Pattison—no personal feeling was expressed—no party spirit was evinced. Deeply impressed with the importance of the object in which they were engaged, and actuated only and solely by a high sense of duty, both as regarded themselves and the prosperity of the institution to which they belonged, they ultimately came to the resolution of presenting the following memorial to the Council:—

“ To the Council of the London University.

“ My Lords and Gentlemen,—In presuming to lay before you this memorial, we, the undersigned students of the London University, are sensible of the many difficulties we have to encounter to clear our proceeding from every suspicion that may arise as to the correctness of our judgment, the purity of our intentions, or the sincere desire we have to approach you with the most unbounded deference and respect.

“ Your exalted rank, acknowledged wisdom, and unremitting exertion in forwarding the interests of an institution of which we individually feel proud in being enrolled as students, embolden us in the course we are pursuing, and assure us that an investigation of the truths we advance will sufficiently attest the honourable motives by which we are actuated. We have long struggled, my Lords and Gentlemen, between a sense of what we considered due to ourselves, to the interests of this institution, and to him whom these proceedings might affect; and it is not but with feelings of the greatest

pain, that we come to the resolution of respectfully soliciting the attention of the Council to the difficulties and disadvantages under which we are placed. Influenced and encouraged by the prospects of a superior plan of education, we have been induced to enrol our names as students of this University; and ill deserved would be the honours already acquired by some of us, and aspired to by others, did we not possess a grateful and just sense of the very ample means of instruction afforded us in every department but those of descriptive anatomy and surgery.

"The kindly bearing of Professor Pattison who fills these respective chairs, his urbanity of manner and disposition, we one and all acknowledge and subscribe to. Truth and necessity, however, compel us equally to declare that, from a want of systematic arrangement of his lectures, from the superficial manner in which he treats of the relative connexions of parts, from the frequent commission of palpable errors, which are left unnoticed and uncorrected, from the absence of every thing that can give interest to instruction, and from an inaptitude in conveying information, we are unable to derive correct anatomical knowledge, and are driven to seek improvement in our chambers rather than submit to what must otherwise be a sacrifice of time. In proof of these statements we need only mention the fact, that not one half of the class usually attend; nor can we help expressing our sorrow in finding that there are almost daily seceders from our ranks to other schools, where lecturers possessed of greater endowments, but by no means better intentions, give more efficient anatomical and surgical instruction.

"These, my Lords and Gentlemen, are the grounds of our intrusion,—these the reasons that influence our conduct; we desire not to prejudice or injure the interests of any individual, but we cannot endure that the welfare and reputation of an institution so enlightened, so noble, so emulous of fame, should be endangered, without a zealous, but we trust consistent expression on our part of the cause most likely to lead to it, and should this our prayer for inquiry into the facts we have stated, be deemed by the wisdom of the Council deserving that consideration we humbly conceive requisite, we feel ourselves prepared to give the necessary information in any manner best suited to maintain the dignity of the Council, and the respect and duty we owe to them as students. Finally, we shall ever pray for the permanent prosperity of this University, and subscribe ourselves,

"My Lords and Gentlemen,  
"Your obedient servants."

To this memorial, within two days after it was drawn up, sixty names were affixed, and in order to save time it was immediately sent into the Council. But whilst the students were engaged in the performance of this duty, Professor Pattison suddenly changed that tone of conduct which he had usually borne to his class; he began to evince feelings of irritation, and to adopt measures which were neither called for by the occasion, nor authorised by his situation as professor. He twice addressed his class, informing them that he "should not suffer any meetings to take place to canvass *his abilities*, or to blast that reputation which had taken him twenty years to attain." And, moreover, intimated that he should discover the names of those gentlemen who instituted these proceedings, and procure their expulsion from the University! In addition to this, he informed his class that he "should call over the names of his pupils *every* morning, and that he should not grant certificates of attendance to those who were not regularly at his lectures, or who did not *submit to his weekly examinations*." Now, Sir, what are we to infer from this conduct of Professor Pattison? Does it not indicate a fear on his part of an inquiry into the charges alleged against him, and that the present line of acting was instituted to intimidate his class, and prevent them from signing the memorial? That this is the case, is proved by the fact, that he actually did refuse to sign the certificates of a gentleman who had attended him for two years, and, as can be proved by his fellow-pupils, as diligently as the majority of the class. It may be asked, and naturally enough, why this unjust, this illiberal, I may say ungentlemanly conduct was resorted to. This is easily explained, Sir, when it is known that this gentleman, the evening previous to the day when he applied for his certificate, had presided at a meeting of the students which was held for the purpose of drawing up the above memorial. This, Sir, was evidently the cause of Professor Pattison refusing to sign his certificate; he was the first to whom a refusal had ever been made, and surely it must be considered by every impartial observer as unworthy the dignity of a professor, or the character of a gentleman.

These proceedings could not fail to excite the indignation of the class against the professor, and there was certainly now evinced more of party feeling than had before existed; but as Professor Pattison had commenced personal hostilities, so he seemed determined to continue them, and endeavour to intimidate the fearful, or prevent the wavering, from the performance of their duty; this is shown by the events which I am about to relate, and which certainly do not reflect much credit upon the pro-



fessor, whatever they may do upon the pupils.

At the first lecture after Professor Pattison had given notice that he should call over the names of his class, there was a more numerous assemblage of pupils than usual, some drawn by curiosity, and others by the rule which he had given notice that he should enforce. Upon coming into the theatre he immediately requested that those pupils who were seated on the top row of benches, should come down into the body of the theatre; this being done in a rather peremptory manner, there were some who did not choose to obey it, and three gentlemen remained; he then spoke to them in a still more commanding tone, but they still remained where they were seated; he then insisted upon them coming down, but with as little success as before. Upon this he, with considerable warmth, observed that either the pupils or himself should be master in that theatre, and that he should not again lecture until the question was decided by the Council, and so saying he withdrew.

This was the first open expression of feeling on both sides; but whatever may have been felt by the professor, it is *certain* that the pupils felt still more indignant at his conduct. By *ordering* them to sit in what part of the theatre he thought fit, he had committed a gross and unwarrantable outrage upon their liberty as men, and their feelings as gentlemen; he had broken through that bond of courtesy which ought to exist between the lecturer and his pupil, and he had evidently assumed a privilege in doing so to which he had no just claim.

In the evening of this day, he placed a notice in the cloisters to the following effect: "That as he did not wish that any of his pupils should be deprived of the benefit of a single lecture, owing to the *insubordination* of a few individuals; he should again meet his class at eleven o'clock the following morning." The pupils feeling that the arbitrary conduct of Professor Pattison had directly insulted their fellow students, were determined to prove their right and independence to act in what manner they thought fit in the choice of their seats, and accordingly between forty and fifty of them took possession of the top seats at the usual hour appointed in the above notice. Mr. Pattison again immediately ordered them to come down into the interior of the theatre: this they unanimously refused to do, and the consequence was, that the beadle was ordered to come down and give him the name of each gentleman. This was done amid the strong marks of disapprobation of this class. The list of names was that day sent into the Council, and the result was the following resolution:—"That owing to the *representations* of Professor Pattison, of the

*gross insubordination* of a certain portion of his class, it was resolved that those gentlemen, whose names had been sent in, should be suspended from Professor Pattison's lectures on anatomy and surgery, until further notice!" This resolution was next morning put into force by the beadle's verbal information, referring those gentlemen who were suspended to the warden for an explanation. All the beadles in the University were collected at the door of the lecture room to enforce this, should it be requisite, and to *protect* Mr. Pattison from the intrusion of his *insubordinate pupils*! And some gentlemen having again the spirit to take the top seats, and refusing to leave them, he actually ordered the beadles (who are special constables) to do their duty! But why, it may be asked, did the students submit to this insult? Why did they submit to the injustice of being excluded from their lectures? It was, Sir, because they did not choose to follow the example of their professor; they did not choose to disgrace a cause in which they knew they were supported by truth and justice—by pursuing any violent measures; they immediately sent in another memorial to the Council, which was convened for Saturday last, expressing to them their feelings upon the subject, and calling for an inquiry into their conduct, and into the causes for which they were excluded from their lectures. This appeal received the attention of the Council, and many of the pupils who voluntarily attended for the purpose, were called into the council room, and allowed to state *their* version of the proceedings which had occurred; the result of this was a resolution of Council to the following effect:—"That the students be immediately re-admitted to the classes of descriptive anatomy and surgery."

Such is a faithful account of the scenes which have lately taken place within our walls. Upon them I think it useless to make much further comment; they speak for themselves; and I am sure every impartial observer will allow, that the students have acted with the utmost forbearance. They have endeavoured as much as possible to divest their actions of all party feeling; they have not allowed even the example of their professor to make them swerve from the line of conduct which, upon principle, they are pursuing; and, firmly convinced of the correctness of their judgment, they are resolved that nothing shall deter them from proving their right to complain of the incompetency of a professor—from *proving* their right, if requisite, to demand that instruction which was promised them. The success, the reputation of the University, in a great measure, depend upon the decision of the Council upon this subject. It can be

proved, that upwards of thirty students have left the school to attend other anatomical and surgical lectures; and does not this, Sir, speak more than volumes that I could say upon the subject? There is not a pupil in the University who does not feel proud in mentioning as his preceptors, the name of a Bennett or a Grant, a Thomson or a Turner, a Davis or a Conolly; and surely, Sir, there are other lecturers, men of eminence and talent, by whose appointment to the chairs of anatomy and surgery the splendid hopes of the London University might be realized. It might then fear no competition; no rivalling would then dim its lustre, or detract from its merit, for it would be founded upon the talent and the industry of those who have devoted their lives to the cause of science, and to the benefit of mankind. I have the honour to be, Sir,

Your very obedient servant,

A SENIOR STUDENT OF THE LONDON  
UNIVERSITY.

London University, Feb. 22, 1831.

#### TWO CASES OF

#### OSTEO-SARCOMA.

By JAMES DOUGLASS, Esq., Surgeon.

To the Editor of THE LANCET. Sir,—Should you deem the following cases of osteo-sarcoma of sufficient importance, I shall be obliged by your giving them a place in THE LANCET. I consider the first case interesting in a practical point of view, by showing to what an extent the disease may proceed and affect the adjacent soft parts, without rendering the operation inadmissible, and by showing how little danger is to be apprehended from hemorrhage, even when no precautionary means are used to prevent it. I remain, Sir, your obedient servant,

JAMES DOUGLASS.

Quebec, Nov. 27, 1830.

CASE 1.—Archibald Mackinnon, a stout, healthy-looking man, of light complexion, and 46 years of age, applied to me in December, 1826, on account of a cancerous ulceration of the right half of the lower lip, which he said had existed eighteen months, and for which different remedies had been used externally and internally, without in the least checking its progress. I recommended the removal of the diseased part, which was done the following day. A triangular portion embracing half of the lip was removed, the edges were brought together by two stitches, and the wound healed by the first intention.

During the following year, 1827, I saw him repeatedly, he enjoyed good health, attended diligently to his business (that of Stevedore), and there appeared no tendency to return of disease. In February, 1828, he

pointed out to me a tumour occupying a situation between the fangs of the last molar tooth and the base of the lower jaw; it was about the size of a split hazel nut, and gave no pain on pressure; he referred it to a blow received on the part with a crow-bar two years before. Considering it to be a case of osteo-sarcoma, I recommended the removal of the tumour together with the portion of bone to which it was attached, but to this measure he would not consent. In May the tumour had extended in every direction, and had greatly interfered with the opening of the jaw; the submaxillary and sublingual glands were enlarged and indurated, but moveable, and an opening had formed at the fangs of the second molar tooth, from which he daily squeezed out a quantity of very offensive cheesy matter, occasionally intermixed with minute spiculæ of bony matter. In August the jaws were firmly closed, the glands on the right side were greatly enlarged, and firmly attached to the bone. The integuments covering the tumour were very thin, and in one place ulceration had taken place, and from the opening the cheesy matter was subsequently discharged; his general health had begun to suffer, he had become emaciated, and passed sleepless nights. In December Dr. Caldwell saw him, in consultation, and as the only chance of prolonging his existence, urged him to submit to the operation, to which, after some delay, he consented, and then suddenly became extremely anxious to have it performed. The tumour at this time extended from the right incisor to the angle of the jaw, the external ear was pushed backwards, downwards the tumour reached to within two inches of the clavicle, and by removing two molar teeth which lay loosely embedded in the diseased mass, the finger was introduced into the mouth and the tumour found nearly filling it, pushing the tongue upwards and to one side. The submaxillary and sublingual glands did not seem consolidated, though both were firmly attached to the bone, and the latter involved the base of the tongue.

On the 20th of January, 1829, I proceeded to the operation, assisted by Drs. Caldwell and Painchaud, and in presence of Messrs. Pearson and Nowland, students. The patient being seated with his head reclining a little backwards, and supported by Dr. Caldwell, an incision was made from the left commissure of the lips to the base of the jaw, this incision was continued along the base to the angle, another incision was then made commencing above the zygoma and continued downwards, crossing the last at right angles, and extending two inches further down the neck. The flap thus formed, consisting of the whole of the cheek and lower lip, was dissected from the surface of the tumour and thrown upwards; during this

stage of the operation the coronary and facial arteries were in succession divided, and the bleeding promptly arrested by Dr. Painchaud, whose ready and effective assistance mainly contributed to the success of this part of the operation, for, independently of the vessels under his fingers, the whole exposed surface of the tumour bled profusely. The flap being held up, the left incisor was extracted, and the bone very readily sawn across by means of the common saw. The origin of the masseter was then divided, and the temporal muscle freed from its attachment to the coronoid process, the difficulty of accomplishing this was much diminished by the previous division of the bone. The lining membrane of the mouth being separated from the bone, as well as the morbid attachment of the glands, the symphysis was pulled outwards, the pterygoid muscles divided, and the bone dislocated and removed, having the greater part of the parotid adherent to it. On dislocating the bone the patient fainted, and, being reclined, was in momentary danger of suffocation by the insinuation of blood into the larynx. On his recovery the remainder of the parotid was dissected out; the submaxillary was then removed, but being much enlarged and extensively attached it was found necessary to tie the external carotid; the sublingual was then removed, by cutting it and the muscles surrounding it, from the base of the tongue, and by dissecting out a prolongation which was firmly united to the right side of the thyroid cartilage. The ulcerated portion of cheek was finally removed.

Before dressing, the wound presented an appalling appearance; the upper jaw, tongue, larynx, and pharynx, were exposed; the pterygoid processes, the mastoid and styloid processes, were cleanly dissected. The wound was dressed by retaining the edges together with sutures and slips of adhesive plaster, after which he walked firmly, and without assistance, to bed.

21. Had passed a tranquil night with some hours sleep; pulse 102; slight thirst; the lower lip was livid, and its circulation seemed very languid.

24. On removing dressings, found the corner of the lower lip had sloughed, the rest of the wound, with the exception of the part whence the ulceration of the cheek had been removed, healed by the first intention.

27. Performed the operation for hare-lip to remedy the loss of substance by sloughing, which succeeded. From this period he continued daily to improve; on the 15th day from the operation he walked out, and on the 27th day he returned home, a distance of two miles from the city, much fatter, healthier, and more comfortable than when he entered it to undergo the operation.

During the summer, until the beginning of October, he worked hard at his business and without any appearance of return of disease, although he had difficulty in speaking loud in consequence of the existence of a sinus when the ulcerated portion of integument had been taken away. In October, a gland situated over the right clavicle inflamed and suppurated, and soon after the left submaxillary gland inflamed and suppurated freely. In February, 1830, matter had formed behind the mastoid process on the right side, and a sinus extended upwards under the zygoma, from which a copious purulent discharge issued. In March he was confined to the house with difficulty of breathing and cough, and considerable weakness. In May, about twenty ounces of arterial blood were suddenly lost from the sinus under the zygoma; from this time he failed rapidly, his cough and the accumulation of matter in his mouth kept him constantly awake. He lingered on until the beginning of July, and died suddenly, apparently from suffocation occasioned by the entrance of matter into the windpipe. His death was not known until, owing to the extreme heat of the weather, putrefaction had far advanced, and become such as to render a post-mortem examination of his body impracticable.

CASE 2.—John Glover, a robust, healthy-looking farmer, 28 years of age, consulted me respecting a tumour on the right side of the lower jaw, which he said had existed nine months, and was latterly increasing very fast. On examination I found a tumour as large as a walnut, very firm and resisting, involving the fangs of the three molar teeth, and covered by the anterior portion of the masseter muscle, the jaws were closed so as with difficulty to admit of the insinuation of the bowl of a tea-spoon between them; there was some though not great pain on pressure; I removed one of the molar teeth which was carious, its extraction was followed by considerable hæmorrhage, but nothing satisfactory could be learned respecting the state of the jaw. Having called Dr. Caldwell, assistant-surgeon of the 15th Regiment, in consultation, it was resolved to try the effects of iodine externally and internally; the patient was accordingly supplied with a quantity sufficient to last a month, and went to his home, a distance of sixty-five miles, with the intention of returning again after the lapse of that period of time. On his return, on the 17th of September last, the tumour was found to have increased in size, and the jaws to be more firmly closed; when, he being very anxious, it was determined to remove the tumour and corresponding portion of jaw-bone on the following day, with the assistance of Dr. Caldwell and Mr. Durnford. The patient

being seated, and his head reclined backwards, an incision was made extending from the chin to the angle of the jaw, and a second from the anterior part of the zygoma to the angle, this triangular flap was then dissected upwards from the surface of the tumour, which was found to consist of a dense semi-cartilaginous structure with bony deposition; the lower edge of the jaw-bone being found to all appearance perfectly healthy, it was proposed by Dr. Caldwell to endeavour to save sufficient to serve the purpose of a natural splint by which the divided ends of the bone would not only be kept from approaching each other, but the cheek also from falling in. Acting on this suggestion, the connexion of the masseter with the jaw being removed, the latter was sawn nearly through, and so far back as to include a portion of the lower part of the ascending plate. In making this section considerable difficulty was experienced; the bone was again sawn almost through behind the small molar tooth, and by means of a fine Hey's saw; the two sections were united by an horizontal one, and the tumour and portion of jaw-bone to which it was attached, removed together. The portion of bone left by this mode of operating, was the inferior edge of the jaw, and was about the one-eighth of an inch in depth. Great care was used in making the horizontal section, being apprehensive of fracturing the portion it was intended to save. The wound externally healed by the first intention; extremely little deformity was produced, and Mr. Glover returned home on the ninth day from the operation.

He has not visited Quebec since. I heard from him four days ago; he was quite well, and the trifling paralysis of the right side of the mouth, occasioned by the division of the portio dura in making the second incision, was diminishing.

## ON

## WELL-TIMED BLEEDING.

By THOMAS JEFFREYS, M.D., *Liverpool.*

PERHAPS there is no point in the whole range of medical practice, which is sometimes loaded with greater doubt and difficulty than the abstraction of blood about the crisis of inflammatory diseases of vital organs; and in no instance does the physician evince greater proofs of critical acumen, and accurate observation, not only as regards the propriety of the step, but also as to the extent to which it should be carried, than when he has recourse to such a remedy, and its effects prove favourable. In no disease is it more promptly and

vigorously called for than in pulmonic inflammation, which is so apt in large towns to be changed in its character by typhoid debility. The treatment of this disease may almost still be considered as the "opprobrium medicinae." Notwithstanding this, I almost shudder when I daily see and hear some of our junior brethren confidently express opinions on the nicest practical points with an affectation of unerring certainty, while men who are deservedly at the very summit of their profession dare only hazard a cautious conjecture.

With these brief prefatory remarks, I will endeavour to illustrate what I have hinted at, by giving an outline of a few cases, which have mainly called forth what I wish to convey. I say an outline, for I could be much more minute in my detail of them, from the materials in my possession, were it not that prolixity might prove irksome to the readers of your Journal.

It is now full thirty years since (when a medical practitioner in the environs of London) I had an opportunity of attending a patient with (the now venerable) Dr. Babington, in a case which made such an impression upon my mind, that I have often referred to the fact to prove, by what a slender thread medical skill and medical reputation may sometimes be suspended. The case I give from memory. Mrs. W., an old lady about 73 years of age, of very spare habit, had a severe attack of pneumonia, which required all the skill and practical tact which Dr. Babington was then well known by me to possess. When the crisis of the disease was close at hand, it became a matter of fearful doubt whether the active treatment which had been employed would terminate the inflammation favourably, or whether effusion into the cavity of the chest, or typhoid debility, would supervene and obliterate all hopes of recovery. A few hours before Dr. Babington's evening visit, such urgent symptoms came on as induced me to apply leeches on the seat of disease. During the application of these he came in, and was so struck with the change for the worse, that he proposed the immediate removal of the leeches, under the impression that the patient was "in articulo mortis;" they were accordingly instantly taken off, and a placebo was prescribed. On the following morning, instead of finding our patient dead, as we fully expected, there was such a change for the better as permitted us to cherish every prospect of recovery. Nor could we solve this singular enigma until we were told that both the body and bed-linen were deluged with blood, which, upon more close examination, we found had proceeded from a single leech-bite. This had continued to ooze during the whole night, unfelt by the

patient and unobserved by the attendants. The gradual and continued evacuation of blood was evidently the sole means of subduing the inflammatory action, without occasioning such debility as half a dozen leeches at once applied might have effected, and afforded us the gratification of witnessing a recovery when we were tremblingly apprehensive that an unfavourable construction would have been put upon our practice, had she died soon after the leeches were applied.

The next case I have to record is one which I attended with the late Dr. Vande-burgh of this town, expressly for the purpose of determining how far further bleeding was to be had recourse to. The patient was a gentleman, aged 54, of regular habits, subject to a chronic cough, who had been ill seven days. The complaint commenced with a nephritic attack, for which bleeding, purging, and demulcents, were used with good effect; but as the nephritic complaint subsided, the pectoral affection commenced, as if by metastasis, and increased to a high degree of pulmonic inflammation. A second copious bleeding was again prescribed, but with only temporary relief; and although the pulse was at 120, it was more feeble than full, which, together with the state of the tongue, cough, and dyspnoea, threw a fearful doubt upon further venesection. I, however, urged its use, and with similar good effect, for from that moment all unfavourable symptoms declined. We continued our attendance for a fortnight, during which time we found it necessary to modify our antiphlogistic treatment. This proved successful, and although five years have now elapsed I have never heard that this gentleman has had any return of this complaint.

In the year 1824, I was sent for to Bangor in North Wales to a similar case which had been skilfully treated by Dr. Mason of Carnarvon, and Mr. Roberts of Bangor. The patient was a young gentleman, *ætat.* 10, who had been ill of pneumonia for eleven days; he had been once bled freely, and had had four dozen of leeches applied; the same difficulty, as to the propriety of using the lancet, was here also felt, more especially on the part of Dr. Mason. The case appeared to call for judicious caution. I had, however, no hesitation in urging Mr. Roberts to venesection, which was repeated with good effect after a lapse of three days. This patient, however, had a tedious recovery; it was some months in effecting; and although I continued attendance upon him at Wrexham with Mr. Griffith, an intelligent surgeon of that town, it would be trespassing on your readers to give further detail.

I come now to relate another instance which occurred to me so late as the last

month, where I attended with Mr. Houghton of this town; and the patient being our mutual friend, we took a more than ordinary interest in the case. Mr. T. met with a fall upon the steps of his door during the first week of January 1831, which shook him much, and for which leeches were applied to his side. Some cooling physic also was given, which entirely removed all inconvenience. But he imprudently exposed himself to inclement weather without a great-coat, and was, on the same evening, attacked with pulmonitis, for which he was bled to twenty ounces, was purged, blistered, and had febrifuge medicines given him by Mr. Houghton. It was not till the sixth day of the disease that I saw him, when I found his mind very irritable. Pulse only 60, and intermitting; his tongue thickly coated; much dyspnoea, but little or no pain of the chest. In addition to antimony, digitalis, and salines, he had twelve leeches applied to the chest, and the next day we found him relieved, with less bronchophonia, but his pulse was so fallacious, both as to strength and frequency, that no opinion could be formed from it; and had it not been for the use of the stethoscope, we should not have been able to judge of the action of the heart at all. This instrument, however, never failed to convey a sensation of a high degree of action of the heart and arteries, which the feebleness of the pulse at the wrist never allowed us to suspect in the most distant manner. But I did not feel satisfied, and more than once proposed venesection to Mr. Houghton; who, however, knowing the irritability of our patient's mind, and having a well-grounded dread of typhoid debility in such cases, induced me to yield to his fears, and the maturity of his judgment and experience. The good effect of our antiphlogistic plan and decision was further confirmed by a gradual abatement of those symptoms which indicate danger, the state of the tongue, the skin, respiration, and bloody expectoration,—except the peculiarity of the pulse being both feeble and intermitting, while the action of the heart was vigorous. Being thus carried on to the sixteenth day of disease, he felt himself so well as to think of sitting up; the severity of the weather, however, induced him to take his dinner in bed, which he did with a greater relish than he had experienced for weeks—but almost immediately afterwards he suddenly expired.

Permission being given to inspect the chest, we found the heart quite healthy, but the lungs a mass of disease, congested with blood, and of a dark hepatized colour, with an effusion of bloody serum into the cavity of the thorax to the extent of at least a full pint, which at once accounted for his sud-

den death. I must own that I regretted in this instance I had not more warmly urged the use of the lancet, although there may be well-grounded doubts whether it would have saved our irritable patient. The following case, however, has somewhat relieved my regret, if not my doubts.

On the sixth of this month I was requested to visit a Mr. P., ætat. 55, attended by Mr. Shaw, a surgeon of this town. He also had been ill for seven days, and his complaint had arisen, as in the case of Mr. T., at a time that he was convalescent from a slight bronchial inflammation, to which he was much subject. I found him labouring under sharp pyrexia, with a full pulse, 80; tongue greatly coated, and inability to lie horizontally. In this instance I urged venesection, perhaps with greater determination on account of what I had witnessed in Mr. T.'s case, and my wish was instantly complied with by Mr. Shaw. Only twelve or fourteen ounces were however directed, filling three tea-cups, in each of which very strong inflammatory action was conspicuously indicated, being both cupped and buffed, as is usual in every species and variety of pulmonic inflammation. He felt immediate relief. He was ordered antimony, with digitalis, and a saline mixture, which he took steadily; but in the morning we found him labouring under such a typhoid debility, as left no doubt of the speedy termination of life, and allowed no time for further remedies. He died about four o'clock p.m.

Inspection of the chest was here also permitted. We found the heart sound but small. Marks of inflammation were evident in the upper part of the right lung, but the whole of the left was pregnant with it; there was no effusion, but there were such strong adhesions of the plura pulmonalis to the plura costalis, that the hand could scarcely be introduced between them, and it required great force to separate them; this was, evidently, the effect of former disease. The branches of the bronchial tubes were cartilaginous, almost ossification. In pursuing my inquiries as to the habits of this patient, although he was not accustomed to intemperance in drinking, I had some reason to think his situation in life exposed him occasionally to the temptations of liquor, and although these may have been slight and not frequent, I am inclined to believe that his debilitated constitution was unequal to the effect, and that this may have been one cause why bleeding in this instance had not its usual good effects.

Bold Street, Liverpool,  
Feb. 14th, 1831.

# MR. QUAIN'S REPLY TO A CHARGE OF PLAGIARISM.

*To the Editor of THE LANCET.*

SIR,—I have just read a letter in *THE LANCET* of this week, arraigning me on a charge of plagiarism. There is in this production so much personality, and the style of it is so totally unlike that of a dispassionate person, that I shall take leave to consider it as divisible into two parts, viz., the matter and the manner. With the latter I shall have nothing to do; any notice of it by me would necessarily lead me into a mode of expression too nearly a-kin to that which your correspondent employs. I feel very little disposed at any time to follow such an example. I shall confine my reply to the matter of the letter, and the allegations it puts forward; merely premising that those persons are generally foremost to cast imputations of "fraud and falsehood" on others, who feel conscious that they are capable of dealing in both themselves.

The object of the paper alluded to (if that can be called a paper which was merely a statement made orally, and not read), was not to communicate original information. Debating societies, which do not publish transactions, are not the places generally selected for making original communications;—its object was merely to excite discussion, and lead to an interchange of opinion amongst the members. The subject in the first instance proposed to be discussed, was, "the circulation in the brain—its peculiarities," and this was the question announced from the chair. Finding, however, as I entered upon it that anatomical details did not attract attention, and therefore did not seem likely to lead to a discussion, I passed on to the second question,—“Can inflammation exist separately in the brain and its investments, both being supplied by the same vessels, and can such inflammations be distinguished during life?” This question I did not intend to dwell on,—I introduced it merely in order to lead to another on which I was anxious to canvass the opinions of the members. Assuming the second question to be answered in the affirmative, and supposing that inflammation can exist in detached parts of the brain, and that these parts happen to coincide in situation and extent with the organs indicated by the phrenologists, “do the symptoms and progress of such inflammations determine any thing for or against the doctrines of the phrenologists?”

You are well aware that in such matters the discussion frequently turns on some individual point, to the exclusion of the rest. Though the first and third were the questions to which I felt anxious to call atten-

tion, the second being introduced merely as preliminary to the third, still it alone excited interest amongst the speakers, and as the intended purpose was answered, that of exciting discussion, I did not interfere to change the current of it.

As to the charge of plagiarism which has been made in such harsh and uncivil terms, it so happens that I am the very last person in the community that could have ventured to appropriate the opinions of Lallemand or Martinet, relative to the point of diagnosis in question. I some years ago published an edition of Martinet's Manual, which contains a summary of his Essay on Arachnitis; and in some of the notes I have given the diagnosis which Lallemand draws between arachnitis and cerebritis; this book has gone through three editions, and it is read by most of the junior members of the profession, and by not a few even of the seniors. (See Manual of Pathology, p. 138.) Though this diagnosis has been given by Lallemand, it has not received a general, much less a universal, assent; it does not accord with the experience of Abercrombie; it is still disputed, and therefore may form a legitimate subject for discussion in a medical society, where members have an opportunity of stating the result of their observation, and supporting that side of the question with which it accords.

I believe it will not be deemed going too far to say that if "fraud and false pretences" have crept into this matter, they did not originate with me, nor do they rest with me. I consign them back to the source from which they have flowed, and with them the inscription so appropriately chosen. Each of us will then stand in his proper position as each resumes his own,—"Sum cuique."

I am, Sir, your very obedient servant,  
JONES QUAIN.

14, Compton Street, East,  
February 27, 1831.

P.S.—I think it right to add that I had nothing to do with the publication of the report of the debate in the Westminster Society, nor did I in any way sanction or authorise it.

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MR. GARDEN.

*To the Editor of THE LANCET.*

SIR,—Having read in your Number of the 12th inst., an article impugning the honour of Sir C. Scudamore in connexion with my name, I feel it due to that gentleman and to myself most distinctly to declare that the statement therein contained,

as far as regards Sir C. Scudamore and myself, is *most grossly false*.

That several members of the medical profession, both physicians and surgeons, do occasionally honour me with their recommendation I am proud to acknowledge, and I hope in all such cases without disappointment to the public, as to the faithful preparation of their prescriptions; but I do most unequivocally assert, that such recommendation can in no instance have been produced by such unworthy motives as are but too plainly insinuated to exist by the writer of the article to which I allude. It would be paying but a bad compliment to the physician in question, were I to imagine that his conduct required any vindication beyond the simple declaration I have just made.

I remain, Sir, your obedient servant,  
A. GARDEN.  
Feb. 17, 1831.

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### MEDICAL SCHOOL, ALDERSGATE STREET.

#### ANNIVERSARY DINNER.

THE Anniversary dinner of this Institution was held on Friday, the 18th ult., at the London Coffee House, and was attended by a very numerous assemblage of gentlemen, Mr. JONES QUAIN in the chair.

The cloth being removed, and the usual loyal toasts drank,

The CHAIRMAN proposed, "The Aldersgate Street Medical School." Gentlemen, this day reminds us of the past and points to the future, and judging from the present, I say the future will be prosperous. It is in meetings like this that we recognise, at a glance, the peculiarities of our system,—not chilled down to the cold formality of official duty, but carrying with it all the zeal and the warmth of personal friendship. It is a fact deserving of particular notice, that in this country the means and the management of medical education have at all times been left, like our trade and our commerce, to the exertions of individuals, to our own private resources. Elsewhere, more particularly on the Continent, the means are provided by the state, and are disposed of according to some fixed and methodical routine. Here we study the wants of the community and seek to supply them, no stimulus to exertion being necessary save that which fair competition can give,—no resources being required beyond those which men of energy and industry can readily command. (*Cheers.*) Our neighbours on the Continent may appeal to the annals of literature, and point to the many splendid contributions they have inscribed on their pages;

our literary men need never shrink from that ordeal; it will prove that they have at all times contributed their full proportion to the advancement and diffusion of knowledge. Our Continental brethren may boast of their Deasults, their Bichats, their Boyers; we can pair off against them our Harveys, our Hunters, our Coopers. They may cite the names of Lavoisier, of Fourcroy, of Thenard; we can instance those of Black, of Priestly, of Davy. But is it not restricting these distinguished men too much,—is it not confining them within too narrow a limit, to consider them as citizens of this country or of that merely? Ought they not rather to be considered as citizens of the many countries that are indebted to them for their eminent public services? (*Cheers.*) If the value of systems be estimated by their influence on individuals, on classes, or on the community, we should find no reason to wish that the free and open system of medical education which prevails here should be exchanged for any that exists elsewhere. It never required, or sought for, the patronage of power; it rests for its support solely on the good sense of an enlightened community; it never drew on the public purse, and yet it has raised the character of our literature and of our education to as high a point as they could be elevated in any country, no matter how intellectual or how cultivated it may be. (*Cheers.*) The Chairman then adverted to the convivial and friendly purposes for which they had met; and concluded by proposing “The Aldersgate Medical School.”

Mr. SMITH proposed the health of Dr. Clutterbuck, which, having been drunk with applause,

Dr. CLUTTERBUCK returned thanks, and observed, that in maintaining and inculcating the principles of medical practice which he had done, and which he admitted were peculiar, he could assure the company that he was guided only by a conviction of their truth and importance. Having said so much for himself, he would take the liberty of proposing the health of Mr. Tyrrell, the founder of the establishment.

The health of Mr. Tyrrell was drunk with enthusiasm. As soon as the applause subsided,

Mr. TYRRELL heartily thanked the company for the manner in which his health had been drunk. He did not take to himself alone the credit of founding the Aldersgate Street School. Dr. Clutterbuck, his friends Quain, Cooper, in short, his brother lecturers, were all, in common, founders of the School, which must ever flourish, for it contained the seeds of its own prosperity. It was the principle of their system of instruction for the professors to treat the pupils as friends (*cheers*), not confining

their intercourse with their classes to the mere time of lecturing, but rendering themselves accessible at all hours, and this was the source of the success which had attended the school. It fell to his lot last year to propose the health of a gentleman who, he was proud to say, was now present, but who was then absent on account of indisposition. “I mentioned his name (said Mr. Tyrrell) at the time, as being that of a gentleman to whom I mainly attributed the success of the Aldersgate Street School. (*Much cheering.*) Gentlemen, I believe it will be found true, that few medical men can be said to be good judges of their own cases, and an illustration of this fact is furnished in the person of my friend Mr. Quain. I told you, on the former occasion, that my friend would return, although this was in opposition to his own melancholy foreboding, for I used to receive from him letters filled with the most serious misgivings and the most gloomy expressions of despair; but I replied, that I always thought that St. Patrick had kicked all venomous creatures from the happy plains of Ireland, and I only wonder that the knowing Satan had forgotten to kick out the noxious reptiles called the “blue devils” from the same country. (*Cheers and laughter.*) Now, Gentlemen, whether or not my friend Quain made a tardy petition in this matter to his patron Saint I am unable to tell you; I am only glad enough at the assurance, that he is here amongst us in health and strength. Gentlemen, I can with truth assure you, that if there were nothing else to repay the trouble I have had in my share of the task of founding this school, the acquaintance and co-operation of such a man as Mr. Quain would be an ample recompense for all. During the few years that I have known him, I have learned the sterling and sound qualities of his heart, and feel for him the attachment that is due to a sincere and kind friend. Let us then, Gentlemen, drink if you please, to the continued health and success of our excellent Chairman. (*Applause.*)

The CHAIRMAN returned thanks in the following words:—I beg you to accept my most sincere acknowledgments for the manner in which you have received the mention of my name, by my respected friend Mr. Tyrrell; to him I feel deeply indebted for the terms in which he has noticed it, and to you for the way in which you have responded to his feelings. You have added another to many previous obligations. One of the highest you could have conferred on me, was that of placing me here this evening as your representative; an honour which I the more sensibly feel, considering the occasion on which it is conferred—the anniversary day of the institution of which we are members; an institution within which



power or authority can confer no place,—influence no station. (*Cheers.*) Place and station depend solely on your suffrages, and can be retained only so long as your confidence and esteem are merited in private as well as in public

The healths of Messrs. T. J. COOPER, ROBERTS, WALLER, and EVANS, were respectively proposed by Messrs. Williams (of Birmingham), Park, Froizel, and Quin, students, and the toasts were received with the warmest cheers.

Toast, "The pupils of the Aldersgate Street Medical School."

Mr. BARROW shortly returned thanks. He said, that the pupils would, indeed, be very ungrateful, if, treated as they uniformly were by their lecturers, they did not act in a manner to deserve the approbation of the latter. (*General cheers.*)

The CHAIRMAN then proposed "The Metropolitan Medical Schools,"—the branch banks of the great treasury of knowledge. The toast was drunk with great applause.

Mr. RICHARD QUAIN having been loudly called on, returned thanks in a forcible speech.

The next toast was "The Private Schools of the Metropolis," for which Mr. COSTELLO, the lithotritist, in compliance with the general feelings of the meeting, returned thanks. Though a lecturer at one of the private schools of the metropolis, he ventured to presume, that it was his humble services in the cause of lithotrity, which were the real cause of this compliment. He took no credit to himself for skill in performing an operation of such transcendent importance, because he doubted not but that the same opportunities which he had enjoyed, would enable any surgeon to arrive at dexterity. Though devoted occasionally to the necessary details of anatomy, he felt that the promotion of lithotrity was his first duty, as it was his strongest inclination; and it was not without feelings of peculiar satisfaction, that he formed one of a professional assembly, whose enlightened minds and feeling hearts gave him an assurance, that an improvement, which was alike recommended by justice and humanity, would receive that encouragement from the medical world it had so well deserved. (*Loud applause.*) Mr. Costello subsequently returned thanks on behalf of the visitors.

The CHAIRMAN. Gentlemen, we have a tribute to pay to the members of the provincial medical schools; they are in every way entitled to it. Nothing more clearly shows the anxiety that every-where exists for the acquisition of knowledge, than the establishment of these excellent institutions;

they are in strict accordance with the spirit of the age. When in every town means are devised for the diffusion of information in the different branches of science, the members of the medical profession must necessarily participate in such undertakings; and if any proof were wanting of the effect and the influence of our system of education, it is abundantly supplied by the now-ascertained fact, that in every town in England there are to be found men capable of lecturing on every department of medical science. What may not be expected from the rising generation, when they can avail themselves of the instruction of such men as Dr. Riley in Bristol, Mr. Cox in Birmingham, Dr. Turner and Mr. Jordan in Manchester, Dr. Fornby and Mr. Gill in Liverpool, and Mr. Overend in Sheffield? I propose to you "The Provincial Medical Schools—prosperity to them."

The toast was drunk with enthusiasm.

Mr. HICKMAN returned thanks, and paid a very handsome tribute to the Birmingham School, of which he was a member.

The CHAIRMAN then said, Amongst our public institutions, there are none with which medical men are so intimately connected as the public charities. If there be any who doubt the beneficial influence of the healing art, let them visit the wards of a hospital, there they will see its influence exhibited on a large scale; and if they look into the registers of these establishments, they will learn what they otherwise may not be disposed to believe, that no order of these possesses stronger claims on the consideration of their fellow citizens, for none give up to the public so much of their time—none confer on the poor so much practical relief. One of the oldest of these institutions is St. Thomas's Hospital; I select it not only because it may be considered a fit representative of its class, and that class the highest, but because I have the pleasure of seeing amongst our visitors, some of its ablest and most distinguished members. This institution is invaluable to the public as a refuge for the sick poor, and to the members of our profession, as a seminary of medical education.

Toast, "St. Thomas's Hospital and its Medical School."

Mr. JOHN F. SOUTH, lecturer on anatomy, returned thanks.

After proposing the health of "The Stewards," the Chairman retired at half past eleven o'clock, and was succeeded by Mr. T. J. Cooper, when the hilarity of the meeting was fully kept up to a late hour, or rather to an early hour in the morning.

## THE LANCET.

*London, Saturday, March 5, 1831.*

THE exclusion of naval surgeons from the levees of his Majesty, has produced throughout the profession a degree of excitement, and, we may say, of indignation, which was never before experienced. Regarding the impolicy of the regulation, there are not two opinions. That the officers who are thus insulted are men of the highest attainments, have rendered the greatest benefits to their country, are gentlemen both by education and habit, there are none to deny. Neither are there any to assert that they have conducted themselves with impropriety on any occasion, and much less that they have done so when assembled in the presence of their sovereign. If a general conspiracy had been entered into by men of power to inflict degradation and disgrace on the members of the medical profession, they could not have more fully succeeded in their object than by pursuing the course which has been adopted towards the profession by the government of this country. It were difficult to understand the reason for treating the medical profession with neglect or disrespect, for surely the object in cultivating medical science is one of the highest which can be aimed at in a civilized community. Relief to the sick is not the only benefit which mankind derive from the deeply-traced researches into the nature and organization of human beings. Physiologists are *compelled*, even by the demands of their professional duties, to know more of the human mind, to be more intimately acquainted with the springs of its action, and the circumstances which control it, than those individuals who arrogate to themselves the privilege of domineering over a profession, the utility of which they are incompetent to appreciate, and the intellectual attainments of which

they have not the capacity to understand. If we were not distracted by petty jealousies, if we were not tormented and pestered by the all-pervading spirit of grasping medical corporations, our profession as a *united* body would be incomparably more influential in the state than any other. The public has had ample experience of the value of medical knowledge, and it is by them most fully appreciated. Each member of the profession carries with him a powerful influence in the sphere in which he moves. Individually, in society, we are every-thing; collectively, we are nothing. From what cause springs such an extraordinary anomaly? *Disunion* arising from defective institutions. In LONDON alone, for example, we have three medical bodies, each arrogating to itself peculiar privileges, as relate to statute-law and to fiscal regulations. Each *college* or *company* claims advantages exclusively for the members attached to its own body, and is utterly regardless of the rights and privileges of the individuals who may happen to be attached to any other institution. Nor is this all; for each institution divides its *own* "Fellows" "Members," or "Associates," into two classes; the first deriving many benefits and prerogatives which are scrupulously withheld from the second. Thus in the Royal College of Physicians; the "Fellows" only, enjoy the right of exercising the elective franchise, the licentiates being excluded entirely from taking any share in the management of the affairs of the College—having no right whatever to interfere in conducting the examinations of candidates, to elect the president or censors, or to investigate the accounts.—In the Apothecaries' Company the master, wardens, court of assistants, and members, have privileges which are perfectly distinct from those of the licentiates. That is, distinct from those of the gentlemen who obtain a *license* from the examiners, authorising them to practise as apothecaries in any part of ENGLAND and

WALLES; the funds also arising from the sale, or distribution, of these *licences*, are placed entirely at the disposal of the heads of the Company, or the persons constituting the Court. The candidate having eased himself of the fees, from that moment there exists between him and the Company no personal communication, no kindred sympathy. By obtaining the license he does not become one of the Company, but, in fact, he is merely licensed to practice, as other persons are licensed, but for a different purpose, at *Samuel's House*. At the College of Surgeons in Lincoln's Inn Fields, the same narrow-minded and discordant principles are in full operation, but the results are known by different names. Instead of "fellows" "court of assistants," and "licentiates," we have here President, Council, and commonalty, or "members,"—members truly of a most extraordinary body. The Council is self-perpetuating; that is, the individuals composing this junta elect each other. They never appeal to the members for their suffrages, and these latter gentlemen, although designated members by the Council themselves, and although they are styled the "Commonalty" in the charter granted by GEORGE III., are excluded from every kind of interference in the government of the College, in the examination of candidates for the diploma, in the distribution of the funds, and even from an examination of the accounts. How can institutions thus organized, or, rather, *malformed*, be productive of harmonious action throughout such a profession as the medical? Colleges and companies are pulling in adverse directions; the fellows and licentiates of the same college are opposed to each other; the fellows of one establishment, the council of another, and the Court of Assistants of a third, are all contending for exclusive and peculiar privileges; the licentiates feel indignant at the neglect shown to them, and at the claims to superiority and rank which are set up by the "fellows;" and the mem-

bers of the College in Lincoln's Inn Fields have for years past been subjected to a species of tyranny, which even the most ignorant individuals in the community would not have suffered, without exhibiting the most pointed signs of disquietude and resentment. If the medical profession had been controlled by a government which acknowledged the voice or echoed the sentiments of the whole of that body—which had united in one powerful bond of union the interests of the whole of its practitioners, would there not have appeared, long ere this, a simultaneous movement in all its branches, and in every district, in order to relieve naval surgeons from the marked insult which has lately been offered to them by the agent or agents of royalty? This deeply important subject was brought before the House of Commons on Monday evening last, by that patriotic and inestimable member of Parliament Mr. HUME. The following is a report of what passed between this honourable gentleman and the FIRST LORD of the ADMIRALTY:—

"Mr. HUME called the attention of the right hon. Baronet to a subject which had given great pain and offence to a large body of meritorious officers in the navy. He meant the regulation by which warrant officers in the navy were not allowed to appear at his Majesty's levees. In this class were included surgeons, masters, and purser, but he confined himself at present to the first named. It was of great importance to the naval service to raise the character of its surgeons. They were now a much superior body of men, in point of qualifications, to what they were formerly; yet, let a man be ever so well qualified as a doctor or surgeon, he was now excluded from appearing at Court at Levees. This was an extremely unfair distinction, for he thought they ought to be placed on terms of equality with surgeons in the army."

"Sir J. GRAHAM said, that this subject was the last, in his opinion, which the House ought to take up. It properly belonged to the consideration of the Lord Chamberlain. If it were the object to prevent Levees from being too crowded, he did not know where the line could be better drawn, with respect to the navy, than between officers who held commissions and those who did not."

"Mr. HUMZ said there was an inconsistency in the regulation; for a man who was excluded one day as a naval surgeon might, on the next, if his name were struck off, be presented at court, and a case of the kind had actually occurred.

"Sir J. GRAHAM said, that in that case the party would have to send his card a few days previously to the Lord Chamberlain, who would exercise his discretion with respect to his admission."

Of course Mr. HUMZ was too well versed in the constitution of Parliament, too well acquainted with the aristocratic and conceited feelings of whig Lordlings, to expect any measure of relief from such a quarter; but he has discharged his duty, and conferred another great benefit upon the profession and the country, in giving additional publicity to the transaction, by bringing it under the consideration of the House. Mr. HUMZ has himself been a medical practitioner, and therefore is well qualified to speak upon any occasion which relates to the respectability and importance of our profession. His sentiments, however, little accord with those of the individuals by whom he is surrounded,—persons who, for the most part, are indifferent to the wants of the community, and whose views are alien to the opinions of the intelligent classes of society. Why is not our profession adequately represented in Parliament? How can improvements be effected in the construction of medical statute laws, unless there be returned to the House some dozen or two of medical practitioners? The fault rests with the profession. Our conduct in matters relating to the election of members of Parliament has been most criminally negligent. We have been attempting to purify the little streams, but, at the same time, have left the fountains, the springs of corruption, altogether untouched. The discussion of this subject is not, however, properly included in the topic which ought at this moment, almost exclusively, to engage public attention, and we should not have introduced it to the notice

of our readers, had it not been for the purpose of intimating to the members of our vilified, calumniated, and persecuted, profession, that the vote upon the motion now before the House of Commons, will, in all probability, lead to a dissolution of Parliament—when, should medical men again neglect their interests, and those of their College, by omitting to return a few of their brethren to the House, they will richly deserve all the calamities which may hereafter befall them through the instrumentality of imperfect laws. Medical men only are competent to prescribe adequate remedies for the present defective and rotten condition of the medical constitution. If, therefore, the House reject the whig reform bill, surgeons, physicians, and apothecaries, should instantly prepare for action—prepare in the first place to support candidates who have been educated in medical science, and, in the second place, to support only those non-medical candidates who will pledge themselves to advocate the cause of medical reform; for if the House of Commons be even but *partially* amended, our claims are such that they cannot be resisted, if adequately enforced by competent and sincere reformers. Not mock, pretended, or trimming, advocates, but patriots, who, actuated by a thorough love of their profession, and an unflinching determination not to be diverted from the path of their duty, will contend, at all hazards, and in defiance of all opposition, to claim for the whole of the profession, just laws and equal rights.

To return, however, to naval surgeons. From what has already been stated it is but too evident that these excellent officers have nothing to expect, either from the House of Commons, or from the Lords of the Admiralty, but the language of Sir JAMES GRAHAM, even if it gave no hope of relief, might, we think, have indicated a more *impartial*, if not a more *respectful* feeling. The terms in which the first Lord of the Admi-

rally thought proper to express himself, have added greatly to the injury which has been already inflicted upon these highly-deserving officers. But the honourable baronet may have presumed that there was little danger in treating with neglect a class of gentlemen *whose injuries were treated with indifference* BY THE PRESIDENT AND COUNCIL OF THEIR OWN COLLEGE. Power soon produces active and influential sympathy; but demands for justice made by individuals who are weak and friendless, generate, as Mr. BANTHAM well expresses it, only the "sympathy of neglect." Sir JAMES may have heard previously to last Monday evening of the fact communicated in the following letter:—

"TO THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

"GENTLEMEN,—Having applied to Mr. Keate to learn the decision of the Council of the College relative to the resolution unanimously adopted by you on behalf of our colleagues in his Majesty's Navy on the 14th ult., I have now to inform you that the Council, considering our proceedings to have been 'irregular,' have found it 'impossible' to act upon that document.

"Deeply regretting this impossibility in a case so urgent, I have the honour to remain,  
"Your faithful servant and confrère,

T. KING.

"10, Hanover-street, Hanover-square,  
"March 2, 1831."

After this we may well excuse Sir JAMES GRAHAM for the feelings which he entertains on the subject; but were the members of the College prepared for this announcement? The proceedings of the 14th ult. are fresh in the recollection of our readers. An overflowing theatre of members unanimously voted, that the Council should be respectfully requested to memorialise the Lords of the Admiralty; and the President of the Council, in the presence of the whole assembly, agreed to communicate that request to the Council *officially*. Mark, reader! The Council themselves were then

present, they heard every-thing that passed. They were fully aware of the unanimity which prevailed. They saw the crowded state of the theatre, and were perfectly acquainted with the extent of the request made;—the meeting, be it remembered, having merely petitioned the Council to this effect,—That they, the Council, would apply to the Lords of the Admiralty on behalf of the naval surgeons. Was there anything unreasonable in this request? There was no desire on the part of the members that the Council should communicate to the Lords of the Admiralty that the memorial had emanated from gentlemen not of the Council; it was left, indeed, by the members, for the proposition to *appear* to have originated with the President and Council themselves. This was a mark of respect shown to the executive of the College, for it surely were a reproach to that department to have it considered, that they required any stimulus in such a cause from the members of the profession generally. The members were too disinterested in their motives, and were too liberal, to place improper constructions on the motives of others—or to take any credit to themselves for having originated the measure. And now what is the reward proffered in return for the respect they have displayed towards the Council? Why, they are coolly told, that the self-perpetuating junta of the College find it "impossible" to act upon the resolution, in consequence of the "irregularity of the proceedings." Impossibility! Whence does the impossibility arise? The request made by the members was most simple, and most easy of accomplishment; that is, had the Council been disposed to stand forward as the natural champions of the insulted members, or had they been inclined to yield a friendly or respectful attention to the voice of the profession. It was acknowledged at the meeting on the 14th, that the proceedings, considered in relation to those of public meetings in gene-

ral, were somewhat irregular, inasmuch as the gentlemen then assembled had not been convened by public notice expressly with a view to take the grievance in question into consideration, and also from its not having been thought necessary to elect a chairman. But, of course, it was never intended that the "resolution" of that meeting should be laid before the Lords of the Admiralty, as it contained merely a *request to the Council that they would act in a certain manner*. As we before observed, the members of the Council were then present, and had a full opportunity of witnessing the feeling which prevailed, and the undisturbed unanimity which existed. The declaration, therefore, of "impossibility," is another added to the thousands of insults with which the members have been visited by this College. If the Council felt for the respectability of the profession, for the comfort, for the happiness, for the honour of the members of the College, would they have waited to be *petitioned* upon such a subject? Would they have hesitated before making application to the Admiralty? Would not their own generous feelings have irresistibly impelled them to take the most effectual steps to relieve from unmerited odium the insulted and calumniated surgeons of the British Navy? Not only, however, do they now declare that they are devoid of such feelings, that they are stimulated by no such desire, but they also announce, that a resolution adopted by a vast assemblage of the members is not sufficient, that even *that* document is not potent enough, to urge them to useful action.

The members, doubtless, gave offence to the worthy and liberal-minded Council, because they presumed to disturb the awful silence, which has so many years prevailed within the walls of the College, by discussing a professional grievance in *their own theatre*. But the spell has been broken, and the members came forward like honourable and upright men to assert their rights in a place

where they never ought to have remained dormant, and to declare in a voice which could not be misunderstood, that they were no longer the miserable tools of a despicable, dark-minded oligarchy. Having engaged in the contest, will they now tamely submit to defeat? Will they permit their benevolent intentions to be frustrated by men, the pride of whose lives it has been to trample down and oppress those members of an honourable profession for whose protection they were installed in their offices by the law of the land? If the Council refuse to apply to the Lords of the Admiralty, if this body cannot sympathise with the oppressed, is it for the members, who so nobly commenced the work of retributive justice, now to shrink back with dismay, because they are not supported in their measures by the wretched, self-perpetuating junta in Lincoln's-inn-fields? No! It is the duty of the members to proceed, and not to allow their ardour to be checked. Their own theatre is still open to them, and as the Council have refused to apply to the Lords of the Admiralty, the members have now only to select a *deputation* from amongst themselves in order to accomplish the object of the resolution which was adopted on the 14th ult. The "lectures" for the session have now commenced; they are delivered on Tuesdays, Thursdays, and Saturdays; the doors leading to the theatre are opened, at 3 o'clock, and the lectures commence at 4. Let those members, therefore, who are of opinion that the naval surgeons should not be deserted, should not be left to their fate, should not be suffered to be laughed at by underlings, and sneered at by haughty cock-combical lieutenants, attend at the College at the *opening of the doors* on Tuesday next, when there will be sufficient time to agree to other resolutions, if they should be deemed necessary, and to appoint a deputation of three, four, or five members to wait upon the Lord Chamberlain, who, we are now told by Sir JAMES GRAHAM, is the

most proper person to be consulted on the subject. This is the only course now open to us; it is the only course which can be adopted with the least hope of procuring for naval surgeons a reinstatement to that position from which they have been so unjustly, so unthinkingly, and so insultingly expelled.

The "resolution," we understand, has been very warmly debated by the sapient gentry of the Council, and it was not discovered until after three or four lengthy discussions, that it was "*impossible to act upon it, in consequence of the irregularity of the proceedings.*" We have been further told, that when it was put to the vote, the motion for receiving and acting upon it was rejected by a majority of *fifteen to three*; the minority having consisted of Sir ASTLEY COOPER, Mr. LAWRENCE, and Mr. BRODIE. If this report be correct, the members may, of course, calculate upon receiving the support of this enlightened portion of the Council on Tuesday next; and it cannot be doubted that they will attend in the theatre, to aid by their presence and suggestions the praiseworthy exertions of the meeting. The Council are bound by their own *by-laws*, to protect the "rights, interests, prerogatives, and immunities," of the members; but it would appear that these laws, just enough in themselves, exercise but little influence over the minds of men who hold their offices *independently of the will in all cases*, and in direct *defiance* in a great number of instances, of the wishes, of the great body of the members of the College. Let us prove that we are not to be checked; that we are not to be defeated in our efforts, by this miserable, self-conceited, self-perpetuating, oligarchy; but let us meet like men of rank and character, and of education and of knowledge, in *our own theatre*, and there discuss in the presence of our charter-protected tyrants, those measures which we may deem best calculated to uphold the honour, and main-

tain inviolable the rights and privileges, of our profession.

In conclusion, we take leave to remind the members that they should be at the College by *three o'clock* on Tuesday next, as the proceedings relating to naval surgeons ought to be commenced within ten minutes or a quarter of an hour after the opening of the theatre in order that they may be concluded, if possible, before the period allotted for the commencement of the lecture. It should be our earnest desire to avoid any just ground of offence, and it is highly important not to interfere with what the Council denominate the "regular business of the day." If necessary, however, the encroachment of a quarter—or half an hour, upon the time appointed for the lecture, could not be a ground for giving offence to any reasonable beings, if they were to consider the nature and object of the proceedings. The members ought to be informed, that the tickets of admission can only be obtained on application at the College daily, between the hours of *ten* and *three*; and it is highly important that the members should be provided with the means of securing the *entrée* as speedily as possible. On Monday or Tuesday, for example, Mr. BELFOUR may announce that there are "no more tickets for distribution."

The naval surgeons are so circumstanced that they dare not move in their own behalf. One step obnoxious to their superiors, might prove their irretrievable ruin; they look to their brethren for protection, and it were a libel upon the character of Englishmen,—upon the honour and spirit of the members of the Royal College of Surgeons in London, to give one moment's credence to the supposition, that these gentlemen would neglect to discharge a duty which is calculated to relieve from obloquy, a great body of officers who have been guilty of no possible offence. The Editor of this Journal, if he have life and health, will certainly

attend the meeting, and co-operate to the utmost of his power with those gentlemen who may be of opinion that an application on behalf of the naval surgeons, should be forthwith made to the Lord Chamberlain. If the majority of the members should be of a different opinion, he would in that case wait upon the Duke of DEVONSHIRE himself, rather than not endeavour to relieve the surgeons of the British Navy from the weight of odium and insult under which these officers are now suffering.

THE Fothergillian gold medal, value twenty guineas, has been awarded this year, by the Medical Society of London, to Mr. WILLIAM AUGUSTUS GUY, a medical student, for the best dissertation on "Asthma." The medal will be presented to the successful candidate on Tuesday, the 8th of March, at the anniversary meeting of the Society.

#### WESTMINSTER MEDICAL SOCIETY.

*Saturday, February 19, 1831.*

MR. CHINNOCK in the Chair.

MR. FORBES WINSLOW read a long essay on the influence of the passions over disease. In the collection and arrangement of his materials, the author evinced the utmost industry, but the want of novelty in the details renders the paper unsuitable to our columns.

An animated discussion ensued, partly on the subject of the essay, and partly on antipathies and monomaniac delusions. Dr. Epps and Mr. Evans bore a prominent part in the debate, and their speeches were much applauded.

Towards the close of the discussion, Mr. KING announced his intention of submitting to the consideration of the committee a resolution to the effect, "That the discussions of the Society should be thrown open to all subjects connected with the interests of the medical profession." Mr. King wished the notice to be immediately received by the committee, in order that the question might be laid before the general body of the Society at the following meeting. It was found however, on reference to the laws, that the committee could not receive the notice till that evening, and it was then determined that the debate on Dr. Winslow's essay should be further adjourned.

#### EXTRAORDINARY RESULT FOLLOWING THE ADMINISTRATION OF CRUDE MERCURY.

MR. CHINNOCK related the following extraordinary case, communicated to him by Dr. James Blundell. A patient, attended by Mr. Eccles of Rochester, had suffered from obstinate constipation. Every remedy usually resorted to under such circumstances had been administered by that gentleman without effect, when Dr. Lister's attendance was requested. He ordered half an ounce of crude mercury to be administered, and to be repeated twelve hours after if the bowels were not relieved. The ounce was given by Mr. Eccles himself; the object was not merely to produce action by its specific weight, but the Doctor hoped some chemical change might occur. A blister had been applied to the scrobiculis cordis, and complete vesication was produced previous to the exhibition of the medicine. An enema was also administered. Very shortly after the administration of the second dose of quicksilver, the intestines were emptied. There was an appearance of mercury in a state of oxydation in the stools. The patient complained of great uneasiness in the blister, and begged Mr. Eccles' attention to it. On examination, he found there were "scores of globules of mercury the size of pins' heads, scattered over the blistered surface;" some of these, subsequently, were collected by Mr. Eccles to form a large one, thus proving without doubt, that it was mercury in its metallic form. This case was observed narrowly by Dr. Lister, and Mr. Owen, a respectable surgeon of Chancery Lane, as well as Mr. Eccles. The details, as before mentioned, were given to Mr. Chinnock from Dr. Blundell's note book, with permission to relate it to the Society.

#### HOSPITAL SHIP GRAMPUS.

CASE OF ERYSIPELAS OF THE PENIS AND SCROTUM, WITH REMOVAL OF THE OLD, AND FORMATION OF A NEW, SCROTUM.

(Communicated by MR. BENNETT, Assistant Surgeon.)

DANIEL CLARKE, *etat.* 30, a seaman, was admitted on board this hospital, Sept. 10, 1830. His complaint, stricture of the urethra of two years' duration. The strictured part, which occupied the membranous portion of the urethra, would admit the passage of but the smallest size cat-gut bougie. The bougie was passed daily, and on alternate days; the hip-bath, and occasional aperients, were employed. Three weeks subsequent to his admission, a No. 4 bougie passed with facility, and the urine was voided in a corre-



sponding stream. About this time the patient obtained leave of absence for the day, and upon his return in the evening, complained of his having experienced a severe rigor followed by heat, but without sweating; a warm-bath and active aperient were given with relief. On the following day (Oct. 2) he complained of a recurrence of shivering, attended with pain in the head and thirst; his skin was hot, and tongue thickly coated with a white fur; an emetic was exhibited, and *magn. sulph.*, ʒj; *ant. tart. gr. ss*, continued every four hours. On the 3rd the prepuce, and afterwards the integuments, generally, of the penis, appeared considerably swollen, and assumed a florid erysipelatous hue, attended with much pain in the part, and great febrile excitement. The pulse strong and wiry; tongue loaded; skin hot. He complained of much pain in the head, and in the penis. Urine passed in a stream as free as usual. Blood was taken from the arm to ʒxx. Leeches and fomentations were applied to the penis, and nausea was kept up by regulated doses of tartarised antimony.

Oct. 4. Undiminished inflammation continues in the integuments of the penis, which are distended, elongated, and present a tortuous appearance; febrile excitement continues the same. Venesection repeated to ʒxvj (blood intensely buffed and cupped); salines and purgatives exhibited, and the penis freely punctured in the hip-bath, followed by the further application of leeches and fomentations.

Oct. 5. Penis continues swelled, and of a highly florid hue; patches of a sloughing tendency appear in three or four distinct situations; pulse moderated; constitutional excitement less; poultice of linseed meal to penis; saline effervesc. mixt. every 4 hours.

Oct. 6. Pulse quick and irritable; some increase of fever. Integuments at the upper and front part of the scrotum present an erysipelatous blush, and have an indurated feel. Twenty leeches were applied to the scrotum, and fomentations continued.

Oct. 7. Scrotum much distended and inflamed; discoloration of the integuments threatening sphacelus; pulse quick and irritable; countenance flushed; skin hot; tongue dry and brown. Free incisions were carried through the entire length of the scrotum, and poultices of linseed-meal applied.

Oct. 8. Sloughing of the scrotum has extended; the incisions through the integuments expose a thickened state of those parts, with combination of lymph, pus, and sloughing cellular tissue, without any traces of urine, which passes through the urethra in its usual stream, and in natural quantity. Takes an anodyne at night, two grains of quinine three times in the day, and six ounces of wine daily.

Oct. 9. The scrotum, which presented a mass of slough from the perinæum to within half an inch of the root of the penis anteriorly, and about the same distance from the groins laterally, was removed by the knife to within a line of the living parts, which appear to have a disposition to resist the further progress of the disease. The tunicae vaginales of both testicles when exposed were found to be implicated in the sloughing, and were separately removed, leaving the testis exposed, uninjured, but of a flabby appearance and pale hue. The dilute nitric acid was applied to the portion of scrotum and penis between the living and dead parts, and lint wetted with a combination of the tinctures of myrrh and opium kept applied over the whole surface. In the course of a few days all inflammatory action had, in a great measure, subsided; the sloughs were separating, and a healthy surface appeared beneath. Milder stimulants were now employed, and a nourishing diet continued. The sloughing of the penis was confined to the integuments, and formed three distinct patches, each about the size of a shilling. The scrotum was almost totally destroyed, and the testes bereft of their investing membrane remained exposed with a small portion of healthy septum scroti between them. On the complete separation of the sloughs, the sores on the integuments of the penis healed rapidly; the testicles threw up numerous and healthy granulations to a level with the remaining portion of scrotum at the root of the penis, whence the process of cicatrization commenced. Dressing with simple ointment was now used, but caustic and dry lint were subsequently found necessary to check the superfluous granulations.

Oct. 28. A small spot, about the size of a sixpence, remains uncicatrized in the centre of the new scrotum. The scrotum is small in its dimension, but presents no deformity, and during the process of cicatrization has drawn contributions so freely from the neighbouring integuments, as to present nearly a natural appearance. The testicles, over the greater portion of their surface, can be felt loose within the scrotum, and appear adherent only at that part of the scrotum which remains uncicatrized. The patient is in excellent health, and thinks he passes his urine more freely than he has done for two years. Discharged cured.

The latter progress of the cure was unpleasantly interrupted by symptoms of disease in the kidneys, indicated by pain in the loins increased on pressure, frequent rigors, and a muco-purulent deposit in the urine. These symptoms were removed by the application of cupping-glasses to the loins, and the free use of friction, with tartar-emetic ointment over the same part.

# THE LANCET.

[Vol. I.]

LONDON, SATURDAY, MARCH 12.

[1830-31.]

ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Feb. 14, 1831.

THERE were but three cases presented, Gentlemen, last week; the patients were all women:—one case of inflammatory dropsy, another of hysteria, and a third of disease of the heart.

### INFLAMMATORY MATRODROPSY.

The case of inflammatory dropsy arose from cold. The swelling began in the face as early as in any other part, and there was a degree of bronchitis present. On listening to the chest, a sonorous rattle was heard. These are all points on which I have treated before in the course of the winter; they all illustrate what I have stated to be the usual character of the complaint. She was cured by bleeding, low diet, and moderate purging.

### HYSTERIA.

The case of hysteria occurred in a little girl, and illustrates one of the causes of the disease which I believe is not very infrequent—the propensity to irritation.

The previous history of this girl I know perfectly well. Her name was Sarah Ireland; she was 16 years of age, and had had hysteria for nine weeks. It so happened (she was a servant maid) that I was sent for to one of the family, a few months ago, a very interesting and excellent young lady, who was in a state of hysterical delirium, partly unconscious of what passed around her, singing continually, and talking incoherently. This young lady died. After her death, I understand that another female in the family (of what description I do not know, whether one of the daughters or another servant, I cannot say), became hysteri-

cal; and this young girl, who came into the hospital, likewise fell into the disease; so that from one being hysterical, two others became affected in the same family; and the character of the hysteria in two of the three was alike—they took to singing and talking incoherently. This patient was admitted on the 1st of February, and the disease in her continued up to the very moment of her admission, for soon after she came into the ward she had a regular fit—a fit of hysteria; therefore the disease had not ceased—nay, it had not declined in the least. I had her, on admission, cupped instantly on the loins to 16 ounces, and being excessively flatulent, she took two drachms of the confection of rue three times a day, and was put on low diet: *she never had a fit of the disease from that moment.* She had had the disease unceasingly for nine weeks; she had had a fit after coming into the ward in about an hour, or an hour and a half, and from this moment it entirely ceased.

Now it would be very wrong for me to assert that I had cured this patient. Had I known nothing of her, I should certainly have thought I had cured her by cupping her well on the loins, giving her rue, and putting her on low diet. It is possible that I did cure her, but I think it is also possible that the disease ceased in consequence of her being removed from home. In the house where she was, another person had hysteria. In that house she had had the disease so long, that she had no command at all over herself, and was not at all influenced by the fear of those around her. Here she was removed from the sight of the disease, and placed under and among strangers, of whom she was more or less afraid; not that her symptoms were voluntary, but in many of those nervous affections, if patients can be unconsciously induced to exert a degree of restraint over themselves, the nervous affection is lessened, and will frequently cease. Therefore I think from the fear she had of those around her, of being cupped and doctored without any ceremony, and being obliged to submit to all the treatment which we might think proper in our wisdom to adopt, I really can believe the girl's disease

ceased from the impression thus made upon her mind.

I will say a few words on hysteria. I need not tell you the characters of it. You know that women are seized with a fit of more or less complete insensibility, with irregular convulsions: So that they feel choking, they sob, laugh, and cry; and go out of one fit into another. All this was the case here. Frequently, too, patients are incoherent, sometimes sing songs, and sometimes psalms. But these cases illustrate the fact, of which I am certain, that the disease does not, as some pretend to say, *necessarily* arise from the sexual organs, nor from sexual feelings. In the young lady who was the first subject affected in the House, it was quite certain, I think perfectly certain, from a number of circumstances with which I am acquainted, that it arose entirely from her extreme assiduity in charitably superintending some schools, and in superintending, likewise, the education of her little brothers and sisters. Her extreme anxiety, with an excessive degree of attachment to her family, induced all this.

From the character of the young lady, I am quite sure there was not a sexual feeling, either pure or incorrect, about her; that she had no attachment even to any individual beyond the domestic circle. During her delirium, she never once uttered an improper expression—never made a single allusion to any one human being excepting to her father and mother, and her little brothers and sisters. When she sang it was always a hymn, or some little thing of an innocent description. I have no doubt that in her the hysteria was brought on by her state of mind—her attachment to her family—the extreme anxiety which she had for some time experienced with regard to them, and with regard to the success of a number of poor children with whom she took much pains. What occurred in the case of the second patient I do not know, except that the symptoms were precisely the same; but in the third (the girl that was here), there was no reason to suppose any-thing of the kind that is usually alleged as the cause. In the first place the uterus was unaffected, for the catamenia were perfectly regular; she was sixteen years of age only, and had menstruated four months; but from the commencement of the menstruation, the catamenia had regularly appeared, and abundantly. Then with respect to her mind, there was no reason—not the slightest reason, to suppose any-thing at all of that description. If there had been, I think the disease would not have ceased the very day she was brought into this hospital. It is right to be remembered, however, that she had had a fall on her forehead, but I cannot think that that had any-thing to do with it,

for the complaint had occurred in two others of the family before; and when I recollect that the character of the hysteria was precisely the same in this as in the other cases, and ceased as it did, I cannot but ascribe it entirely to the impression made on her mind by witnessing the other two in their disease.

In regard to the fatal case of hysteria, it was the first instance I ever saw of hysteria proving fatal. In general, hysteria is a very innocent disease. It is troublesome—it is very annoying, or ought to be very annoying to a woman certainly, to make such an exhibition of herself as they do in a fit of hysteria; but I never knew it dangerous or fatal in my life before. In that young lady it certainly was of an inflammatory character; the pulse was quick, the skin hot, and the tongue dry and white. Anti-inflammatory measures were freely had recourse to, and she was considerably better. She frequently talked intelligibly afterwards; she was seldom, indeed, for any length of time, unconscious of what passed around her, but at length she became torpid, a degree of stupor supervened; she was unconscious of what went on; she had a kind of muttering, and an inflammation of both hands and wrists came on, and we thought (the medical gentleman who, constantly attended her, and I myself) that a fluctuation could be perceived; however, when this was the case, the pulse was exceedingly feeble and fluttering, and to have made an incision there would have been altogether useless—at any rate when the thing was mentioned before the family, a determination to prevent any-thing of the sort was expressed, and she died in a few hours afterwards. Unfortunately, no examination of the body took place, and I do not, therefore, know what was the internal state.

But I should mention that since then I have known *another* case of hysteria which proved fatal; one which I did not attend, but the circumstances of which were related to me, and I was present at the examination of the body. I believe those gentlemen who attend my lectures on the practice of medicine have heard me detail this case, but I am sure they will pardon my mentioning the circumstances here again, on account of its very extraordinary nature.

Two young ladies of a very nervous disposition, of very active minds—very excitable feelings—twins, had for some years been subject to fits of hysteria—choking and convulsions, and in the fits they would continually be seized with a motion of the head and arms regularly occurring in accurate time, and accompanied by the words "*tic—tic*,"—just like a clock. This would sometimes be with sensibility, and

sometimes unconsciously. Sometimes they would be conscious of it, and would say, "Now here is the *tic* coming again, but I cannot help it." And now and then they would say in distinct words, "I cum," "I cum," or *hi cum*, *hi cum*, I do not know which, and what it meant I do not know; but they both at last fell into a sort of trance—into a state of perfect insensibility, as though they were in a deep sleep, but without any snoring, and the breathing was natural, though faint. It was not an apoplectic state, but really a state of sleep, and this continued for a length of time. One of them died, and I was sent for to the other; there was then present a symptom very common in hysterics, extreme sensibility of the surface of the trunk, so that the slightest touch gave her exquisite pain, caused her to groan and nearly shriek, and say *hicum* a few times, and then the head to begin moving from side to side, and the hands and forearms to semi-rotate in regular time, the motion being accompanied by the words, *tic—tic, tic—tic*, the second word *tic* being pronounced, as usual, some notes lower than the first. This morbid sensibility of the surface has frequently been mistaken for inflammation: but it is a state of the sentient nerves. If I opened her eyes they remained so for a minute, fixed as if she was looking at something on the left of her, and then the eyelids quietly shut. Seeing her lie in this trance, in which I was told she had been for a considerable time, I recommended that she should be well nourished. Wine and strong broth were got down, and when she appeared sinking, large quantities of sulphate of quinine. But at one time there was such debility that when a teaspoonful of wine or soup was put into the mouth, we had to squeeze the larynx at the arytenoid cartilages, to cause irritation enough to produce deglutition. In this way, and by the extreme assiduity of the gentleman who regularly attended her—who, in fact, gave himself entirely up to the case, and staid with her day and night, feeding and watching her, she survived. At the end of three weeks I saw her again. Since my first visit fullness of the head had taken place, indicated by heat, and by throbbing of the temples; it was found necessary to apply leeches, and at the end of some weeks from this time even, she was still alive though still in a trance. During this time she had once or twice half awakened for a few minutes; in one of these moments of consciousness she made motions as if she wanted to write, and they gave her a pencil, and she wrote down distinctly what she wanted in regard to her affairs, and went off again into her slumber. On another occasion she became conscious and opened her mouth as if she wanted food; they gave

her some, and she ate it ravenously, and then went off again. I was once present when she became conscious, and evinced by moaning and moving her arms that she wanted something; she shook hands with all around her, with me among the rest, and I am sure was perfectly conscious of her situation, but in a few minutes she went off again.

Now, I allude to these cases for the purpose of showing that hysteria is sometimes fatal. The sister whom I did not see alive, and who lay dead in the house, had, after being kept a fortnight, undergone very little change; it was thought right to open the body, but nothing could be observed except extreme paleness. I never saw the membranes of the brain—the pia mater particularly, more destitute of blood; and the brain itself was excessively exanguineous.

The general character is the same exactly with that extraordinary disease called *catalepsy*; I believe catalepsy is a variety of hysteria. As in hysteria, so in catalepsy, the patient is generally a little sensible, though insensible in a very high degree. You can mould them into any form. If you place them upon their back and raise one leg, they lie with that leg raised: so with the arms. This is a disease which very few people have seen; I have never seen it myself; but it occurs, like hysteria, most frequently in women. Like hysteria it will come on in paroxysms. It likewise agrees with hysteria in this, that generally it is only a troublesome complaint, but sometimes is of a fatal nature. There was a case in this hospital last year, I did not see it, from a paroxysm never happening when I was in the house, for some weeks, and was considered to be a case of catalepsy without any deception; it occurred in a woman, and the fits came on at irregular periods; she was fully unconscious at the time, and might be moulded into any shape. She went out well, I believe, or at least no worse than when she came in.

There is a case described by Dr. Heberden which occurred at this Hospital, and which he came here to see. You will find it stated in his *Commentaries*. It occurred in a woman. The paroxysm usually came on morning and evening, and lasted from one to three hours; but upon one occasion the paroxysm lasted twelve hours. It would come on suddenly, the pulse and breathing remaining natural; the eye was fixed as though looking at some object, and the arm would remain as it was placed for twenty minutes together, and it once did so for one hour, precisely as if it belonged to a statue, and it would sustain seven pounds weight. The jaws were shut, and it was observed, that if the nostrils were closed, the lips opened, and a respiratory effort was made,

After a time there was nearly, but not perfectly, complete insensibility, and generally in hysteria the insensibility is incomplete. It was noticed that a slight winking occurred on the approach of the finger to the eye, and that a contraction of the iris occurred on the approach of a candle. Dr. Gregory, I recollect, used to mention a case of catalepsy that occurred from mental distress, in a lady whose history resembled the affecting tale of *Isabella* in the *Fatal Marriage*, and she appeared insensible except when her child was brought to her, and then faint signs of perception instantly took place. In a case not exactly of catalepsy, but in some degree of analogous nervous affection,—of trance, mentioned I think in the *Psychological Magazine*, a young lady lay so long senseless and without any sign of life, that she was not only laid out, but laid in her coffin, and at length, while they were placing the lid upon it, a general sweat from horror broke out upon her, and revealed that she was still alive. She recovered, and declared that she had been sensible to things around her all the while, though unable to move a feature. What was the result of the other case I do not know, that is not mentioned by Dr. Heberden; but that catalepsy is sometimes fatal is proved beyond doubt. A deserter who was caught, suddenly shrieked, lost his voice, and became immoveable and unconscious; he then became cataleptic; neither ate nor drank, nor discharged urine nor feces, and died in twenty days.

Now, I think it is important that you should know there are cases of this description, because both catalepsy and hysteria are for the most part devoid of danger; both you find prove fatal occasionally. I never knew, till within these few months, a case of hysteria prove fatal. One within that time has proved fatal in my own practice, and I was present at the post-mortem examination of another.

There is a case of hysteria in my female ward, illustrating another variety of the disease, unaccompanied by singing, but where, besides the regular symptoms of hysteria, the right side of the body is much more affected than the left, so that in the fit the action of the muscles of the face on the right side draw the left side of the face in such a way that you would imagine the patient to be paralytic on the left side. The right hand is clenched, with the thumb bent in upon the palm, the abductor pollicis acting so powerfully, the right arm drawn violently behind, the right leg drawn back, and the right foot turned in. In this case other muscles are affected, so that the girl, who I understand could speak very well before the disease presented itself, can speak now but very imperfectly; for instance,

for "so," she will say "toe;" for "yes," "yet;" and so on. She speaks exactly as many children do who have defects in their speech; this is entirely the effect of the disease. The mind too is frequently in this disease peevish and silly, and so it is in this girl—this woman rather, for she is twenty-five years of age—she answers abruptly and snappishly; she has had the complaint for two years. In her, I believe, there is no doubt the disease has arisen from disappointed attachment; I believe there has been a little love in her case. I understand that she has a sweetheart (as most women have before they are five-and-twenty), but that that sweetheart is two hundred miles off, a calamity quite sufficient to make any girl go into fits. (*Laughter.*) However, she is already considerably better. I had her cupped on the loins to a pint, and ordered her an injection every day, consisting of three ounces of the oil of turpentine and a pint of gruel. She has been cupped at the occiput also to a pint, and the fits have become much less violent and less frequent, and the menses have appeared after not occurring for three months. It was not the cessation of the menses that caused this disease, for she has had the disease two years, and they had only ceased for two or three months. Immediately after the cupping and the very first injection, the right hand opened completely, although it had been closed, as I said, for a fortnight before she came here. She will be soon perfectly well.

I may mention here, that formerly it was supposed that a great number of diseases arose from suppressed discharges and suppressed irritations; it seemed never to be thought that the occurrence of another disease might put a stop to a natural discharge, and to a morbid discharge or irritation. Now, I think there can be no doubt, that in very many cases, perhaps in the greater number in which the suspension of the catamenia takes place, and other complaints appear, it is not the cessation that occasions the other disease, but the occurrence of the other disease that causes the cessation. With respect to eruptive diseases, diseases of the skin, you know very well it frequently happens, that in scarlet fever, or the measles, for example, the eruption will not come forth, or will decline too soon. It was generally supposed there was a defect in the power of the constitution in all those cases, and an indication that stimulants should be given. I believe we owe it to the French, and perhaps particularly to Broussais, that we now know, that when cutaneous eruptions do not come forth at the proper time, it is generally owing to an internal inflammation—certainly more frequently to inflammation in the chest or abdomen than

any-thing else, and that the best mode of bringing out the eruption is to subdue the internal inflammation. So it is with respect to a great many instances of the cessation of a disease, or the cessation of a discharge. If another disease, if a new excitement of the system takes place, you may expect that an action which previously existed in the body will not go on so vigorously as it did before; that a chronic eruptive complaint may disappear, the catamenia may stop, or the discharge from a sore leg may dry up. Certainly I think the occurrence of a new disease within the system is quite as frequently the cause of the cessation of discharges both morbid and natural, and of the cessation of many diseases of irritation, as that the sudden suppression of discharges—the sudden cessation of discharges from a disease and irritation which previously existed, gives rise to the new diseases. This is very important in pathology, for if in every case where the catamenia have stopped and another disease has begun, we were merely to direct our attention to the forcing back of the menses, we should very often fail; whereas by attempting to cure, and by curing the new disease, the catamenia will return as a matter of course, though while subduing the other disease, it might be sound practice also to endeavour to excite them. You know that when an acute inflammatory disease takes place, the bowels, for example, will become very much torpid, the natural functions of the alimentary canal will cease or diminish, so that costiveness is a common circumstance in many acute diseases. So it is precisely with the catamenia, and often with discharges from issues and sore legs. You know that when a person has a sore leg discharging profusely, if an inflammation of the lungs or brain occurs, the sore immediately puts on a different appearance, the discharge perhaps lessens and dries up. Now, it is not the cessation of the discharge from the leg that causes the complaint in that case, but the complaint that causes the cessation. These things were once but little known; one side of the question only was viewed by most old writers, and I think that side is less frequently in fault than the side to which they did not look; consequently they took too limited a view of such cases, and were often wrong in their practice.

#### DISEASED HEART.

There was a case presented, Gentlemen, of affection of the heart, which was exceedingly interesting from the good that was done. A large number of diseases of the heart are undoubtedly of an inflammatory character; they begin as inflammation of the pericardium and heart, and the organic affection which remains is merely the conse-

quence of the previous inflammation. There are others of an opposite character, which are attended by debility of the whole constitution; with flabbiness of the muscles and paleness of the face, which are removed or lessened, we will say, by the opposite plan of treatment.

The case to which I allude, was that of a woman admitted on the 13th of January. She was 43 years of age, was anasarcaous; the face was swelled, the legs were swelled, and there was a strong action of the left ventricle of the heart over a considerable space. At the moment you felt the stroke of the heart, and felt the pulse, a *bellows*-sound was heard, which every now and then became the sound of a *saw*. It was generally a bellows-sound, but now and then the bellows-sound became very shrill, exactly like that of a fine saw. She had suffered from palpitation for four years, though she said she had been ill only six months. She was pale, and on feeling the arm the muscles were quite flabby. My impression was, that if I bled this woman and put her on low diet, I should certainly have increased the mischief. I could not but believe that this was a case of dropsy, arising from disease of the heart, attended with debility and flabbiness of its texture. With respect to the state of the heart, I conceived, that as it beat over a very considerable space, and, as there was a dull sound to unusual extent, upon percussion of the cardiac region, that it was dilated. If the heart is merely hypertrophied and not dilated, you have not much extent of dull sound; if it is dilated, then the dullness on percussion is extensive. There was evidently obstruction to the passage of the blood into the aorta; but it was impossible to say whether that obstruction arose from constriction of the aortic opening, or the dilated state of the left ventricle. The latter might be quite sufficient to account for the symptoms: the cavity having become too large relatively for the natural dimensions of the aortic opening. I am satisfied that there was dilatation, as well as thickening of the heart, but the disease was not of an inflammatory character; on the contrary, it was a disease of debility.

I gave her strengthening medicine; I exhibited iron; but that she might have something, on account of the dropsical effusion, that tended to increase the discharge by the kidneys and by the bowels, she took the tartrate of iron in treacle—two drachms of the ferrum tartarizatum three times a day. In two or three days I made it three drachms three times a day, and in two or three days more, half an ounce three times a day. By this time she began to make a considerable quantity of water, indeed the quantity of water was increased more or less after the

third day from her admission. The bowels, too, became exceedingly purged from the ferrum tartarizatum and the treacle. While she had these discharges, however, she regularly gained strength, so far from becoming weakened. The palpitation of the heart declined—the dyspnœa diminished—the sound of the left ventricle of the heart lessened from a sawing sound to only a bellows-sound. She could lie on either side, from having been able to lie only on the right. She became much stronger, and likewise regained her colour. However, as the medicine was purging her too actively, the dose was reduced to two drachms three times a day; and as I was anxious that though she should not be purged excessively, she should have as much of the iron as possible, I gave her, in addition to the two drachms of the ferrum tartarizatum, two drachms of the subcarbonate of iron, mixed with each dose. The œdema went entirely away; she felt much stronger on the 25th of January (having been admitted on the 13th), and in every respect better. When she came in, she was so ill that she could not walk; she was immediately put to bed, and I almost thought that there she would lie till she died; but on the 8th of February, the report says she felt quite strong and quite well. No œdema of any part, no dyspnœa, no palpitation: but of course the heart was not cured; on listening, I still perceived a bellows-sound, but there was such a diminution of it and of all the symptoms, that she thought herself well, found herself strong, and went about and looked rosy, and would be treated as a sick woman no longer, but went home. When dilatation of the heart arises merely from its texture having become soft and flabby, I have no doubt it may sometimes be cured. Voluntary muscles, from being very relaxed, soft, and flabby, do every day become, by strengthening the system, firm and hard again. This, therefore, may happen in the case of the heart, and if the flabbiness of the heart has given rise to dilatation (and dilatation is most frequently attended by softness of the heart) if not united with, and resulting from, hypertrophy, this dilatation may cease on the return of tone. Dr. Piorry says, that by means of percussion on the plessimetre, he has ascertained the fact of a dilated heart recovering its natural dimensions.

The case was very satisfactory, because the treatment of diseases of the heart is, for the most part, difficult; if you cannot discover tenderness, if you cannot make out a decided local inflammation: if you cannot make out any fulness of the system, the utmost you can do is to palliate the symptoms, and to increase the quantity of urine, if any effusion have taken place. But I believe, if there is reason to suppose there is

great debility of the heart, flabbiness of the muscles, paleness of the surface, and if the heart is found dilated, and we see considerable effusion, under these circumstances a great deal of good may be done by giving preparations of iron. They are mentioned by some foreign writers, and I have seen very much good done by their administration. Of all the preparations, I consider the tartrate is one of the best, on account of its having no tendency, when given in treacle, to constipate the bowels, but rather to open them freely, and keep up a discharge also from the kidneys. I think this was one of the most satisfactory cases I ever treated. A few years ago, I certainly should have been quite at a loss in such a case. I should, perhaps, have applied leeches, or given a quantity of mercury, or only diuretics; at any rate I should have palliated only, and that in a very imperfect manner, or perhaps done harm, and certainly should have omitted this very important remedy.

#### ANEURISM OF THE AORTA IN A FEMALE.

Only four cases have been admitted since our last lecture: two in females. One a case of chronic bronchitis, or rather of acuto-chronic bronchitis, which had existed for two months, and where there was a sonorous rattle in various parts of the chest. But the other was a case of aneurism of the aorta. Aneurism of the aorta is a disease which we very seldom see in women; but I think you will agree with me, that though it is rare in females, the patient whom you shall presently see, really labours under the disease. Her name is Ann —, she is 31 years of age, and has been ill two years. Her pulse on admission was rapid, 136, full and strong. There was a strong and diffused pulsation at the cartilages of the right lower true ribs, a constant cough, and some mucous expectoration. The week before her admission, she had spit up blood. Where the pulsation is observed, there is some tumefaction and great tenderness. At all times she has shooting pricking pains there, and likewise pain in the right shoulder and down to the elbow. This is a perfectly well-marked case of the disease. Whenever the aneurism arrives at a certain size, I have noticed pricking pains to take place. I presume that they arise from the inflammation going on exteriorly to the artery, producing adhesions between the vessel and the neighbouring parts, and producing adhesions after the vessel is obstructed between more exterior parts in succession; a beautiful provision of nature, that life may be preserved as long as possible. There is extreme tenderness of course also, through this same inflammatory process. She has an aching in the right shoulder. As such an aneurism goes to the right side,

I have usually observed pains in the right extremity, pains about the scapula, clavicle, axilla, and down the arm; and here the pain extends as low as the elbow. With respect to the constant cough, there can be no doubt that that arises from the inflammation which is set up in the lungs immediately in contact with the aneurism. The lungs of course are glued to the aneurism, and the bronchiae are inflamed. She has spitting of blood; a degree of bronchitis is established, from the inflammation going on around the aneurism, the mucous membrane suffering also, being excited into an inflammatory and hæmorrhagic state. She has, I need not say, great dyspnoea on moving. She is also very costive, and says her motions are black. The catamenia are quite regular, and at the time of her admission were present. She cannot lie on the left side; she lies on the right side, and lies easier there than even on her back. I believe this circumstance arises from two causes; first, that when she lies on the left side, there is a dragging down to the left side of the parts that are adhering and diseased; and, secondly, that if she lies on the left side, the heart beats the more violently, as it always must, if hypertrophied, or even merely excited, against the ribs, from its closer proximity to them when we lie on the left side, and thus increases the inconvenience. That there is disease of the heart, I have no doubt, and I am sure it is hypertrophied to a certain extent; for it beats violently in the left part of the cardiac region, without any noise; it gives a violent blow on the ribs, and that blow would be quite sufficient to make it painful for her to lie on the left side.

With respect to the bronchitis, there is sonorous rattle as well as expectoration. The chief seat of the pulsation is between the fourth and the sixth right ribs near the sternum. If you put your fingers upon the space between the fourth, fifth, and sixth ribs, you will find the pulsation very great there.

*Causes.*—I can have no doubt that the disease has arisen from violent exercise. Many of the diseases of the heart and arteries arise from inflammation, which proceeds from causes connected with rheumatism. Some again take place merely from an inexplicable disposition to organic disease of the coats, and chiefly of the lining membranes of the aorta, and of the lining membrane of the heart. But sometimes you will see disease of these parts arise from excessive muscular action. This woman has led what one might consider a very unnatural life for a woman. She has travelled with her husband over the country as a sort of saleswoman—selling articles, and frequently walking eighteen or twenty miles a day, and very often in hilly countries.

I need not say that a case of this kind can have but one termination. But great relief may be obtained by purging, keeping the patient perfectly at rest and upon low diet, and resorting to repeated bleedings. I bled her, when she was admitted, to about twenty ounces; and next day the pulse was reduced to 120; the breathing was better, and she was much easier. The cough continued, and I ordered her another venesection to twenty ounces, and house medicine to be taken every day. I have desired that she may be brought in, for some gentlemen may wish to inspect her, who may not have the opportunity of seeing the case again.

[The patient was now brought in, and the pupils severally had an opportunity of examining the tumour.]

I conclude that, in this case, the aneurism must rise from the aorta, just after it has left the pericardium. If the aneurism occurs *within* the pericardium, it generally bursts before it has attained any considerable size. You know that, in the pericardium, there are no means for the aorta to form adhesions around; it therefore simply distends; there is nothing for it to adhere to, being loose like the heart; after the external coat has been dilated to a certain extent, the vessel gives way. The usual course of the complaint is for the internal and middle coats, or both, to split, and then for the blood to be diffused below the external coat; and it will extend this, and the patient live for some weeks—or, for what I know, a few months. But at last, as the escape of the blood becomes greater and greater, the external coat is more and more distended, till it suddenly gives way, and the patient dies in a moment.

This is a drawing [*exhibiting it*] taken from a patient of mine, a woman in the hospital, who came in for another complaint—pain in the head, and for which she had leeches applied. Within a few hours after her admission, while the leeches were applying, she fell back and died as if she had been shot. You will observe that here the artery is split just as it arises from the heart; here are the internal and middle coats of the aorta together; they have split transversely; the blood was effused under this the external coat. Thus external effusion into the pericardium was prevented from taking place for a considerable time. In one part of the inside of the external coat, you see regular layers of fibrine—layer upon layer. The external coat was prodigiously distended, and at last a crack through it took place longitudinally—the very reverse direction of the split in the internal and middle coats. When the ex-



ternal thus gave way, she of course died in a moment.

It is very curious that the same thing occurred in George the Second. You will find the account of that king's death in the Transactions of the Royal Society. He died of a rupture of the right ventricle of the heart; but they found the aorta exactly in the first stage of the state in which this woman's was; that is to say, the internal and middle coats had ruptured; there was a large coagulum under the external coat which had not given way; and if his heart had not ruptured, he would have died in a few weeks I presume, from rupture of the external coat of the aorta itself.

This, therefore, is not an aneurism of the aorta, so low down as to be within the pericardium; it is an aneurism of the aorta soon after it has left the pericardium. I conclude this from its situation. You observe the chief part of the tumour—the most prominent part of it, is between the cartilages of the fourth and sixth true ribs. The disease sometimes takes place higher up; it sometimes takes place at the arch; and when at the arch, sometimes at the superior part of it, and sometimes at the anterior part of it. If the disease were situated in the arch itself, there would be a tumour formed much higher up, or perhaps, indeed, just above the sternum; but it must, therefore, be situated, no doubt, in the ascending aorta, not in the arch itself, for the tumour to be in the situation in which you see it in this case. This, of course, will at length rupture. There is no probability of death from its pressing upon the œsophagus or trachea; probably from the extreme tenderness at its prominent part, rupture will take place there into the pleura, and she will die of hæmorrhage. The rupture of the thoracic aorta must frequently take place into the left pleura, but sometimes into the œsophagus, sometimes into the pulmonary artery, and sometimes into the substance of the lungs and various other parts, but generally it takes place into the left pleura.

**Diagnosis.**—Now when the disease has not advanced as it has done in this woman, I believe it to be a very difficult thing indeed to recognise it. I do not pretend myself to be able to recognise an aneurism of the aorta before it has produced a tumour, or strong pulsation in some one part. There is a French writer (Dr. Bertin) who says it may be discovered by applying the stethoscope over the sternum. He says, that even when it has not given rise to any tumour or pulsation that may be *felt*, you may *hear* a pulsation under the sternum, and that he has three times thus discovered the disease before it had produced any tumour, or any external pulsation at all. Whe-

ther he was fortunate in those cases, or whether he was justified in the first instance in saying they were aneurism of the aorta, I do not know.

**Symptoms.**—Respecting the symptoms, I believe that what you have heard this woman say [*she merely answered questions corroborating the Doctor's statement made before she was called in*], and what I have detailed from the case-book, agree with what I have mentioned in the book I have published upon these diseases. I have said, "There is frequently cough, mucous and bloody expectoration; dysphagia; dyspnoea, even orthopnoea; attacks of spasmodic suffocation; pain in the right shoulder, axilla, inner side of the arm, in the course of the nerves, which may be tender, and up the right side of the neck and hand. Pricking pains may be felt in the tumour." These she experiences severely.—I had a patient labouring under this disease whose axilla was so tender from an aneurism of the aorta that he could not bear it pressed upon.

With respect to the situation of the tumour, I have said,—“When a certain size is attained by an aneurism of the ascending aorta, a tumour is usually found at the fifth and sixth ribs of the right side; when, at the anterior part of the arch, the tumour is at the third and fourth of the right side; when at the superior part of the arch, it is above the sternum and clavicles. The strongly pulsating character of the tumour shows its nature, even should the tumefaction subside considerably for a time, as happened by repeated venesection in three cases of this disease that I treated, and in one of which the tumour once actually pointed.” This case, in which the tumour pulsated, was one in which I expected rupture to take place within a week or two; but by repeated bleedings, the tumour that was not only very large, but had begun to be pointed—receded, and at last the part became level. This patient, however, died suddenly, when in about six or eight months afterwards he came into the hospital a second time, of rupture into the left pleura. But from lessening the volume of blood in the system, the tumour became so much reduced, that though a strong pulsation existed, still the part became quite level; therefore I was not surprised to hear a gentleman remark this morning, in examining the patient whom you have just seen, that he thought the tumour in the present instance was less than at the woman's admission. She has lost forty ounces of blood since last Tuesday, been living low ever since, and that easily accounts for it. It must be mere conjecture how long this poor woman may live; it may be a few weeks. Of course if she was to take violent exercise, she might soon die suddenly. If she

will consent to be kept quiet, and take low diet, she may live a considerable time—that is, considerable compared with the time she would live, if she were to walk about.

The other two patients admitted were men; one laboured under peritonitis, the other under acute rheumatism.

PRACTICAL OBSERVATIONS ON THE  
PATHOLOGY AND TREATMENT  
OF  
DEAFNESS.

No. IV.

By JOHN FOSBROKE, M.D., Cheltenham.

IN cases of deafness, with obstruction of the Eustachian tube, the indistinctness of sounds and noises in the deaf ear are increased apparently by the impulse of the air on the membrane of the tympanum being rendered more forcible from without, than when that membrane is counterpoised by the free access of air from the mouth of the Eustachian tube to the cavity of the tympanum. But the continuance of this noise after the external auditory canal is plugged, shows that it is owing but partially to this cause.

Incapability of distending the membrane of the tympanum by closing the mouth and nostrils, and expiring forcibly, is no certain proof of permanent obstruction of the Eustachian tube, where that difficulty has occurred, and also where plugging of the meatus externus has rendered the patient completely deaf, I have passed properly-curved probes with the greatest facility from the nostrils into the cavity of the tympanum. When the Eustachian tube is clear, the deaf certainly hear best through the mouth, perhaps because the cavern of the mouth and the nasal cavities cause the sounds to come louder from that direction. But, also, inability to hear through the mouth is not always a proof of permanent obstruction of the Eustachian tube, for I passed the probes into the middle cavity of the ears of a gentleman, whose membrana tympani Sir A. Cooper had punctured, and who "could not always hear a watch when placed in his mouth." A patient may be able to perflate the tympanum at one time, and not at another. Dry and fine weather is most favourable for it.

Apparent obstruction of the Eustachian tube occurs very frequently in those cases of deafness which are connected with that state of chronic disease which consists in continued and vitiated discharges of mucus from the mucous membrane of the bowels,

with irregular determinations of blood to different parts of the body, and disordered nervous action. In these cases it is probable that an over-secretion of mucus from reciprocal diseased action of the mucous membrane lining the tube of Eustachius may often preclude the approach of sounds to the internal ear by that avenue. I do not think that the deafness in these cases is always caused by local obstruction, for there is a sense of tumult in the head, a confused and muddled state of mind, and concomitant noise in the ears. I published the following remarks five years ago on this subject:—"But in different individuals the hearing in this disease (the morbus mucosus) is powerfully acute, whilst in the advanced stages some are almost deaf. The deafness is not always caused, as one would at first suppose, by obstruction in consequence of mucus being accumulated in the Eustachian tubes, or of occlusion of their pharyngeal apertures, for they have been pervious to inflation, when, in the more advanced stages of the disease, the acoustic sense was greatly impaired. According to observation, both sight and hearing shall be preternaturally acute, or preternaturally dull in this disease, at different periods of its advancement. When the eyes are morbidly susceptible, and noise and tumult in the head are complained of, the hearing at such times is more dull and confused. It must be remembered that in diseases which involve the whole constitution, as well as particular parts, of the human fabric, the ears, as possessing an eminent degree of organic sensibility, take a prominent place as to original susceptibility."\*

It is a curious circumstance, that in these mucous cases, those nerves are chiefly, indeed primarily, affected, which arise from and about the tuber annulare, viz., the fifth pair, which supplies the appendages of the eyes, nose, teeth, and parts about the face, and the eighth and ninth (portio mollis and dura), the nerves of the parts of hearing and expression.

In 1822, Mr. M., a general practitioner, came to Dr. Jenner on his own account, having the mucous disease with deafness. The deafness could not be traced to obstruction of the Eustachian tube, or of the meatus auditorius, by inference from symptoms or the usual tests. He had a painful and permanent headach, great dejection of mind, torpor of habit, and every symptom incident to those who pass vitiated mucus from the bowels. His mind had been under the influence of the depressing passions some years. I attribute his deafness to the diminution of energy which the sense of hearing, as well as the brain and nervous system, had

\* Pathology of the Kidneys, p. 107. 1835.

undergone in consequence. *August, 1822.* I took these notes just as they stand, two years before I paid any particular attention to the subject of deafness. In June, 1825, Mr. M. called on me at Cheltenham; his hearing and constitution had improved, but the *susurrus aurium* continued.

There appears to be a morbid condition of the Eustachian tube of the same nature, which is purely local. In such cases I have found the Eustachian tube sometimes closed, sometimes open, sometimes extremely irritable when touched with a probe, at others possessing little sensibility. The more irritable the membrane may be, so much the greater is the sense of cold and torpor of hearing. In such cases the membrane is lax and thickened, and clammy with an albuminous mucus, as far as I can judge from the introduction of the probe, and from observing this condition of the soft palate at the same time. Dr. Parry describes a species of deafness which he thinks cannot be imputed to torpor of the nervous system, the hearing being at one time dull, at another too acute.\* This species is connected with a morbid condition of the Eustachian tube. "There is a common species of deafness," says he, "of which Dr. James Sims has spoken, if not first, at least best, in an excellent memoir read before the Medical Society of Edinburgh. Like many other disorders of circulation, it is usually called nervous. It, however, seems evidently to arise from obstruction of the Eustachian tube. Accordingly, when it is simply of this kind, the patient can hear well, when the tube is distended by strong blowing, with the nose, mouth, and cheeks closely shut. He can usually also, at all times, hear acute sounds, but not the more grave ones. In this case, there is so far from being any real paralysis of the nerves that acute or very low sounds are even painful, and what demonstrates that this is a disease of increased vascular fulness, or impetus,† and not of nervous sensibility, is, that I have known it first removed on the occurrence, in the respective

examples, of hepatitis and hemiplegia, and *return as those complaints were diminished;*" [These facts agree with a case of deafness disappearing on the occurrence of a thoracic affection, which I have already related, and are instances of John Hunter's doctrine, that "two actions," &c.—F.]—"secondly, entirely cease in two instances, forty-eight hours before death; and thirdly, completely cured for more than a year of the remainder of life by an accidental hæmorrhage from the humeral artery. This species of deafness is very commonly produced by colds in the head, in which it is evidently owing to a *communication of disorder from the mouth and nose* along the membrane, which is continued into the Eustachian tube. It is probable, however, that, on many occasions of deafness, *the malady is not confined to this part*; but it is worthy of inquiry, whether, in such cases, the effect does not originate in a similar excessive impulse of blood acting on some other essential part of the organ of hearing."

Diminution of nervous influence, and loss of animal heat, are observed, in cases of DEAFNESS WITHOUT DISCHARGE, in the tissues which line the Eustachian tubes, as well as in those of the external auditory passage. At the same time, the Eustachian tube may be excessively irritable to the touch, and more irritable on one side than the other. Obstruction of the Eustachian tube rarely occurs unconnected with other causes of deafness. M. Lallemand describes otorrhœa of the Eustachian tube as the most rare and insidious variety of inflammation of the ear with discharges. Dull pain in the aural region, fixed or shifting, constant or intermitting, *tinnitus aurium*, in a buzzing or cascade-like form; hardness of hearing, increased to complete deafness, succeeded by sudden recovery, the two last phenomena being ascribed to the accumulation and discharge of matter from the tympanum; a bitter taste, fetid breath, nausea, vomiting, expectoration, or violent coughing up of fetid matter; distaste of food, loss of appetite, emaciation and despondency, caries of the bones, cerebral affection, and death, mark the progress of the affection. The disease is generally ascribed to the stomach and lungs, and treated accordingly without effect.

The ceruminous glands in deafness are generally torpid, or cease entirely to secrete, and, sometimes, instead of healthy wax, produce a thin fluid. The suspension of their secretion is said to cause deafness. I have known audition become gradually impaired at the same time that the wax became very hard, nodulated, and small in quantity, whilst there was, at the same time, some chronic soreness of throat, and pain in the course of the Eustachian tube.

\* After hysteria, phrenitis, and some other diseases, the hearing is often too acute; the nerve is sometimes morbidly sensible after apoplectic affections, which appears to denote too great fulness of the vessels of the head. A case of morbid irritability of the auditory nerve following an apoplectic seizure, is related in the London Medical and Physical Journal, about 1822. The late Dr. Jenner was similarly affected after his first apoplectic seizure, and incapable of hearing any "clicking," or sharp sounds without flushing of face, determination to the head, and great pain, for he sometimes put both his hands up to his head and rushed out of the room. It ceased a few days before his death, which arose from a second apoplectic seizure; whilst sitting in his chair and shaving.

† Here, and in the remainder of the sentence, Dr. P. introduces his favourite doctrine, but I am not convinced that the facts cannot be as well explained in another way.

In many cases I have seen these glands much irritated by any mechanical stimulus; hence Professor Macartney conceives it best to let them alone when diseased. It is supposed that the secretion of these glands is intended to prevent the intrusion and poison of insects. I do not believe the assertion, for numbers of persons whom I have known having dry porches experienced no such accidents. It is more probable that the moisture has something to do with the conduct of sound; in function, as well in health as in disease, they appear to act in concert with the other parts of the organ.

Destruction of the membrane of the tympanum causes different degrees of deafness, which are incurable. Cold air and moisture obtaining, in consequence, ready admission into the delicate interior structure of the ear, render the individual more obnoxious to catarrhs. The preservation of the internal ear from the effects of cold is a most important use of this intercepting membrane. Deafness, when owing to this injury, may exist without noise in the head, except during the catarrh. Mr. Cruikshanks observes, that when the membrane is perforated the hearing is irrecoverably lost, for the air, getting through the breach, so affects the delicate periosteum and muscles of the bones and the pulpy sacs, that the parts are rendered unfit to perform their functions, though in the same page he admits that the membrane has been destroyed, and that the small bones have come away without destroying the sense. I have seen three cases in which it was destroyed by external violence or disease: all these parties were deaf. A girl of the name of Drum, æt. 24, became deaf at the age of four years, in consequence of violent cold and sore throat. The catarrh was attended with a discharge from one of the ears, which—she could not say. She had always noise in the ears when labouring under a cold. The membrane of the tympanum had an old ulcerated opening, through which, when affected with catarrh, she inspired, but not at other times. On the right side the Eustachian tube was permeable, and the m. t. uninjured. Both ears secreted healthy cerum. Cold injections caused violent heat and noise in the ears. Alteratives, counter-irritants, stimulants of ammonia and volatile oil, in short every means failed to benefit her hearing. A boy was brought to me from Presburgh, near Cheltenham, who had produced his deafness by partial destruction of the m. t. by introducing substances into the external porch, and exciting inflammation and ulceration.

Patients frequently observe that the external auditory tube becomes contracted in deafness. It seems certainly to undergo some change of form, to wind in a more

narrow and angular course towards the m. t. These changes may increase the reflection of sound from angle to angle, and concentrate the impressions into a narrower focus at the drum. Ambrose Paré has a poetical theory of the passage of sound as affected by collision. "Such a collision is spread over the air as the water, which, by the gliding touch of a stone, produces many circles and rings, one as it were rising from another. So as in rivulets running in a narrow channel, the water stricken, and, as it were, beaten back in its course against broken, craggy, and steep rocks, whirls about into many turnings, the collision of the beaten air flies back divers ways from acute and hollow roofed places."

#### NEW MINERAL RESIN.

THE last Number of *Brewster's Edinburgh Journal*, contains an interesting notice by Mr. J. F. W. Johnstone, of Portobello, of a substance which he describes as a new mineral resin, and which occurs amongst the refuse of an old lead mine in Northumberland. The author describes the mineral in the following terms:—

"*Colour*.—Externally, red of various shades, black, and sometimes pale yellow, approaching to the colour of amber. Internally, red, or brownish-red, except in the yellow varieties, and by transmitted light of a brilliant deep-red colour. It yields to the knife, but is hard, brittle, and has a bright glassy small conchoidal fracture. The fragments are transparent, and the fractured surfaces exhibit a pale greenish tinge (an opalescence), which becomes more decided after the lapse of a few weeks; the transparency at the same time diminishing in a slight degree. The specific gravity varies from 1.16 to 1.54 in the dark-red varieties. In the flame of a candle it burns with considerable smoke, and an aromatic, slightly empyreumatic, odour, leaving a small coaly residuum. On the sand bath, in a close tube, it gives off a small quantity of a transparent, colourless, and highly volatile naphtha, having a peculiar odour, resembling that of some kinds of strong cheese. Heated to 400°, it does not melt, but assumes a bright black colour, though, when broken into fragments, it still transmits a rich red light. Over a spirit-lamp it fuses, gives off a colourless naphtha, a red empyreumatic oil, and leaves much charcoal. It is insoluble in water, and is very slightly acted on by alcohol or ether. By hot concentrated nitric acid, it is slowly, but entirely dissolved. When rubbed, it exhibits strong negative electricity. Dr. Brewster informs me, that, like amber, it has no crystalline struc-

ture. This substance occurs along with brown spar (carbonate of iron), and carbonate of lime, either in the form of little drops on the surface of the brown spar, where cavities occur in the vein, or in the midst of the massive brown spar, as if it formed part of the solid stone. In one specimen it rests upon carbonate of lime, containing crystals of Galena, and is covered with a mass of brown spar."

On the probable origin of this substance, Mr. Johnston offers some plausible speculations favourable to the Huttonian or pyrognostic theory concerning the formation of primary strata. He then observes:

"The only mineral resin resembling the present, of which I have seen any description, is the mineral copal, or Highgate resin, found at Highgate in blue clay. The latter, however, melted by heat into a limpid fluid, a character which shows it to differ very much from that above-described.

"The vegetable origin of amber seems now established beyond dispute. The collection of embalmed insects belonging to the University of Upsala, or the equally splendid private collection exhibited by Dr. Berendt, of Dantzick, at the late meeting in Hamburgh, appearing sufficient of themselves to convince the most sceptical. Yet it is not surprising that the occurrence of resinous substances like the foregoing, whose origin is incontrovertibly mineral, should be sufficient to lend plausibility to the opinion, that amber is of mineral origin also."

We believe the generic term of bitumen would be more appropriate to this substance than that of resin, inasmuch as one essential character of the latter class of compounds, viz. solubility in alcohol, is here absent.

#### DREADFUL RAVAGES OF THE CHOLERA MORBUS IN ASTRACHAN.

THOUGH the cholera had made its appearance at the mouth of the Volga about six weeks ago, it was not till Friday the 30th July, that its being actually in the city was ascertained. No sooner was this made known to the public authorities, than a council was summoned to make the necessary arrangements for giving all possible medical aid, and directions to such as might be seized with it. Papers were instantly printed and circulated, with a statement of the precautions to be taken for avoiding the distemper, and a sketch of the means of cure to be employed in the first instance, till medical assistance could be procured, with a list of the names and places of residence of all the physicians in town: and that no delay might be occasioned among the poor who had not servants at command, the sentinels, who are stationed night and day in all

parts of the city, were instructed instantly to report the name and residence of the individuals seized with it, to the police officers of the different quarters of the town, who, on their part, had orders to send the physician in waiting at the office, or if absent to find one. At first it was whispered that the doctors and the council were making a greater noise about the cholera than the case demanded; but a few days showed that it was not by any means a heedless alarm that had been sounded. In two or three days accounts poured in upon us from all quarters, from which it appeared that the disease was of a much more malignant and alarming nature than the cholera in 1823. Some were cut off almost instantaneously; many in the course of two hours; and with the exception of such as had been instantly bled, it was said that most of those who had been seized with it expired. On Wednesday Aug. 4, being the sixth day of the cholera, it made its appearance in the Mission House, in the case of our friend Mr. Becker; on calling, I found him in great agony, often convulsed in a most extraordinary manner; he was seized about four o'clock, and in a few minutes past ten he expired. The next of our friends who fell a victim to the cholera, was Mrs. J.—. She was seized about nine o'clock on Saturday evening, and died in about twenty-four hours. Her husband, Mr. L.— (Serepta commissioner), died in the course of three or four days after, on his way to Serepta Colony, to which he was conducting his three motherless children; his death took place on the side of the public road, three stages from Astrachan. On Monday morning Mr. J. S., who is now recovered, was reported to us as having been seized. I instantly called down, and was happy to find that having been bled with success, and taken other precautions, his situation was not peculiarly alarming. About mid-day the governor's son was seized with it, and expired before the close of day. The death of the governor's son on Monday was followed by that of the governor himself of the same disease on Saturday.

Having thus given you a sketch of the progress of the cholera in the circle of our English and German friends, &c., in their individual or family capacities, permit me to bring the scene before you as a whole, which the progress of the cholera presented to our view. In general, business of every kind was at a stand; the bank suspended its operations; in the bazaar not a whisper was to be heard, and scarcely a face to be seen; even the cabacks (tippling houses) were abandoned, and a general gloom was spread over the countenances of the few solitary individuals that were to be seen walking through the streets. This gloom was heightened by their attitude—

moving pensively along with handkerchiefs at their noses, perfumed with or containing camphor, to counteract the infection with which, it was supposed by medical gentlemen, the air was in a manner saturated. According to the best accounts, when the disease was at its height, the number of funerals on one particular day was 500, and on another day 480. More than a thousand were buried about that time in a large sand-pit for want of graves, which could not be got dug so fast as required, nor at a rate that the poor could afford to pay for them, twenty-five rubles being demanded for each. Such a time we have never seen, nor do I suppose that such a time was ever before seen in Astrachan. On the roads leading to the burial-grounds which are out of the city scarcely any-thing was to be seen from morning to night but funeral processions. During its progress more than sixty officers, from the governor of the city, the commander of the fleet, &c. downwards, fell victims to it, and the number of the dead of all descriptions in the city alone (the resident population of which is not more than 40,000), is calculated at about 6000 individuals, besides 1000, or, according to some, nearly 2000 of those from the interior of Russia, that were passing the summer here, and fled to the towns and villages up the Volga, in the hopes of escaping it. Of these, above forty were found lying on the road side *unburied* on the first three stages, till notice was given of the circumstance to the commanding officer of the district. But the greater part of the fugitives who fell victims to it, met their fate on the Volga. Nearly 10,000, it is said, left the city in great confusion, and being ill-provided with food and other necessaries, were reduced to such indescribable hardships on their passage up the river, that Calmucks, on its banks, would have no intercourse with them. It is said that one or more of the crews of these boats perished entirely from the cholera, and having none left to man them, were at last carried down the stream with the residue of the dead on board, and that in other cases the ravages were dreadful. From the above statements it would seem that a sixth or seventh part of the population of Astrachan, chiefly adults, have been cut off by the cholera; and it is supposed that the one half of the adults have been more or less affected by it. Some children that were seized with it died; but the proportion of these in comparison of adults was small. Mr. J. S.—'s youngest child died of it, after having been abandoned by its nurse. The cholera is now as far up the Volga as Saratoff, and as far west as Kieff.—*Abridged from the Scot. Mis. and Phil. Register.*

ON THE ASSOCIATION OF MEDICAL PRACTITIONERS AT NEWCASTLE, AND THE ESTABLISHMENT OF SCALES OF MEDICAL FEES.

*To the Editor of THE LANCET.*

SIR,—When I invoked the assistance of your pen in support of the objects of the Association of General Practitioners established in this place, you will readily believe that I anticipated not your opposition instead of your support; that I little expected you to designate the principle of our proceedings unsound, and to impute to us the very essence of monopoly. I have to thank you, however, for the readiness with which you have given a place in your Journal to the communication I sent you; and though I hope, with some confidence, that on the profession generally it will make a very different impression from that expressed by yourself, yet knowing as I do the influence of your opinions on many of its members, I feel myself called upon to endeavour, either to alter your view of the subject by farther explanation, or to neutralise the effect it is calculated to produce in preventing the adoption of the course recommended by other practitioners throughout the kingdom. It does appear to me strange to accuse the Association of monopoly, when, by one of its fundamental laws, every legal practitioner is not only admissible, but is actually invited to become a member; and surely you would not recommend us to invite the St. John Longs of the neighbourhood to join our fraternity. Where then is the monopoly? It is as extended as the numbers of practitioners at least (and they are certainly not a few), and I am at a loss to know how its basis can be more extensive or more liberal; it is neither our wish to limit the existing number of practitioners nor to prevent their increase. On the score of monopoly then I am able to see no want of soundness in the principle. But you say, "It is further unsound, in its being an endeavour to estimate the value of mental acquirement and skill by the gross inefficient test of a metallic standard." Base, indeed, would be the attempt (materialist as I may be) to bring the intellectual exertions of a high and noble mind into comparison with the glittering dross which is too frequently the effective stimulus to human efforts, and which has unfortunately become the medium of compensation for all human services. It is indeed a subject of deep regret that it should be so; and of yet deeper regret that medical practitioners, however exalted may be their principles of action—however generous and philanthropic, and disinterested their desire to save life and to relieve suffering—that those humane and enlightened

men should yet need food and raiment, and wherewithal to be lodged; that those things are only to be obtained by means of gold, and that their only means of obtaining the latter necessary ingredient in their intercourse with the world, is by receiving it in exchange for their professional services. If all this be true (as I fear it is, howsoever its truth may be deplored), where is the unsoundness of the principle, I would ask, which proposes to receive this golden compensation in direct exchange for the mental skill supplied, instead of under the false pretence of a physical equivalent? You speak of the lawyer's fees as not being fixed by any regulations; but still they receive fees (and pretty large ones too, as I believe is not unknown to yourself), and as the direct reward for their mental labours. As to the greater or smaller sum which any practitioner, whether a member or not of the Association, might choose to charge for his services, this must be regulated by his own ideas, by those of his patients, by their power of rewarding him, and by his reputation; it is neither our wish to limit nor to enhance the amount of compensation, but to place it on its proper ground, that it may be a professional and not a trading compensation. As to your remarks about young practitioners being deprived of the opportunity of making their way amongst the poorer classes of society, I confess I cannot see their pertinency. The scope given to our table provides amply for such cases, and in the preamble care was taken to protect them from suffering loss by any such compromise of their interests. I have endeavoured to compress these remarks into the smallest possible compass, because they will thus more conveniently claim the attention of practitioners; I trust they may also induce you to reconsider the case, and that your view of it may alter. I believe you to be the sincere friend of the General Practitioner, and that you will have candour enough to confess that your remarks in *THE LANCET* of last week were hasty and ill-considered, should they hereafter (as I cannot but believe they will) appear to you in that light. I shall watch for your further sentiments on the subject, and will prepare myself to reply to them should they be inimical to the views of our Association. In conclusion, I invite opinions from other quarters, which I will not doubt your readiness to insert in your Journal; and that the true spirit of the Association may be fully understood, I would suggest to you the propriety of your publishing the code of laws for its regulation with which I furnished you. I remain, Sir, your very obedient servant,

T. M. GREENHOW.

Newcastle, Jan. 23, 1831.

The foregoing letter, though dated Jan. 23, did not reach us until a few days back. We embrace the first opportunity of giving it insertion. Mr. GREENHOW does us no more than justice, in believing that our remarks were not dictated by a spirit of hostility towards the interests of the surgeon in general practice whose cause we have advocated, and not we hope unsuccessfully, from the first moment that *THE LANCET* appeared before the public.

With regard to the policy, and even the practicability, of the "Regulations" proposed by the NEWCASTLE AND GATESHEAD ASSOCIATION, our opinions remain unchanged, and Mr. GREENHOW, without being aware of the nature and extent of his own convictions, formed by circumstances in medical practice over which he neither has had, nor ever can have any control, concurs with us most fully in all that we have advanced on the subject, when he says, that "as to the greater or smaller sum which any practitioner, whether a member or not of the Association, might choose to charge for his services, this must be regulated by his own ideas, by those of his patients, by their power of rewarding them, and by his reputation."

Now, as it is not in the power of the Association to regulate the ideas of the practitioner, the reputation of the practitioner, or the pecuniary capabilities of the patient, how can definitive "regulations" for specific charges be rendered available in a profession like ours?

In conclusion, we may observe that our pages shall be open for the FULL discussion of this question.

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MEDICAL ATTENDANCE ON PARISH PAUPERS.

To the Editor of *THE LANCET*.

SIR,—Observing in *THE LANCET*, No. 388, a letter from Mr. J. Hoare on the above subject, and having had some little experience in this matter, I beg leave to offer him, through the medium of the same useful and

excellent periodical, what little information I may have upon the subject of his claim, to which I will confine myself as closely as possible, the subject, generally, of medical attendance on parish paupers being too voluminous for one communication. Indeed, it ought to be dealt with under different and distinct heads, as there is great room for amendment, and medical men have grievous causes of complaint, although I am willing to allow that in many instances they bring them upon themselves.

I should presume that Mr. J. Hoare was not the medical attendant on the poor of the parish in which his patient lived. Did she apply to the officers of the parish in which she resided for medical assistance, or receive relief from them in any way whatever? If not, I conceive the amount of his bill becomes a private debt between the medical man and his patient, as a person cannot be considered a pauper until applying for parochial relief. The proper course would have been for the patient to have applied for relief to the officers of the parish in which she resided, which they are bound to give if required; they would then (she having become chargeable to them), for their own protection, swear her to her parish, and if she were unfit for removal, the order would be suspended until she became well. The patient having recovered, and the order being renewed, the medical man is paid his just demand by the parish to which she legally belongs. Poor people who reside out of their parishes seldom like to apply to the officers for medical relief only because they know that they will be sworn to their parishes, and, as soon as they are able, removed home, to which, generally speaking, they have an insurmountable objection. The consequence is that the medical man is called upon to attend (and from motives of humanity he cannot refuse), without the remotest chance of remuneration. Had Mr. Hoare's patient applied to the officers of the parish in which she resided, and had they neglected to afford her relief, then I conceive he could have recovered every shilling for his attendance, &c., from the time of her application to them. I recollect a case of this description occurring a few years ago to Thomas Osbaldeston, Esq., sen., a highly-respectable and talented practitioner in the town of Hatfield, Herts; and I make no doubt should this meet his eye, he will not hesitate a moment to afford the particulars; it was tried about seven or eight years since at Hertford, and the medical man succeeded. The case was "*Osbaldeston v. The Parish of St. Peter's, St. Alban's, Herts.*" Except at the particular request of the patient to the contrary, the parish officers usually send their own contracting medical pauper attendant,

who, it is well known, frequently contracts at a very low salary, calculating upon deriving some considerable pecuniary advantage from *suspended orders*: it is a system of robbery and prostitution of principle, to which, I am sorry to say, a certain class of medical men too often lend themselves.

As the season is now fast approaching when parishes will be called upon to appoint medical attendants on the poor, it will be a source of pride and satisfaction to me to take an early opportunity of exposing, as much as in me lies, the present unjust and odious system, and the grasp-all and exclusive conduct of the unprincipled part of the medical profession themselves.

I remain, Sir, your obedient servant.

W. S. BOWEN, M.R.C.S.

Isleworth, February, 1831.

#### PROPOSAL TO ESTABLISH A LONDON PHARMACEUTICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—The advantages which medical science has derived from your columns are only equalled by the desire which you possess to extend a knowledge of all its branches. I have for some time anxiously watched the proceedings of the various scientific bodies of this vast metropolis, and no one has presented greater attractions than the Medicobotanical Society, so far as therapeutics are concerned; but it appears to me that this Society has not, and does not, advance the practice of medicine, by enabling the practitioner to understand more fully, or to employ more advantageously, the various articles enumerated in the catalogue of the *Materia Medica*. Consequently, it is to be regretted that a more efficient society for promoting pharmaceutical science does not exist. I shall therefore, with your permission, propose that a "London Pharmaceutical Society" should be forthwith established, and the members of the medical profession in this and other countries invited to become members. If, through the medium of your useful and widely circulated journal the sentiments of the profession could be ascertained, and a place of meeting fixed upon, much good might be done; and if to this society a library of reference, a museum of specimens, and a class-room, could be added, many persons could come forward to unite their efforts in behalf of such a useful undertaking.

Should you consider such a society likely to advance pharmaceutical science, I hope you will lend your valuable support in its behalf. I am, Mr. Editor, your great admirer and constant reader,

PHARMACOPOLUS.

London, Feb. 1831.



DISLOCATIONS OF THE SEMILUNAR CARTILAGES OF THE KNEE-JOINT.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask the profession, through the medium of your widely-circulated and invaluable periodical, the following questions? I am, Sir, your obedient servant,

SAMUEL MITCHELL.

Kingston, Feb. 1831.

Whether they have met with dislocations of the semilunar cartilage or cartilages of the knee-joint?

How the accidents have been produced?

What are the peculiar symptoms?

What the best mode of reducing them?

And what the after treatment?

Whether they can refer me to any museum in the metropolis containing preparations of the above accident? (Simple displacement of the semilunar cartilage or cartilages.)

Can they refer me to any author who has written on the subject from actual experience?

In extensive inflammation, injury, or disease of the knee-joint, where they expect the case will terminate in ankylosis, what is the most desirable position of the limb during treatment?

Where ankylosis of the knee-joint has taken place in the straight position, is it advisable by the continued or occasional application of mechanical force to disturb it for the purpose of re-establishing ankylosis with the limb in a bent position?

LETTER FROM DR. HANCOCK.

To the Editor of THE LANCET.

SIR,—I have noticed in the last Number of THE LANCET (Feb. 26th), your remarks on a paper of mine inserted in the *Edinburgh Medical and Surgical Journal*. I esteem the criticism of one who can impartially view his subject, and, at once, without prejudice, bestow both praise and censure.

The intention of that paper was, in part, to show the mistakes which prevail in the colonies, in respect to the nature and treatment of *mal d'estomac*, and, in part, to show that the disease does not essentially differ from the common leucophlegmasia, or dropsical habit of other countries. The paper may be worthless in respect to its execution; the subject, however, as a species of ca-

chexia, cannot be altogether destitute of interest, either in the colonies or elsewhere. It should be considered, I presume, of more importance than the tedious discussions lately put forth regarding the draunculus or guinea-worm, a subject little dreaded, and now rarely seen, even in the West Indies or South America. Still more rarely shall we meet with cases of "boiled African legs," noticed by you in THE LANCET of Saturday last, a subject quite new to me, although an immersion of the soles of the feet in warm alkaline leys, and subsequent applications of poultices, are successfully resorted to for the removal of the crab-yaw, or tubboes, so called in Demerara.

I must beg leave, Sir, to observe, I had confided the revision of many papers to a person who pretended to great dexterity in literary pursuits, which was subsequently verified only in respect to the work of cutting, pasting, and making a display, which, in his agreement, he termed correcting, arranging, and revising for the press. I should state to you, that I had a large mass of MSS., consisting of memoranda, journals, and detached notes, which had accumulated during a residence and sojourn, of twenty-five years in South America, written under all the different circumstances in which travellers find themselves occasionally placed, whether in the plantation, hospital, or the open savannah; in the thickets of the forest, in the couiral upon the rivers, or in the huts of the natives. I had vainly hoped to get rid of the trouble of revising and reducing them to order; but I have found to my cost the truth of the old remark, that he who would have work tolerably performed, must do it himself. The said paper on cachexia, to the bad language of which you have objected, is one of those arranged by the literary professor in question, with the exception of the note, the only part you have extracted, and which note I had subsequently added. I shall trust to your candour and liberality to insert these remarks in your next Number, as containing some apology for the uncouth language about which you have with reason complained, but the proof of which I had not the opportunity of correcting, as in papers printed here.

I herewith take the liberty of forwarding for your inspection, a small pamphlet on the "Siruba, or Native Oil of Laurel;" for the many defects of which I must myself be responsible, as no one else was concerned in its revision. I am, Sir, with sentiments of the highest regard,

Your most obedient humble servant,

I. HANCOCK.

13, Nelson Street, Commercial Road,  
3rd March, 1831.

## THE LANCET.

*London, Saturday, March 12, 1831.*

MEMBERS of the Royal College of Surgeons in London! Read with care, and with as much coolness as you can command, the report contained in the following pages. For ourselves we shall only state on this occasion, that the infamous authors of the diabolical outrage shall be speedily brought to justice. In the mean time, they must stand condemned at the bar of public opinion.

Before giving the report, we deem it right to insert in this place, the names and addresses of the members of the council,—that council which caused the members to be attacked in the theatres of their own college, by a body of men armed with staves, and hired for the occasion from one of the public offices of police. These names ought to be as well known to the public as they are to the profession. More we shall not say, as the course to be adopted with regard to legal proceedings is not yet definitively settled.

## NAMES OF THE COUNCIL.

Robert Keate, Albemarle-street.  
 John P. Vincent, Lincoln's-inn-fields.  
 Sir Wm. Blizard, Knt., Devonshire-square.  
 J. A. Hawkins, Great Marlborough-street.  
 William Lynn, Clapham.  
 John Abernethy, Enfield.  
 Wm. Lucas, Grotes-buildings, Blackheath.  
 Sir Astley Paston Cooper, Bart. Serjeant Surgeon to his Majesty, Conduit-street.  
 Sir A. Carlisle, Knt., Langham-place.  
 H. L. Thomas, Leicester-place.  
 Geo. Jas. Guthrie, Berkeley-street.  
 Anthony White, Parliament-street.  
 John G. Andrews, St. Helen's-place.  
 S. Cooper, Great Russell-st., Bloomsbury.  
 Thomas Copeland, Golden-square.  
 John Howship, Saville-row.  
 James Briggs, Edgware-road.  
 Wm. Lawrence, Whitehall-place.  
 Benj. C. Brodie, Saville-row.  
 Benj. Travers, Bruton-street.  
 Hen. Earle, George-street, Hanover-square.

THE proposal which was made by the Editor in the last Number of this Journal, that the members of the College of Surgeons should meet in the theatre of the College on Tuesday the 7th instant, an hour previous to the delivery of the lecture, was received by the profession with the warmest approval; and a more numerous, respectable, and sincere body of gentlemen, prepared to support their insulted brethren, never acted together in any institution. The proposal was made in the following terms:—

“It is the duty of the members to proceed, and not to allow their ardour to be checked. Their own theatre is still open to them, and as the Council have refused to apply to the Lords of the Admiralty, the members have now only to select a *deputation* from amongst themselves, in order to accomplish the object of the resolution which was adopted on the 14th ult. The “lectures” for the session have now commenced; they are delivered on Tuesdays, Thursdays, and Saturdays; *the doors leading to the theatre are opened at three o'clock*, and the lectures commence at four.\* Let those members, therefore, who are of opinion that the naval surgeons should not be deserted, should not be left to their fate, should not be suffered to be laughed at by underlings, and sneered at by haughty lieutenants, attend at the College at the *opening of the doors* on Tuesday next, when there will be sufficient time to agree to other resolutions, if deemed necessary, and to appoint a deputation of three, four, or five members to wait upon the Lord Chamberlain, who, we are informed by Sir JAMES GRAHAM, is the most proper person to be consulted on the subject. This is the only course now open to us; it is the only course which can be adopted with the least hope of procuring for naval surgeons a reinstatement to that position from which they have been so unjustly, so unthinkingly, and so insultingly expelled.”—LANCET, March 5.

Annoyed by this judicious announcement, an advertisement, of which the fol-

\* “Days of lecture, Tuesday, Thursday, and Saturday, at four. The doors will be opened at three.”—Ticket of admission issued by the Council.

lowing is a copy, was published by the Council of the College in the morning papers of Tuesday last, and a circular containing a similar "intimation" was sent to several members residing within the circuit of the twopenny post.

*"Royal College of Surgeons."*

"An intimation having been given that it is proposed, by certain individuals, to make the theatre of this College a place for publicly discussing a question relating to the surgeons of his Majesty's navy, previous to the lecture on Tuesday, the 8th instant, the President and Council deem it proper, in the discharge of their duty, strictly to forbid any such attempt being made, and to apprise the members that the theatre is opened for the sole purpose of the lectures.

"While the President and Council earnestly recommend to the members of the profession at large to abstain from any public discussion of the subject in question, from regard to the interests of those whose cause it is professed to serve, they at the same time give this notice of their determination henceforth to prevent discussions on any subject from taking place in the theatre of the College.

"The doors will be opened to-morrow, and in, future, at a quarter before four o'clock, and the lecture will commence at four.

"By order of the Council,

"EDMUND BELFOUR, Sec.

"March 7."

Scarcely, however, believing this document to be authentic, or ignorant of its existence, a very considerable number of gentlemen attended at the doors of the College at the time originally appointed for admission, where evidence was immediately presented to the members, that the advertisement had really emanated from the office of Mr. BELFOUR. One half of the front door was open, and in the porch was placed the porter of the College in his official robe. The other half was closed, and upon it was posted a copy of the "intimation." The back door of the College, by which the members were compelled to

enter until the spring of 1827, and through which the students are even now obliged to pass, was entirely closed, and presented a similar notice. The members who first arrived of course immediately presented their tickets and demanded entrance, but this the porter refused, saying he had orders to let "no person" in until a quarter to four. Protests against this treatment were made in vain, the members continuing to increase in number every minute; and although it was then raining fast, accompanied by a wind which exposed the whole of the gentlemen assembled at the doors to the effects of the weather, admittance even to the hall was sternly denied, while a number of the Council and their friends were seen looking and laughing at the windows above.

This state of things lasted until about twenty minutes to four, when Mr. WAXLEY arrived, and passing through the crowd, the porter at the door immediately drew back, but said, "You cannot go in, Sir;" Mr. W., however, proceeded without experiencing molestation. A curious scene occurred on the approach of Mr. WAXLEY and the members through the passages. The door of the hall leading to the theatre having been suddenly and violently closed, there were heard in the hall various exclamations, and the chairs and tables amidst the disorder seemed to be thrown about in the utmost confusion. Some of the members believed that the persons put to flight consisted of individuals with whom it had been designed to pack the theatre. The hall door being thus closed, the members remained in the passages until, by the College clock, thirteen minutes to four, when, the bolts and bars having been removed, the members were generously permitted to enter their own theatre, which in six or seven minutes was crammed in every part, and a vast number of gentlemen were unable to obtain admission.

When silence was obtained, Mr. WAXLEY was called for from every quarter of the theatre amidst acclamations, and immediate-

ly also eighteen or twenty individuals commenced hissing with great vehemence. A person who hissed violently, on being challenged by Mr. WAKLEY, was compelled to acknowledge that he was not a member, and was desired to leave the place, when, amidst the sneers and execrations of the members, he left his seat and went below amongst the Council and visitors, where he was instantly recognised by Mr. MAYO, with whom he shook hands with all the familiarity of established friendship. Two others of the most prominent of the hissers acknowledged that they did not belong to the College, and were obliged to decamp. It is said that they were clerks of the solicitor to the Council. There was some noise and confusion occasioned by the acclamations which arose whenever some of these persons hissed: at the same time numberless were the exclamations on the part of the members, that as they had been kept waiting in the open street, the President and Council should now be made to wait for them. They complained in bitter terms of the insults to which they had been subjected. Mr. WAKLEY, however, agreeably to his notification in THE LANCET, declared that it was not his intention to interrupt the "regular" business of the day, and that on the President's entrance he should merely put a question to him relating to a circular signed "EDMUND BELFOUR," when he should quietly resume his seat until after the conclusion of the lecture. Notwithstanding this announcement, the exclamations "Proceed to business," "Now is the time," "The Council have used us infamously and they ought to be kept waiting," were frequently repeated.

Precisely at four o'clock, the President, accompanied by many members of the Council, and a *possé* of Bow Street officers, entered the theatre. The only members of the Council whom we recognised were, Mr. TRAVERS, Mr. VINCENT, Mr. GUTHRIE, Sir ASTLEY COOPER, Sir WILLIAM

BLIZARD, Mr. BRODIE, Mr. HOWSHIP, Mr. COPELAND, Mr. BRIGGS, and Mr. EARLE. Mr. KEATE acted as president. There may have been others, but we do not recollect to have seen them. The number of visitors was unusually small, and did not comprehend, so far as we could discover, a single individual of note or reputation. The ruling powers were received on their entrance with very unequivocal marks of dissatisfaction, the hissings and complaints of insults having been almost general throughout the theatre. Mr. KEATE had no sooner taken his seat than he rose, and waiving his hand, seemed to request silence, but we were unable to hear a single word that he uttered. Mr. WAKLEY rose at the same time, holding the college circular in his hand, in order to ascertain whether that document had been issued by the authority of the Council. Mr. KING, Dr. MORSON, and other gentlemen, also rose to address the assembly, but no person succeeded in obtaining a hearing. There were, still, continued cries that the Council had offered a gross insult to the members, and that the lecturer ought not to be allowed to proceed, while others as forcibly contended that the lecture should be heard, and that the question of the naval surgeons should be considered afterwards. Mr. GUTHRIE, from the motion of his lips, appeared to say something, but his voice did not reach the upper part of the theatre. In the midst of the confusion, SMITH, the Bow Street officer, was sent up to Mr. WAKLEY, and this attempt to intimidate the members in the exercise of their just rights, caused the utmost uproar. There was a general movement towards the centre of the College, where Mr. WAKLEY was seated, and the members crowded around, in order to prevent the approach of the officer. Mr. WAKLEY, however, requested that no obstruction might be offered, and that the officer might be allowed to approach him, observing, that there could be no doubt that both

of them knew their duty. SMITH, having reached Mr. WAKLEY, said he had come to request that gentleman to withdraw, a request with which, however, Mr. W. refused in the most peremptory terms to comply. He said, "Officer, take notice, I am perfectly quiet; I am committing no act of violence, I am committing no breach of the peace. I am sitting here in the part performance of an important duty, and you know, as well as I, that you have no right to make an attempt to remove me from this theatre." SMITH acknowledged the accuracy of this assertion, and returned to his worthy employers, who were in high dudgeon; he was urged again and again to go in the obnoxious quarter; but he said, "Gentlemen, it is of no use, I have no right to interfere if there be not a breach of the peace, and Mr. WAKLEY knows perfectly well what he is about." The solicitor, WILDE, seemed to be most anxious for the employment of the constables' staves. After this scene had continued for about a quarter of an hour, the President and his precious colleagues, quitted the theatre amidst loud and general cheering. Mr. WAKLEY observed, it was to be regretted that they had not listened to the lecture on *hernia*, as *rupture* was certainly a very appropriate subject to be considered on such an occasion. This, for a time, restored the audience to good humour.

Several gentlemen again endeavoured to obtain a hearing, but were unsuccessful. Mr. KING, Dr. MORSON, Mr. DERMOTT, and Mr. SLIGH, made vigorous efforts, but failed to make themselves audible from the noise which prevailed on one side or the other. The hisses, however, which is rather curious, always appeared to proceed from the same quarter. No matter whether it was the President speaking, the lecturer, or any of the members, the hisses came from one spot or from one knot of persons in the upper range of the building, and not from the members' department. In a short time the lecturer returned, and handed the pre-

parations which he had left, to the servants and attendants, when he made his bow and finally retired.

The demands for the discussion on the naval question were now renewed more loudly than ever, when Mr. WAKLEY rose and remarked, that as it still wanted twenty minutes to five, they had better not proceed until the hour had expired. This suggestion obtained approval, and the assembly remained perfectly quiet, free alike from agitations caused by cheers and hisses, until within a few minutes of five, when the calls were repeated with so much earnestness from every part of the theatre, that,

Mr. KING rose and said, that as they were about to discuss a subject of the deepest importance to the profession, he would take the liberty of moving, that the oldest member then present should take the chair.

Mr. DERMOTT seconded the proposition, which having been put to the meeting was carried with acclamation.

Mr. STANTON was soon pointed out as the venerable and respectable gentleman in whom the meeting would find an able president. That gentleman, however, not from any lack of zeal in the cause, but from severe ill health, was obliged to decline the intended honour.

An elderly GENTLEMAN on one of the lower seats inquired if there were no naval surgeons who would come forward, and if it were well known that the naval surgeons themselves complained of their grievances?

Mr. WAKLEY stated, that he had received innumerable communications on the subject: the naval surgeons felt deeply insulted, but they did not dare to come forward in their own behalf, as by so doing they would sacrifice every hope of preferment. The first agitators of the question would not be forgotten. A naval surgeon, who had been in the service nearly twenty years, had been with him that morning, and declared, that he dared not take one open step in the matter, and that when a man entered the navy, such was the arbitrary and tyrannical nature of the service, that he could not hope for advancement unless he consented to relinquish every right and privilege as an independent man.

... In consequence of the indisposition of Mr. Stanton,

Mr. KING moved, that Mr. GEORGE WALKER should take the Chair.

This motion having been carried unanimously,

Mr. WALKER rose and said, that as it was a question of such immense professional importance, he thought it was the duty of every practitioner to lend his assistance, in order to relieve the persecuted naval surgeons from the disagreeable effects of the "exclusive" regulation, and therefore he would comply with the wishes of the meeting, and take the chair. (*Applause.*)

On turning round to go towards the President's seat, which is formed by a couple of elbows fixed upon the front bench, Mr. WAKLEY remarked that Mr. WALKER had better take his position at the summit of the members' seats, for that the President's "chair" was only a "stool." Mr. WALKER then amidst considerable laughter proceeded to take his place at the upper part of the theatre. and it was fortunate for him that he followed the advice which had been proffered, otherwise he might have been the first to have suffered from the staves of the President's congenial friends, the Bow Street officers.

Mr. WAKLEY now rose and spoke to the following effect:—Mr. Chairman, and members of the Royal College of Surgeons, when this subject,—the exclusion of naval surgeons from attending his Majesty's levees, was brought before the attention of the College the other day for the first time, it stood as a detached subject,—one which was entirely unconnected with our rights as members of this College. Unfortunately from very untoward circumstances, the question has now become involved with many others which seriously,—most seriously affect our rights (*Cheers*); and, Gentlemen, from the insults we have all just received from the Council of this College (*hear, hear, hear*), I fear we are not in a temper to discuss the question relating more immediately to ourselves, with that coolness and moderation which its importance demands. I certainly feel those insults strongly, (*hear, hear, and cries of "So*

*do we all,*") and were it not that I might injure the cause of others, I would freely give vent to my feelings respecting this outrage. (*Immense cheering.*) Gentlemen, when the President and Council of the College entered the theatre, I merely rose for the purpose of asking whether they would authenticate a letter (as it is called) which bears the signature of the secretary of this institution. After having put a question to them to that effect, it was my intention instantly to resume my seat, and to allow the lecture, as far as I was concerned, quietly to proceed, without any interruption whatever; thus much I intimated in THE LANCET of last week.\* But the opportunity was not afforded, and as the Council have now retired, and with them the lecturer, the benefit of whose talents we cannot enjoy to day, I think we had better pass only two resolutions—the first of which I am about to move, expressive of our regret that the Council refused to act upon our "resolution" of the 14th instant on the ground of "irregularity," and the other upon the subject of appointing a deputation to wait upon the Lord Chamberlain; and when we next meet the Council, we had better then address them upon the subject of their insulting conduct (*hear, hear, hear*); for if we were to discuss that topic in their absence, they might lose much valuable information—information regarding the feelings of the members, and the laws by which the College ought to be governed, for they know as little of the law under which they exercise their authority, as does the table upon which that young man is writing. (*Cheers.*) You saw a Bow Street officer advance to me. (*Cries of "two," "three," "four."*) Well, three or four Bow Street officers; but the one who came first, in particular, knew his duty. He would not put his hands upon me—if he had, he knew what would have been my duty. I hope when we see the Council again, they will come

\* "In conclusion, we take leave to remind the members that they should be at the College by three o'clock on Tuesday next, as the proceedings relating to naval surgeons ought to be commenced within ten minutes or a quarter of an hour after the opening of the theatre, in order that they may be concluded, if possible, before the period allotted for the commencement of the lecture. It should be our earnest desire to avoid any just ground of offence, and it is highly important not to interfere with what the Council denominate the 'regular business' of the day."

forward and make as manly and ample an apology for their conduct as the circumstances demand. (*Hear, hear, hear, and a few hisses from the Knot.*) Gentlemen, it was not my intention to read this circular to you, but as there are some persons hissing (*cries of "pupils"—"pupils only"*), I will read it, and you will say whether animadversion upon such a document calls for a hiss from any being bearing the form of man. It is signed "Edmund Belfour, Secretary," and is one of the most extraordinary specimens of composition ever met with. It cannot be the production of the Council, but must have been indited by Mr. Belfour's cook. (*Laughter.*) You are aware that the theatre *was* to have been opened at three o'clock; and I intimated that soon after that hour, in the absence of a more competent individual, I would bring forward a motion on the subject of the exclusion of the naval surgeons from the KING's levees. I had not the least intention of interrupting the "regular" proceedings of the day. I knew too much of the law to give our enemies such an advantage. This is the circular. [Mr. Wakley then read the document headed "Royal College of Surgeons in London," already inserted, and made some critical remarks on it, which produced much laughter.] "The President and Council earnestly recommend to the members of the profession at large, to abstain from any public discussion of the subject in question!" Why, you see, Gentlemen, there is their own chronicler; he is the author of the publicity; (*pointing to a short-hand writer, who was taking notes at the lecturer's table.*) The Council have made it public, and they are about to celebrate this College by making it the last monument of expiring professional despotism. (*Cheers.*) I recollect a certain aged gentleman, one of the Council, who entertained a strong antipathy to HATS. When this worthy sage entered the theatre one day, he saw a gentleman sitting with his hat on in the gallery; on observing it, he got into a tremendous rage, and sent the officer to remove the obnoxious object from his view. Some one exclaimed, "Oh, sir, the gentleman is a Quaker." (*Great laughter.*) Now I think the cause of the offence in that instance was as contemptible as the cause of the offence of which we are the unwilling authors, and the explanation will have just the

same weight; however, a few days will show. "While the President and the Council earnestly recommend to the members of the profession at large to abstain from any public discussion of the subject in question,"—deeply, no doubt, feeling for our interests, and as deeply for our pockets—(*Hear, hear*)—"from regard to the interest of those whose cause it is professed to serve, they at the same time give this notice of their determination"—*determination*—(*laughter*) I wish I only knew the author of this composition, I would employ him; I would give him a handsome salary—(*continued laughter*)—"henceforth to prevent discussions on any subject from taking place in the theatre of the College." Now, Gentlemen, you are to come and see that monument, (*pointing to the bust of Mr. Hunter*), and get all the information from it that you can. (*Hear, hear.*)—That piece of marble is to reflect the light of science into your minds, and you are to go away and congratulate yourselves for enjoying such an extraordinary advantage. (*Hear, hear.*) Now, Gentlemen, I wish to know whether you think I was not perfectly justified in asking the President, whether this jumble had or had not issued from the Council?—(*Hear, hear, and cries of "Yes, yes."*)—And if I had been answered in the affirmative, I should have required a list of the names which are attached to this order; and further, I was about to demand that those names should be printed for the information of the members at large. (*Cheers.*) I shall say no more now on this recent insult, neither shall I propose a vote of censure on the conduct of the Council, for I think that measure ought to be carried in their presence. (*Hear, hear, hear*)

A MEMBER called out, It had indeed been passed to-day.

MR. WAKLEY—Really I think so; and if the members will attend here on a future day, I believe the work of purification may be judiciously left to them; but at present we will confine our attention to what has transpired relative to our fellow-sufferers—the navy surgeons; our companions in science and persecution. (*Cheers.*) When we meet here again on Thursday next we shall have ample time to adopt measures in support of our own rights. However, the whole affair rests for your judgment, and I

beg leave to propose this resolution for your consideration; and I trust that some gentleman will be found to second it. Before putting the resolution, I ought to state, that in 1805 surgeons in the navy were placed on an equality of rank with captains in the army, and lieutenants in the navy. At that time we were at war, and this, I suppose, was held out as a bait to catch those meritorious gentlemen; but having now little occasion for the services of naval surgeons, these officers have been prohibited from appearing in the presence of their KING; and what is most extraordinary, in the presence of a *Sailor-King*. (*Loud cheers.*) Probably the less we dwell on this point the more advantageous will our proceedings prove to those whom we are anxious to serve; besides, we may not yet be in possession of all the facts connected with this extraordinary transaction; but I must say, that the insult offered to these officers in this *circular* is a far greater insult than even that which has been offered to them by the Lords of the Admiralty. Is not the language exhibited here an insult to naval surgeons? (*Cries of Yes, yes.*) Have they committed any faults? (*Cries of No.*) Then how dare any man, or any set of men, insinuate that they have been guilty of any impropriety to deserve such an insult as this from the Council? (*Hear, hear.*) These officers do not shrink from, but court, inquiry. It is the imperious duty of the members of this College to demand that their conduct be publicly discussed, so that the stigma attempted to be cast upon them shall be as publicly removed. (*Loud cheers.*) And it ought further to be made known that it has been cast upon them by some mistake or by some circumstance other than improper conduct on the part of the Naval Surgeons themselves. It is said they are only *Warrant Officers*. It is very true they are warrant officers, but they are not warrant officers of the class you would expect, being in fact placed with the ship's cook, with the gunner, the carpenter, and the boatswain. (*Hear, and Shame, shame.*) Gentlemen, I ought further to tell you, that the surgeons of the army are commissioned officers, and that the palace of the KING is open to them ~~merely~~ from the rank they hold; and it was only in July last that a new arrangement was made in

favour of those officers by increasing their pay. But now that we have a sailor King the sailor surgeons are to be excluded from the palace, and visited with the sneers and scoffs of their fellow-officers. I ask you whether it were just or reasonable or manly in us to allow this stigma to tarnish the character of these meritorious officers, without using every effort in our power to get it removed. (*Hear, hear, and cries of Certainly not.*) Nor, Gentlemen, is this all, for in order to increase the injury that has been done by affixing this stain to naval surgeons, it is now intended that the army surgeons shall very soon share the same fate. (*Shame.*) Under these circumstances it is our duty to act promptly, actively, and decisively. If meetings in this college prove not sufficient, we must hold meetings elsewhere (*hear, hear*), and never rest satisfied until justice is fully established. (*Loud cheers.*) I may remind you that the Council would not act on our former resolution, on the alleged ground of *irregularity*. I suppose they do not consider their own by-laws irregular. I shall read you one of them. If they declined to act on *our* resolution, they might have acted on their own by-law. I should tell you that these by-laws are of no avail whatever, unless they are signed by three of the judges, therefore you may judge of the value of their by-law of yesterday. Undoubtedly many of the "Orders" which have been signed by the judges are not legal, and should they ever be considered by these learned persons while sitting *in banco*, they will discover that they have signed their names to clauses which can never be converted into law. The by-law I allude to is this:—"The College will, at all times, protect and defend every member who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities, acquired by him as a member thereof." Is this by-law "irregular?" Although, too, they will not protect the members, yet they like you so much that they will not allow you to throw up the diploma without paying "the sum of ten guineas." (*Hear, hear, hear.*) I would ask, What gave the naval surgeons the right to hold their offices in the navy, if not from the diplomas received in that and other colleges; and yet, when these excellent surgeons are insulted, this is the mode adopted by the President and



Council to support them. (*Hear.*) "I beg to move this resolution.

"Resolved,—That the members of the Royal College of Surgeons in London now present, deeply regret that the President and Council have sympathised so little with the feelings of the members assembled at this theatre on the 14th ult., as to have declined to act upon the resolution unanimously adopted at that meeting, on the alleged ground that the proceedings were irregular; and that this refusal is another added to the already innumerable existing proofs that the President and Council are alike indifferent to the honour, happiness, and respectability, of the commonalty of this chartered College."

Mr. COMPLIN seconded the resolution.

The CHAIRMAN put it to the meeting, when it was carried, only two hands having been raised against it.

Mr. KING rose to address the meeting. He thought he might direct a few observations, in the first place, to some of the young gentlemen in the gallery, who, in all probability, would by and by be colleagues of the members then assembled. He thought he had observed that the pupils who had hissed what had been proposed and done by the members, were many of them young gentlemen attending St. Bartholomew's Hospital. (*Cries of "No, no," "St. Bartholomew's pupils are not opposed to the proceedings."*)

The CHAIRMAN felt bound to call Mr. KING to order. The members were met for the purpose of discussing their rights; and if any gentleman rose to address the meeting, he must address himself to members of the College, and neither to pupils nor visitors. (*Cheers.*)

Mr. KING was just beginning to proceed, when,

Mr. BELFOUR approached Mr. Wakley, and put into his hands a paper, having written upon it the following words:—"Mr. Wakley, you are required by the PRESIDENT and COUNCIL to quit the theatre."

Mr. WAKLEY then read the notice to the meeting, and refused to withdraw. The mandate was received with loud marks of disapprobation, nor were these diminished when Mr. BELFOUR exhibited over the lecturer's table a large paper, having inscribed upon it the following courteous intimation:

"The President and Council require the MEMBERS and STUDENTS to quit the theatre."

The ink on this paper was not dry, and the short-hand writer had not time to copy the words, before a number of police officers rushed into the theatre, from the door leading to the museum, and at once going up to Mr. WAKLEY, three of them seized that gentleman by the collar, arms, and legs. At the same instant the gentlemen in the theatre rushed towards Mr. WAKLEY, and while the officers were dragging at his legs, his friends were retaining him by the arms to prevent his attempted removal. While in this defenceless position, and stretched across the benches on his back, one of the cowardly Bow Street ruffians aimed a desperate blow at his forehead with a brass staff, and had not Mr. WAKLEY at that instant suddenly turned his head on one side to avoid the blow, it must have fractured his skull. The theatre was now in the greatest uproar, and the officers behaved in a brutal manner to the gentlemen with whom they came in contact. The fellows at last dragged Mr. WAKLEY from the grasp of his friends, and when he recovered his legs, LEDBITTER still holding him by the collar, (he also having fast hold of the officer), officers, members, and all, descended suddenly over several benches towards the floor of the theatre, and at one time there could not have been less than the weight of half a dozen persons directly on the back of Mr. WAKLEY, who, it was thought by many of the gentlemen present, would be crushed to death. He contrived, however, to retain his footing, and was extricated by the larger portion of the party tumbling upon the floor. SMITH the officer, who, as well as LEDBITTER and another of the officers, is a man of enormous bulk, not being accustomed to the abruptly-elevated seats of this College, missed his footing near the bottom, and fell upon the floor with the force of a fat ox, and cut his eyebrow slightly against the edge of one of the seats.

Immediately on Mr. WAKLEY's getting into the hall, outside the door of the theatre, the officers loosed their grasp, and Mr. WAKLEY immediately directed another Bow-Street officer, who was standing by, to take LEDBITTER into custody for the assault. With this order, however, he refused to comply. On getting outside the College, Mr. WAKLEY instantly demanded that LEDBITTER should go with him to the Police Office. LEDBITTER refused, and declared that he had nothing further to do with Mr. WAKLEY; but Mr. W. stated, that he had something further to do with *him*, and that he would not quit him until he had taken him before a magistrate. Accordingly he requested some of the members by whom he was surrounded to go in search of police constables, two of whom soon reached the scene of contention, and LEDBITTER was at last taken, accompanied by an immense multitude, and amidst the greatest uproar, to the police station-house near St. Paul's Church, in Covent Garden Market. Such was the crowd of persons, and so densely were they congregated, that there was the greatest difficulty in reaching the door.

The scene here was one of considerable violence, and the Council of the College were bitterly denounced. Mr. THOMAS, the inspector, having heard Mr. WAKLEY's charge, detained the peace-making officer in the station-house until 7 o'clock, when he was taken, in the custody of two police constables, before the magistrates at Bow-street, where Mr. Wakley attended at the same time to prefer his charge of assault. The crowd in Bow-street outside the office consisted of many hundreds of persons, including a great number of members of the College, and medical students. The officers experienced the greatest difficulty in obtaining admission for the witnesses, and owing to the density of the crowd and the excitement which prevailed, there were several new cases of assault; for many who had attended merely as spectators, unexpectedly found

themselves in custody of officers of police on charges of having broken the peace.

We must now return to what passed at the College after Mr. Wakley and the officers had left the theatre.

In order to complete the chief business of the day, the chairman and a large body of the members remained in the theatre, where the indignation which was felt at this unparalleled outrage was most vehemently expressed. In a few minutes, however, attention was directed to the second resolution, and Mr. KING briefly addressing the members, proposed the appointment of a deputation to wait upon the Lord Chamberlain in the following resolution, which was carried unanimously:—

Resolved,—That this meeting, viewing the marked exclusion of the surgeons of his Majesty's navy from the King's levees as an act of unmerited harshness and injustice towards those excellent officers, and as a reproach to the character of the whole profession, that a deputation consisting of three members be appointed by this meeting to wait upon the Lord Chamberlain, to place before his Grace such arguments as may appear best calculated to effect the removal of the obnoxious regulation, or to render it inoperative in as far as it may relate to the surgeons and assistant-surgeons of his Majesty's navy.

The names of Mr. WAKLEY, Mr. WALKER, and Mr. KING, were then submitted to the meeting, and those gentlemen were unanimously appointed to make known the feelings of the profession to his Grace the Duke of Devonshire. This arrangement was succeeded by three hearty cheers for Mr. WAKLEY. A vote of thanks was then passed to the chairman; and the members having learned to which office Mr. WAKLEY had proceeded with the prisoner, there was a general cry of "To Bow Street," and immediately arranging themselves in threes, the members and students, to the number of about three hundred, and occupying a line of immense length, walked in procession to the Office. The Council of the College had an oppor-

tunity of seeing this mark of respect paid to the members, whom they had so infamously assaulted. It is a fact, however, that all the members and students felt that they had been assaulted.

When LEDBITTER was taken into the office, Sir RICHARD BIRNIE, Mr. HALLS, and Mr. MINSHULL, were the magistrates in attendance, and they appeared astonished in no small degree, when they saw the chief of their men in custody on such a charge as the one preferred against him. The case being called on,

Michael Kearney, policeman F. 21, was sworn, and asked what he knew of the case, and we feel it no more than justice to state of this man, who admirably performed his duty, that he was regularly brow-beaten by Sir RICHARD BIRNIE and Mr. HALLS. It was evident that he had given great offence, and, probably, because he had presumed to take into custody one of the officers of the establishment.

Sir Richard Birnie. Well, Sir, what's your charge?

Kearney. One of assault, please your worship.

Sir Richard. Why, I ask, did ye take this officer into custody?

Kearney. Because he had committed an assault on this gentleman.

Sir Richard. Did ye see the assault committed?

Kearney. Why, Sir Richard, I was —

Sir Richard. Tell me, man, yes or no; did ye see the assault committed?

Kearney. Why, your worship, I —

Sir Richard. Tell me at once, yes or no, and remember that what ye say shall go before the commissioners. I don't wish to hurry you, for ye'r bread's in danger. Did ye see the assault.

Kearney. No, y'er worship.

Sir Richard. Very well. Take down his words; his exact words. Now why did you take him into custody, Sir?

Kearney. Because I'd an object in it, Sir. This gentleman had his clothes all torn, and he insisted upon my taking the man into charge, and there was a great noise and riot with the gentlemen, and this man seemed the cause of it all.

Sir Richard. An object in it, had ye? Mind, take down that.

Kearney. I mean I had a cause for it. I considered there was a reason for it.

Sir Richard. Mind, he said, "an object" for it. How long have you been a constable?

Kearney. Ten months.

Mr. Halls. And don't you know that you have orders not to take a person into custody for assault, unless you saw the assault committed?

Kearney. Yes, your worship.

Sir Richard. Then why did you do so?

Kearney. For the reasons I have stated, your worship.

Sir Richard. What did the officer say when you came up to him?

Kearney. He said that he would'n't go, and I said that he must, and he took out his staff, and said he would break my head if I laid hands on him, and I said I had already laid hands on him enough.

Sir Richard. Then, it is a pity that he did not break your head before. Where did you take him?

Kearney. I came to this street, your worship, and coming by the public house at the corner he ran into it.

Sir Richard. What then?

Kearney. He refused to go to the station house unless I used force, and then I sent for assistance, and Sergeant Smith came, and through the remonstrance of the Sergeant he complied to come.

Mr. Halls (to Mr. Wakley). Did you not know Ledbitter to be an officer?

Mr. Wakley. The man never uttered a word to me. He had a staff in his hand, but that does not justify a person's coming and seizing me in my own house.

Mr. Halls. I don't say that it does, but you being in his custody, did you not, in order to get released yourself, give him in charge to another?

Mr. Wakley. Most certainly not, for he acknowledged outside the College, that he had no charge whatever against me, and would not detain me.

Mr. Halls. Very well. Now, where did he assault you?

Mr. Wakley. In the theatre of the College of Surgeons.

Mr. Halls. And did you mention when you gave him in charge to the police constable that it was for an assault committed on you by him?

Mr. Wakley. Most undoubtedly.

Mr. Halls. In the College of Surgeons?

Mr. Wakley. I do not know that I did say that it was in the College of Surgeons that the assault was committed. I do not know this other man's name (pointing to Smith), but he acted very properly, and acknowledged that he had no power to touch me in the theatre.

Mr. Halls. Well, now it's very clear to me that the police constable had no right to take the officer into custody, as he did

not see the assault committed, and Ledbitter must be discharged.

*Sir R. Birnie.* What, without hearing the defendant?

*Mr. Halls.* Yes; I think so, upon the complainant's own statement. I think he is wrongfully put into custody for this, but I should explain to Mr. Wakley that it will be quite open to him to take any further course he pleases, and that the officer shall be ready to meet any other charge.

*Mr. Minshull.* I never did agree to the doctrine that the constable ought to see an assault committed before he takes the party into custody.

*Sir R. Birnie.* I go further even than Mr. Halls, for I say that these men have orders from their officers, not from us, but from their own officers, not to take a party into custody unless they see the assault committed.

*Mr. Minshull.* Well, but I remember what happened in Covent Garden once, a police constable was directed to take a person into custody for having committed an assault upon another; the constable would not take the person into custody because he had not seen the assault committed, so the man who was charged went up and knocked the complainant down again, and then said, "There, now, you have seen it," and then he was taken into custody immediately. So that a poor man is to stop till he is killed before he is to be protected by obtaining aid from an officer?

*Sir Richard.* What! Take a person into custody against his official orders? However, I think that the assault, whatever it was, committed in the College of Surgeons, makes a distinct case.

*Mr. Halls.* I have thought so all through. I have discharged Ledbitter, thinking he was wrongfully taken into custody. That does not preclude Mr. Wakley (and I wish Mr. Wakley distinctly to understand that) from making any other charge against Ledbitter, or any one else, but in doing so he must take the proper course—he must make oath to the facts, and then the magistrates will determine upon that deposition, whether they will grant a warrant or not.

*Mr. Wakley.* Then shall I make a deposition now against this man?

*Mr. Halls.* Yes, if you please. If you go into the Clerk's Office you will have an opportunity of doing so, and then we shall decide upon the propriety of granting a warrant.

Mr. Wakley then retired, and soon afterwards re-entered the office with the deposition he had made, accompanied by the clerk, who read the document to the Bench.

*Mr. Halls.* Well, now, Mr. Wakley, you tender this as a charge against Ledbitter?

*Mr. Wakley.* I do.

*Mr. Halls.* And do you mean to charge him only?

*Mr. Wakley.* I do not think it will be necessary, in my view of the case, to charge any others; besides, I do not know the names of any others. (*Looking round.*) Here is one who also assaulted me.

*Mr. Halls.* Very well. Upon the face of the deposition, I do not see that he has done wrong. If he have, he is amenable in another way to the laws of his country. As far as it appears, and I take the case only from what Mr. Wakley swears, it seems, that constables seized him and dragged him out of the theatre. It is to be presumed they were properly authorised in doing so; and really, if a constable is to obey his orders, I do not see how it is possible to grant a warrant in such a case as this. I do not see by this deposition that the constable was wrong.

*Mr. Minshull.* (To Mr. Wakley.) I think the better way will be for you to indict the constables at the sessions.

*Mr. Wakley.* I certainly think that I have a right to apply to you for a warrant, because a more gross outrage never was committed on any human being.

*Mr. Halls.* Well, I do not think that we ought to grant a warrant.

*Mr. Wakley.* Is a person to be assaulted in his own house, without giving the slightest offence? I am a member of the College, and I was sitting in my own theatre quietly, without disturbing any one, without offering to assault any one, and without uttering one single word at the moment I was seized. If I had ordered Ledbitter to take the Council into custody, and he had done so, and an application had been made to you afterwards by the Council, would you have treated that application in the same way that you have treated this?

*Sir R. Birnie.* No, certainly not.

*Mr. Wakley.* No, indeed. Gentlemen, I confess that I feel myself in a peculiar situation here. It is not quite consonant with my notions of propriety to apply for justice to this bench; for when I gave Ledbitter in charge, he stated that he had acted under the orders of Sir Richard Birnie; that what he had done, he had done directly under his authority. If this statement be correct, the magistrate himself is the author of the assault, and I cannot expect that he will interfere to punish the culprit.

*Sir Richard.* My name, then, was improperly used. I knew nothing of the business. Indeed, I have not even seen Ledbitter to-day until now.

*Mr. Minshull.* The only constable who came to me was Gardner; and he said, "With your permission I am going to the College of Surgeons." I said, "Very well, with all my heart." That was all that passed.

*Mr. Wakley.* I am a member of that College; and it is specified in the charter, that the College is a body consisting of the council and commonalty, of which I am one; and further—

*Mr. Halls.* I beg pardon, but if the president, or council, or superior officers, have done wrong, they are amenable, you know, to the laws in another way.

*Mr. Wakley.* Yes, but if they were not present when the assault was committed, how am I to get at them? The officers said they were sent by Sir Richard Birnie.

*Sir R. Birnie.* Really, my name has been introduced into this case, and I do not know why. I had nothing on earth to do with the sending of these men. This is the gentleman [turning to *Mr. Minshull*] who was spoken to on the subject. The officer said to *Mr. Minshull*, "Five of us have been applied for, to go to the College of Surgeons," and he said, "Go." Whenever such an application as this is made, we suppose it is to prevent a riot.

*Mr. Minshull.*—I really thought it was to prevent pickpockets from committing depredations. He said, there was to be a lecture, or something of that sort, and I thought there would, perhaps, be a good many persons there, and that he was going merely to prevent a breach of the peace.

*Mr. Wakley.*—Yet I was assaulted and struck by other officers also most severely. Against Smith I have no charge, for he knew his duty, and as far as I saw, acted with great propriety. He said he had no charge against me, and saw me assaulting no man.

*Smith.*—I beg pardon. I went to *Mr. Wakley*, and endeavoured to persuade him to leave the theatre, and he would not; when we appeared, and I went to him, there was the most tremendous noise I think I ever heard. I never heard anything to compare to it except it was at the theatre at the O. P. I went back to the gentlemen (the Council), who ordered me to take *Mr. Wakley* out, and they ordered me to go to him again. I went to him again, and asked him to go, but he would not; then I returned to the gentlemen again. They then said, they would draw up a memorial, and report me to the bench as being insufficient for the discharge of my duty: that I was not worthy of being an officer of Bow-street, and that we disgraced ourselves; and, being so urged, I said, that if they would indemnify me, I would take him out, but not otherwise. They did indemnify me, and the other officers, and then we proceeded in getting him out.

*Mr. Minshull* (to *Mr. Wakley*).—Do you not think that the authority of the President of that society, as well as the Presidents of all other societies, is absolute?

*Mr. Wakley.*—No, Sir; I do not; but even if it were, it might be absolute without being brutal. These are not times for encouraging or acknowledging the existence of absolute authority any-where. Besides, the President and Council had left the theatre, and the members quietly remained merely with a view to adopt certain measures for protecting the rights and privileges of their brother members, the naval surgeons?

*Mr. Halls.*—The President had left the theatre?

*Mr. Wakley.*—Yes.

*Mr. Minshull.*—Well, now I am only asking for curiosity—but will you allow me to inquire, if it is the custom for the members to debate questions after the President has left?

*Mr. Wakley.* The question has been recently introduced, but it does not follow that because the members have not exercised their rights, that those rights do not exist.

*Sir R. Birnie.* Well, but what is the use of debating? If the King issues an order that it is not convenient to see certain parties at the levee, what can be done?

*Mr. Wakley.* We were passing a resolution to appoint a deputation to wait upon the Lord Chamberlain on the subject.

*Mr. Halls.* Well, but I think we had really better not enter into that question. As to the charge that is before us, your affidavit does not go to the extent that is necessary, for calling upon us to issue a warrant.

*Mr. Minshull.* You would gain nothing by the warrant, nor will you lose anything by not having it.

*Mr. Wakley.* I am to understand, then, that I shall lose nothing by your not granting the warrant?

*Mr. Minshull.* Certainly not. You can indict the officers, or take any other course, just the same as if the warrant were granted.

*Mr. Wakley.* Very well.

*Sir R. Birnie.* I heard something of an application to the home department, in consequence of the officers refusing to obey their orders at the College.

*Mr. Halls.* I just wish before you go, *Mr. Wakley*, for your satisfaction, to read you the order that has been issued for the conduct of police constables in arresting individuals; and you will find that they are not authorised to arrest, or to assist in arresting, nor to receive into custody, a party charged with having committed an assault, unless they have seen the assault committed. [*Mr. Halls* then read the regulation, which was a repetition of what he had said.]

*Mr. Wakley.* True, these may be the orders from the Home Office, and yet not

be in conformity with the conditions of the act of Parliament.

*Mr. Halls.* O yes, it is.

*Sir R. Birnie.* It quotes the Act of Parliament, so that there can be no doubt of it.

*Mr. Wakley.* Well, I can only say, that a more gross and atrocious assault never was committed on any person. See how my clothes are torn. (*Showing his shirt and coat, or, rather, the fragments that remained of them*).—Very well, Gentlemen, I must of course submit to your decision, but I shall follow up vigorous proceedings elsewhere against the whole of the parties. The assault committed upon me was one of the most brutal description; and had I not been as strong as a horse, I must have been crushed or torn to pieces. I was also struck most violently; but, Gentlemen, I really am at a loss to understand your law. *Mr. Halls* has said, that when the constable appeared, it was my duty to submit without resistance to an officer, even if I knew that I had done no wrong; while, on the other hand, *Sir Richard Birnie* has stated, that when the police constable received *Ledbitter* in charge, it was a pity that *Ledbitter* had not broken his head with his staff! Again; the police constable is to be reported to the Commissioners, and probably discharged, for having taken a man into custody on a charge of an assault, without having seen the assault committed, while *Ledbitter* and his companions, who struck and dragged me while I was quietly sitting in my own College, are considered to have committed no assault at all.

*Mr. Halls.* Well, I can only assure you, *Mr. Wakley*, that I regret as deeply that an assault has been committed upon you, as upon any man in the country; but judging from the affidavit, the only document upon which we can act, we do not feel that we ought to grant a warrant, especially as our not doing so, cannot affect ulterior proceedings. We can only act on what is brought before us. We are accustomed here to decide upon facts, and these do not in the present case call upon us to grant a warrant.

*Mr. Wakley.* I again repeat, that a more unjustifiable, a more unwarrantable assault, was never committed upon an offending body of gentlemen. The officers seized me before I even saw them. Although *Smith* had previously done so, *Ledbitter* and his companions did not speak one word before they attempted with brute force to drag me from my seat. I only regret that I was not furnished with arms, for I would have shot at least one of the officers dead on the spot. If such violence is to be tolerated, no Englishman is safe from murder.

*Mr. Halls.* I am extremely happy that you were not so provided, or you might

have been standing here under far different circumstances.

*Mr. Wakley*, accompanied by a host of friends, then left the office.

*WILDE*, the solicitor to the College, had been in the office standing behind the clerk, and on *Sir RICHARD BIRNIE* inquiring who he was, one of the officers said that "*he*" had given them an indemnity on the part of the Council, which leads us, on closing the report, to put a question to the magistrates.—Had the officers killed either of the members, could this man, *WILDE*, or any one of the Council, have "indemnified" them for suffering the punishment awarded by the law for the crime of murder?

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ADVERTISEMENT.

**PUBLIC MEETING.**

In consequence of  
THE ATROCIOUS ASSAULT  
committed upon

THE MEMBERS OF THE COLLEGE OF SURGEONS,  
IN THEIR OWN THEATRE,  
BY BOW-STREET OFFICERS,  
acting under and by the authority of the  
PRESIDENT AND COUNCIL,  
A PUBLIC MEETING OF THE  
PROFESSION

is appointed to be held in the  
*Great Room of the Crown and Anchor, in  
the Strand,*

On WEDNESDAY Evening next,  
March the 16th.

The Chair to be taken at half-past six for  
Seven o'clock precisely.

A Plan will be introduced for the  
INSTITUTION OF  
A NEW MEDICAL COLLEGE,  
founded upon the most

ENLARGED AND LIBERAL PRINCIPLES,  
and in which

ALL LEGALLY-QUALIFIED  
PRACTITIONERS,  
whether

PHYSICIANS, SURGEONS, OR APOTHECARIES,  
*Will be associated upon equal terms, will*

*Enjoy equal rights, and*

*Will be recognised by the same title.*

As this Institution, if firmly established, must break down the Collegiate and Hospital Monopolies, and must relieve the poor from the dreadful consequences which too often result from the operations of incompetent practitioners, it is calculated to exercise a MOST BENEFICIAL INFLUENCE OVER THE PUBLIC HEALTH, and thus prove of INDESCRIBABLE ADVANTAGE TO THE COMMUNITY.

The examination of students for the Diploma will be conducted openly in the presence of the public and the press, in a theatre constructed for the purpose.

In every respect it will be a PUBLIC INSTITUTION, established for THE PUBLIC GOOD, and for THE HONOUR AND PROTECTION OF MEDICAL PRACTITIONERS, and erected for the attainment of such beneficent objects, it must command and receive the unqualified support of our present just and wise government.

THE Council of the College feared to encounter the members on Thursday, notwithstanding the support of the magistrates and their armed police, and they published in the papers of the next day the following advertisement.

*"Royal College of Surgeons in London.*

"In consequence of the riot and confusion which prevented the delivery of the lecture on Tuesday last, and which the President and Council have reason to apprehend will be repeated, the lectures are postponed until further notice.

"EDMUND BELFOUR, Sec."

### NAVAL SURGEONS.

THE Members of the deputation, which was appointed in the theatre of the College on Tuesday last, have written to the Duke of DEVONSHIRE, to know when it will be convenient for his Grace to honour them with an interview. The reply of the Lord Chamberlain had not been received when our Number went to press.

### ADDRESS

TO THE

### MEDICAL PROFESSION OF GREAT BRITAIN AND IRELAND,

*Agreed to at a Meeting of Members of the College of Surgeons.*

GEORGE WALKER, Esq., in the Chair.

GENTLEMEN,—We feel it to be our imperative duty to call upon you to unite with us in an endeavour to save the honourable profession which we exercise from the shame and ignominy with which a few malignant and misguided men have endeavoured to tarnish it. We entreat of you to reflect upon the extraordinary event it is our duty to record. A foul, unprovoked, and illegal assault, has this day been committed upon the whole of the members of the Royal College of Surgeons, by order of—we blush to say it—*by order of their Council*. We were waiting in our own theatre for the purpose of discharging an important duty to a branch of our brother members, when, by order of the Council, a band of armed men from Bow Street Office were let loose upon us. These men, brandishing their bludgeons as if they had to encounter a gang of assassins, laid violent hands upon us, wrenched us from our seats, and expelled us from our theatre by brute force. Thus have our rights been trampled upon, our lives endangered, our feelings outraged, and our profession insulted, by our own Council. Gentlemen, we know not what atonement can be made for so criminal and wanton an act of treachery; but we feel that the whole profession will join us, heart and hand, in our endeavour to rescue the government of the College of Surgeons from a council which could so grossly and premeditatedly pervert the duties of their office. At any rate they will immediately be brought to justice, and we trust that all connexion between them and every honourable member of the profession will soon cease in law, as it now does in fact. We hope that no medical student will present himself for a diploma stained with the blood of his senior colleagues. This language is strong, but it is lamentably inadequate to express the abhorrence you must have felt had you witnessed this atrocious.

violation of every moral and professional feeling. For ourselves, whose persons and liberties were attacked in the most ruffian-like manner, we are determined to exercise every means at our disposal to prevent a recurrence of such an unprincipled outrage. Need we say, that measures must instantly be taken to place the rights of the profession upon a secure basis, or we shall become objects of feebleness and contempt.

(Signed on behalf of the meeting)

G. WALKER, Chairman.

#### OUTRAGE AT THE COLLEGE OF SURGEONS.

*To the Editor of THE LANCET.*

SIR,—Our very excellent teacher, Mr. Waller, at the close of his lecture this evening, expressed himself nearly in the following words; and from the very warm marks of approbation which followed his address, it is quite clear that the sentiments of the class were in unison with his own, and, therefore, you will no doubt oblige them by putting it on record:—

“Gentlemen,” said Mr. Waller, “I have an apology to make for this short lecture; I came in late, I leave off early; but really I am this moment labouring under excitement at some events I have just witnessed, which unfit me for the continuance of my duty. I am just returned from the College of Surgeons, and have there witnessed a scene which must excite and irritate every one who has the misfortune to be a member of such a College. I have seen, Gentlemen, the members of that College sitting in their own theatre, quietly and dispassionately advocating their own rights, forcibly ejected, turned out *vi et armis*, by a set of police vagabonds, acting under the direction of the self-elected corrupt junta, the President and Council. Whether the law will protect its own myrmidons, or whether justice will be administered to those upon whom this base act has been committed, remains to be seen; but I understand that a charge of assault will be preferred against them. But, Gentlemen, such a state of things ought not, will not, cannot, be suffered to exist. If the members submit quietly to these insults, they will deserve every indignity which may be heaped upon them; it was a proceeding, Gentlemen, disgraceful to the age in which we live; an act, in fact, which would disgrace any civilized society, an act unparalleled in the history of any body having the slightest pre-

tensions to be called a scientific one.” (*Immense cheering.*)

I remain, Sir, yours obediently,

A PUPIL OF MR. WALLER.

Tuesday evening, March 8th, 1831.

#### COLLEGE OF PHYSICIANS.

##### LECTURES AND ACCOUNTS.

*To the Editor of THE LANCET.*

SIR,—I am this moment returned from the College of Physicians, to which I was invited by the President and Fellows (as their card expresses) “for the purpose of reading medical papers, and holding medical conversations,” and never do I remember to have attended a medical society with so little benefit or satisfaction. A paper was read to be sure (the production of one of the learned fellows), but it contained so many self-evident facts, and so little instruction, that I believe there was not a physician present who did not feel disappointment and regret at the loss of the time he had spent in listening to it. Immediately after the reading of the paper the President left the chair, and thus concluded the business of the evening. I cannot help thinking, that through your valuable Journal, some means might be suggested for better regulating the concerns of this monopolising President and Fellows.

I have always considered, Mr. Editor, that when a man becomes a licentiate, he should attend all medical meetings in the College as a right, that he should be allowed the use of the library, and have access to the museum, without laying himself under a personal obligation to any fellow who may happen to be elected librarian or curator of the museum. It should be remembered, that on his becoming a licentiate, certain fees are exacted, as, for instance, a fee to the president, a fee to each of the censors, a fee to the registrar, a fee to the beadle, a fee to the porter, besides stamps, &c., and, lastly, a fee of 32*s.* to the College. All these fees (whether rightly exacted or not I will refrain from inquiring) speak for themselves, excepting the last, which I cannot understand. As the College chooses to exact this latter sum, I think licentiates have a right to inquire what becomes of it. I am quite sure there must be some liberal-minded men among the fellows, who would scorn to take a fee in this way, without explaining what becomes of it, if they could; but the only answer I could get to my private inquiries was, that every thing was correct according to the regulations of the College, and ac-



cording to the present Charter. This explanation to me is any-thing but satisfactory, and the sooner the present regulations are altered, the better for its credit; let the worm-eaten Charter be brought to light from the hole or corner where it has so long slumbered in peace, either to be re-modelled or cancelled altogether. I am, Mr. Editor,

Your very obedient servant,  
A LICENTIATE.

[As in the case of Mr. Greenhow's letter, and indeed two or three others, we have to complain of the late delivery of the above communication, which has only just come to hand.—Ed. L.]

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THE ANATOMICAL SCHOOL, BREWER-STREET.

*To the Editor of THE LANCET.*

SIR,—At the commencement of this season you showed yourself the pupils' friend, by cautioning them to beware to whom they paid their money, a caution which all who have entered to the new anatomical school, Brewer Street, regret having disregarded; for the loss of time I consider a greater loss than the waste of money. This school was ten weeks before it had any subject at all, and then only a small one covered with pustules of small-pox, which had no doubt been refused by the other schools. After this, a very old emaciated subject was procured, price eight guineas, the muscles of which were so bad, that the fibres gave way in many parts, and would not bear dissection; and this is all that has been attempted to be dissected at the new anatomical school: there has never been one specimen of good dissection on the table of the lecturer or demonstrator, the latter person coming twice or thrice a week at twenty minutes, a quarter, and even ten minutes to nine, though his appointed time is every morning at eight. Could you, Sir, point out any way by which the pupils may recover their money, which I conceive they have a right to demand? It is impossible that gentlemen, who feel that responsibility which those who teach this important branch ought to feel, could act in this manner; for, in fact, they have never yet had any part of the human subject fit either for demonstration or lecture. Be kind enough to let this, which contains the sentiments of the remaining class, appear in your valuable LANCET.

I am, Sir, your most obedient servant,  
A PUPIL.

February, 1831.

LAW OF THE FRENCH SOCIETY OF PHARMACOPOLISTS ON THE SALE OF SECRET REMEDIES.

"As the Society is in the highest degree jealous of the dignity of the profession which its members pursue, any apothecary who shall compromise that respectability by announcing himself as the author or depository of secret medicines, by causing himself to be puffed in the papers, by associating the duties of the apothecary with a trade to which the former should remain a stranger, &c., such a person cannot become a member of the Society, and if he be already a member, the secretary shall send him a copy of this article, when, in case of his continuing the proscribed traffic or practice, he shall be expelled upon sufficient proof of the offence."—*General Law, Art. 36.*

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THE SISTERS OF CHARITY—PARIS  
QUACKERY.

The apothecaries of Paris have presented a memorial to M. Odillon Barrot, prefect of the Seine, requesting the suppression of the dispensaries of medicine connected with the charitable institutions, in which it appears that the medicine is vended, prescribed, and compounded by the Sisters of Charity, and other religious societies of females. The principal grounds on which the memorialists take their position, are, the total want of medical education in these persons, and the inconveniences and dangers resulting from their refusal to sell medicines after certain hours, and on the Sabbath day. The memorialists add, that "Either the apothecaries should no longer be compelled to undergo a lengthened period of study and subsequent examinations, or the shops kept by totally unqualified individuals should be immediately suppressed."

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TO CORRESPONDENTS.

The letter of Dr. Morrison, and those of many other gentlemen, have been unavoidably postponed until next week.

# THE LANCET.

VOLUME 1

LONDON, SATURDAY, MARCH 19.

[1830-31.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

COPPER.—ZINC.—BARYTA.—OPIUM.—NUX  
VOMICA.—PRUSSIC ACID.

THE only processes described by our author, which remain to be noticed, are those recommended for the detection of copper, zinc, baryta, opium, strychnine, and hydrocyanic acid. On the first of these we shall not dwell long, as we this week publish, in another part of our Journal, an article which we have received on the same subject, the author of which (Dr. O'Shaughnessy) entirely follows Dr. Christison's method of examining suspected mixtures, with the exception of using nitric acid instead of the acetic, estimating the *quantity* of the sulphuret and reducing this to the metallic state, a consummation of the experiment on which Dr. Christison does not insist. The existence of copper in various organic substances is a curious phenomenon, and further researches on the subject seem extremely desirable, either to extend the list of substances in which it has already been found, or to point out those in which it is altogether deficient. We would recommend, to those who have leisure to prosecute the subject, the institution of experiments on various kinds of cheese. We have found copper in the Stilton and Parmesan, but as it remains doubtful whether in these instances the copper has not proceeded from the vessels used in the manufacture of the cheese, it would be well to examine speci-

mens prepared in vessels ascertained to be free from cupreous ingredients.

Before proceeding further we may remark, that in the paper already alluded to, the estimation of the atomic equivalents of copper is not *fractionally* correct; for practical purposes, however, it is more useful than a precise calculation, inasmuch as the relative quantities are more easily understood, and, what is of almost equal importance, more readily explained.

**ZINC.**—The following description of the chemical relations of zinc is individually so complete, that we extract it without note or comment. We must remark, however, that to the influence of metallic emetics over medico-legal analysis, Dr. Christison does not pay the attention which the subject demands, although from the observation, in the first sentence of the following extract, he shows himself fully aware of the important modifications emetics may render necessary in inquiries of these descriptions.

*"Of Poisoning with Zinc.*—The compounds of zinc, which have been long used in considerable doses in medicine, have sometimes caused serious and even fatal effects. Partly on this account, and partly because one of them, the sulphate of zinc, being the emetic most commonly used in the treatment of poisoning, is apt to complicate various medico-legal analyses, it will be proper to notice both its physiological properties and the mode of detecting it by chemical means. The only important compound of this metal is the sulphate of white vitriol. As usually sold in the shops, it forms small, prismatic crystals, transparent, colourless, of a very styptic metallic taste, and exceedingly soluble in water; that which is kept by the apothecary is generally pure, but the salt of commerce commonly contains an admixture of sulphate of iron, by the presence of which the natural action of the tests for zinc is materially modified. The solution of the pure salt is precipitated white by the caustic alkalis, an oxide being

thrown down, which is soluble in an excess of ammonia. The alkaline carbonates also precipitate it white, the carbonate of ammonia being the most delicate of these reagents; the precipitate is soluble in an excess of carbonate of ammonia, and is not thrown down again by boiling. The precipitate produced both by the alkalies and by their carbonates becomes yellow, when heated nearly to redness, and on cooling it becomes again white. This is a very characteristic property, by which the oxide of zinc may be known from every other white powder. The ferro-cyanate of potass also causes a white precipitate. A stream of sulphuretted hydrogen likewise causes a white precipitate, the sulphuret of zinc, the colour of which distinguishes the present genus of poisons from all those previously mentioned, as well as from the next genus, the poisons of lead; the precipitate is apt to be suspended till the excess of gas is expelled by ebullition. When the sulphate of zinc contains iron, the alkalies throw down a greenish-white precipitate, the alkaline carbonates a grayish or reddish white, the ferro-cyanate of potass a light blue, but sulphuretted hydrogen the usual white precipitate. Tincture of galls, which merely renders the pure salt hazy, causes a deep violet coagulum, if there is any ferruginous impurity. The sulphate of zinc is acted on by albumen and milk, precisely in the same manner as the sulphate of copper; the salt is decomposed, and the metallic oxide forms an insoluble compound with the animal matter. When the sulphate of zinc has been mixed with vegetable and animal substances, the action of the tests mentioned above is modified. In such circumstances I have found the following process convenient:—The mixture being strained through gauze, is to be acidulated with acetic acid, and filtered through paper. The acetic acid dissolves any oxide of zinc that may have been thrown down in union with animal matter. The filtered acid is then to be evaporated to a convenient extent, and treated when cool with sulphuretted-hydrogen gas, upon which a grayish or white milkiness, or precipitate, will be formed. The excess of gas must now be expelled by boiling, and the precipitate washed by the process of subsidence and affusion, and collected on a filter. It is then to be dried and heated to redness in a tube. When it has cooled it is to be acted on by strong nitric acid, which dissolves the zinc and leaves the sulphur. The nitrous solution should next be diluted, and neutralised with carbonate of ammonia; after which the liquid tests formerly mentioned will act characteristically. The effect of carbonate of ammonia, and that of heat, on the carbonate of zinc, which is thrown down, ought to be particularly relied on.

I have tried this process with the matter vomited after the administration of sulphate of zinc, in a case of pretended poisoning, and found it to answer exceedingly well."

**BARYTA.**—The following process, like the former, is, as far as it goes, entirely unexceptionable. There is one point, however, which the author has neglected to notice, and which we shall endeavour to remedy. Before it can be understood it is necessary to study the quotation itself.

"Three compounds of this substance may be mentioned, the pure earth or oxide, the muriate or hydrochlorate, and the carbonate. The pure earth, however, is so little seen, that it is unnecessary to describe its chemical or physiological properties.

"The carbonate of baryta is met with in two states. Sometimes it is native, and then commonly occurs in radiated crystalline masses, of different degrees of coarseness of fibre, nearly colourless, very heavy, and effervescing with diluted muriatic acid. It is also sold in the shops in the form of a fine powder of a white colour, prepared artificially by precipitating a soluble salt of baryta with an alkaline carbonate. It is best known by its colour, insolubility in water, solubility with effervescence in muriatic acid, and the properties of the resulting muriate of baryta.

"The muriate, or hydrochlorate, is the most common of the compounds of this earth, having been for some time used in medicine for acrofulous and other constitutional disorders. It is procured either by evaporating the solution of the carbonate in hydrochloric acid, or by decomposing a more common mineral the sulphate, by means of charcoal aided by heat, dissolving in boiling water the sulphuret so formed, and decomposing this sulphuret by hydrochloric acid. It is commonly met with in the shops irregularly crystallized in tables. It has an acrid, irritating taste, is permanent in the air, and dissolves in two parts and a half of temperate water. The solution is distinguished from other substances by the following chemical characters. From all other metallic poisons hitherto mentioned, it is easily distinguished by means of sulphuretted hydrogen, which does not cause any change in barytic solutions. From the alkaline and magnesian salts, it is distinguished by the effects of the alkaline sulphates, which do not act on the former, but cause in all solutions of baryta a heavy white precipitate, which is insoluble in nitric acid. From the hydrochlorates of lime and strontia, it is to be distinguished by evaporating the solution till it crystallizes. The crystals are known not to be hydrochlorate of lime, because they are not deli-

quascent. The hydrochlorate of strontia (which resembles that of baryta in many properties, but which must be carefully distinguished as it is not poisonous) differs in form of the crystals, which are delicate six-sided prisms, while those of the barytic salt are four-sided tables, often truncated on two opposite angles, sometimes on all four,—by its solubility in alcohol, which does not take up the hydrochlorate of baryta,—and by its effect on the flame of alcohol, which it colours rose-red, while the barytic salts colour it yellow. The hydrochlorate of baryta is known from the other soluble barytic salts, by the action of nitrate of silver, which throws down a white precipitate. Vegetable and animal fluids do not decompose the solution of the hydrochlorate of baryta, except by reason of the sulphates and carbonates, which most of them contain in small quantities. But the action of its tests may be disguised, although the salt has not undergone decomposition. In that case the most convenient method of analysis is to add a little nitric acid, which will dissolve any carbonate of baryta that may have been formed,—to filter and then throw down the whole baryta in the form of sulphate, by means of the sulphate of soda, and to collect the precipitate, and calcine it with charcoal for half an hour in a platinum spoon or earthen crucible, according to the quantity. A sulphuret of baryta will thus be procured, which is to be dissolved out by boiling water, and decomposed after filtration by muriatic acid. A pure solution is thus easily procured."

The omission we have alluded to consists in this, that Dr. Christison overlooks the effect of the antidote, viz., sulphate of soda or magnesia, which must be administered by the medical attendant, and which will convert all the soluble barytic salt into an insoluble sulphate. Dr. Christison's process, performed on vomited matter containing this compound, will not afford a trace of the poison. We would, therefore, propose to dry the suspected substance, and heat it to redness in a silver or platinum crucible for half an hour. In this way the carbon of the organic animal or vegetable matters reduces the sulphate to the state of sulphuret, a compound soluble in dilute muriatic acid, with disengagement of sulph. hydrogen gas. The filtered fluid may then be examined according to the properties of the earth described in the preceding extract.

The next poison we arrive at is

OPIUM, and its alkaloid principle, morphia.—In his description of the chemical

properties of these substances, and of the mode in which they may be detected, the author is exceedingly successful. Notwithstanding the facility with which vegetable poisons are removed beyond the reach of analysis by digestion, and other causes, in many fatal cases opium may be detected by the subjoined experiments, and they are equally applicable to its recognition in porter or other fluids of this description.

It is necessary to premise that opium is a concrete vegetable exudation composed of various proximate principles; viz., morphia; meconic acid, narcotine, resin, caoutchou, lignin, &c. Of these the two first are alone important, as far as the process for the detection of opium is concerned. They co-exist in opium in the state of the meconate of morphia, and from its watery infusion or alcoholic solution the first may be precipitated by ammonia, and the second by the subacetate of lead, the meconate of lead being thrown down, which, when decomposed by sulphuretted hydrogen, sets free the meconic acid:—

"*Of the Tests for Meconic Acid.*—Meconic acid, as procured by evaporation, is in little scales of a pale-brown or yellowish tint, being rendered so by adhering resin or extractive matter, from which it has hitherto been found impossible to free it altogether: 1. When heated in a tube, it is partly decomposed and partly sublimed, and the sublimate condenses in filamentous radiated crystals. 2. When dissolved even in a very large quantity of water, the solution acquires an intense cherry-red colour, with the permuriate of iron; the sublimed crystals have the same property: only one other acid is so affected, namely, the sulpho-cyanic, a very rare substance. 3. Its solution gives a pale-green precipitate with the sulphates of copper, and, if the precipitate is not too abundant, it is dissolved by boiling, but reappears on cooling.

"*Of the Tests for Morphia.*—Morphia, when pure, is in small, beautiful, white crystals. Various forms have been ascribed to them; but in the numerous crystallizations I have made, it has always assumed the form of a flattened hexangular prism: It has a bitter taste, but no smell. A gentle heat melts it, and if the fluid mass is then allowed to cool, a crystalline radiated substance is formed. A stronger heat reddens and then chars the fused mass, white fumes of a peculiar odour are disengaged, and at last the mass kindles and burns brightly. Morphia is very little soluble in water. It is more soluble in ether. But its proper

solvents are alcohol, or the diluted acids, mineral as well as vegetable. Its alcoholic solution is intensely bitter, and has an alkaline reaction. From its solutions in the acids, crystallizable salts may be procured, and morphia may be separated by the superior affinity of any of the inorganic alkalies, more particularly by ammonia. Morphia becomes instantly orange-red when treated with nitric acid. When suspended in water, and then treated with a drop or two of the permuriate of iron, it is dissolved, and forms a dirty indigo-blue solution. A concentrated solution in acetic acid is similarly acted on. - - - - -

*"Of the Process for detecting Opium in mixed fluids and colours."*—Having stated these particulars of the chemical history of opium and its chief component ingredients, I shall now describe what has appeared to me the most delicate and satisfactory method of detecting it in a mixed state. 1. If there is any solid matter it is to be cut into small fragments, water is to be added if necessary, then a little acetic acid sufficient to render the mixture acidulous, and when the whole mass has been well stirred and has stood a few minutes, it is to be filtered and evaporated at a temperature somewhat below ebullition to the consistence of a moderately thick syrup. To this extract strong alcohol is to be gradually added, care being taken to break down any coagulum which may be formed; and after ebullition and cooling, the alcoholic solution is to be filtered. The solution must then be evaporated to the consistence of a thin syrup, and the residue dissolved in distilled water and filtered anew. 2. Add now the solution of subacetate of lead as long as it causes precipitation, filter and wash. The filtered fluid contains the morphia, and the precipitate on the filter contains meconic acid united with the oxide of lead. 3. The fluid part is to be treated with sulphuretted hydrogen to throw down any lead which may remain in solution. It is then to be filtered while cold, and evaporated sufficiently in a vapour-bath. If, notwithstanding the action of the salt of lead and that of the sulphuretted-hydrogen, the liquid is considerably coloured, the colour must be destroyed by filtering it through animal charcoal. The solution thus eventually procured is to be subjected to the tests for morphia formerly mentioned; and when the quantity is very small, the tests which ought to be chosen are—the taste, the action of perchloride of iron on the fluid, and the action of nitric acid on the residue of its evaporation. 4. It is useful, however, to separate the meconic acid also; because, as its properties are more delicate, I have repeatedly been able to detect it satisfactorily, when I did not feel satisfied with the result

of the search for morphia. Dr. Ure made the same remark in his evidence on the trial of Stewart and his wife. He detected the meconic acid, but could not separate the morphia. Suspend, therefore, in a little water the precipitate caused by the subacetate of lead; transmit sulphuretted hydrogen till the whole precipitate is blackened; filter immediately without boiling; then boil, and if necessary filter a second time. A great deal of the impurities thrown down by the subacetate of lead will be separated with the sulphuret of lead, and the meconic acid is dissolved. But it requires in general farther purification, which is best attained by again throwing it down with subacetate of lead, and repeating the steps of the present paragraph. The fluid is now to be concentrated by evaporation, and subjected to the tests for meconic acid, more particularly to the action of perchloride of iron, when the quantity is small. If there is evidently a considerable quantity of acid, a portion should be evaporated till it yields crystalline scales, which have always a yellowish tint; and these are to be heated in a tube to procure the arborescent crystalline sublimate formerly described. About a sixth of a grain of meconic acid, however, is required to try the latter test conveniently."

Before we leave opium we may remark that in Dr. A. T. Thomson's *Conspectus of the Pharmacopœiæ*, appendix on poisons, we find its chemical properties noticed thus,—*"Opium."*—Taste, none, if we except the peculiar and familiar odour of the drug."—We need offer no remarks on this strange assertion.

Closely allied to the foregoing in chemical properties is the

*Nux-Vomica*, and its alkaloid strychnine, for the detection of which we find the following process recommended:—

*"Tests of Nux-Vomica."*—*Nux-vomica*, the most common of the species, is a flat, roundish kernel, hardly an inch in diameter, of a yellowish or greenish-brown colour, and covered with short silky hairs. In powder it has a dirty greenish-gray colour, an intensely bitter taste, and an odour like powder of liquorice. It inflames on burning charcoal, and when treated with nitric acid acquires an orange-red colour, which is destroyed by the addition of protochloride of tin. Its infusion also is turned orange-red by nitric acid, and precipitates grayish-white with tincture of galls. *Orfila* and *Barruel* have made some experiments on the mode of detecting it in the stomach, and the following is the plan recommended by them:—The contents of the stomach, or the powder, if it can be separated, must be

boiled in water acidulated with sulphuric acid. The liquid after filtration is neutralized with carbonate of lime, and then evaporated to dryness. The dry mass is then acted on with successive portions of alcohol, and evaporated to the consistence of a thin syrup. The product has an intensely bitter taste, precipitates with ammonia, becomes deep orange-red with nitric acid, and will sometimes deposit crystals of strychnia on standing two or three days. These experiments it is important to remember, because, contrary to what takes place in regard to the vegetable poisons generally, nux-vomica is very often found in the stomachs of those poisoned with it."

We have now arrived at the last of Dr. Christison's processes, namely that for the detection of

**HYDROCYANIC ACID.**—The author's description here is exceedingly good, and admits of no condensation:—

"The tests for the hydrocyanic acid have been lately examined by M. Lassaigne of Paris, by Dr. Turner of London, and by Professor Orfila. They are, its odour, the salts of copper, the salts of the protoxide of iron, and nitrate of silver. The *peculiar odour* of the acid is a very characteristic and delicate test of its presence. According to Orfila, the smell is perceptible when no chemical reagent is delicate enough to detect it. But I must observe, that I have known some persons who were nearly insensible of any smell, even in a specimen which was tolerably strong. Hence when the odour is resorted to as a test, it ought to be tried by several persons. The *sulphate of copper* forms with hydrocyanic acid, when rendered alkaline with a little potass, a greenish precipitate, which becomes nearly white, on the addition of a little hydrochloric acid. The purpose of the hydrochloric acid is to redissolve some oxide of copper thrown down by the potass. The precipitate is then the cyanide of copper. This test, according to Lassaigne, will act on the poison when dissolved in 20,000 parts of water. But as the precipitate is not coloured, the test is an insignificant one compared with the next. If the acid is rendered alkaline by potass, the *salts of the protoxide of iron* produce a grayish-green precipitate, which, on the addition of a little sulphuric acid, becomes of a deep Prussian-blue colour. The common green vitriol answers very well for this purpose. The salts of the peroxide of iron will also often answer, because, unless carefully prepared, they are never altogether free of protoxide. But, contrary to what is stated by Lassaigne,—by MM. Thenard, Vauquelin, and Magendie, the reporters of the

Academy on his paper, and still more recently by Orfila, the salts of the pure peroxide of iron have no such effect. They cause with the potass a brownish precipitate, which is redissolved on the addition of sulphuric acid, leaving the solution limpid. These errors have been rectified by Dr. Turner, who also shows, contrary to the statements of Lassaigne, that the protosulphate of iron is a more delicate test than the sulphate of copper. This I have also had occasion to remark.

"The *nitrate of silver* is considered by Professor Orfila a very delicate and characteristic reagent for hydrocyanic acid. A white precipitate is produced in a very diluted solution; and this precipitate is distinguished from the other white salts of silver, by being insoluble in nitric acid at ordinary temperatures, but easily soluble in that acid at its boiling temperature. A more characteristic property is, that the precipitate when dried and heated emits cyanogen gas, which is easily known by the beautiful rose-red colour of its flame. Sometimes it is necessary to determine the strength of diluted hydrocyanic acid, because, on account of its tendency to decomposition, doubts may be entertained whether a mixture which contains it is strong enough to be dangerously poisonous. According to Orfila, the best method of ascertaining the strength either of a pure solution or of a mixture in syrup, is to throw down the acid with the nitrate of silver and dry the precipitate; a hundred parts of which correspond to 20.33 of pure hydrocyanic acid.

"*Process for mixed fluids.*—Some important observations have been lately made by MM. Leuret and Lassaigne on the effect of mixing animal matters with hydrocyanic acid. The most material of their results are, that if the body of an animal poisoned with the acid is left unburied for three days, the poison can no longer be detected; and that if it is buried within twenty-four hours, the poison may be found after a longer interval, but never after eight days. The reason is, either that the acid is volatilized, or that it is decomposed. For detecting the poison in mixed fluids, Orfila has lately advised the following process. The fluid may be treated with animal charcoal without heat. The colour being thus generally destroyed, the tests will sometimes act as usual. Or, without this preparation, a slip of bibulous paper moistened with pure potass, may be immersed in the suspected fluid for a few minutes, and then touched with a solution of sulphate of iron; upon which the usual blue colour will be produced on the paper. If neither of these methods should answer, the fluid is to be distilled. Distillation of the fluid is, on the whole, the best mode of procedure. It was proposed some time before

by Lassaigne and Leuret for detecting the poison in the stomach after death. The steps of their process, which appears to me the best yet proposed, are as follows:—The contents after filtration are to be neutralized with sulphuric acid if they are alkaline, in order to fix the ammonia which may have been disengaged by putrefaction; the product is then to be distilled from a vapour-bath, till an eighth part has passed over into the receiver; and the distilled fluid is to be tested with the proto-sulphate of iron in the usual way. By this process Lassaigne could detect the poison in a cat or dog killed by twelve drops, and examined twenty-four or forty-eight hours after death. But Dr. Schubarth has objected to it,—and the same objection will apply to every process in which heat is used,—that hydrocyanic acid may be formed during the distillation by the decomposition of animal matter. His objection, however, appears only to rest on conjecture, or presumption at farthest; and I doubt whether, supposing the distillation to go on slowly in the vapour-bath, the heat is sufficient to bring about the requisite decomposition. The force of the objection must be decided by future researches."

The process recommended above by Orfila deserves attention, on account of the serious fallacies to which it exposes the inexperienced analyst. Paper moistened with potash produces by itself, with the solution of sulphate of iron, a bluish-green stain, so like that caused by prussic acid, that it will certainly deceive any inexperienced examiner. This stain is the hydrated protoxide of iron, and may be distinguished from the hydrocyanate by exposure to the air for a few minutes, when, if the first, it continues blue, or even deepens in that colour; if the second, it attracts oxygen rapidly from the air, and changes into the red peroxide or iron mould, as it is popularly termed.

Another point well deserving of examination, is the question of the spontaneous generation of prussic acid during the heating of animal matters. We have some grounds for supposing that Schubarth's speculations are well founded, and for believing that the acid may even be formed as a product of putrefaction at ordinary temperatures.

In our next Number we shall, as an addition to this series of processes, describe an improved method by which iron may be recognised, and its quantity estimated in malt liquors. We shall also state the method of detecting bismuth, a poison which has

recently occasioned some fatal accidents, and for which we find no process recommended by our author; and, lastly, we shall take into consideration the several antidotes which produce a cure by the influence of chemical decompositions.

#### ON THE RECENT DISCOVERY OF COPPER IN ORGANIC MATTERS,

CONSIDERED WITH RESPECT TO CASES OF  
POISONING, OR THE ADULTERATIONS OF  
FOOD.

(Read before the Westminster Medical  
Society, Saturday, March 5.)

By W. B. O'SHAUGHNESSY, M. D.

THE manifest importance of the subject to which I have taken the liberty of requesting the attention of this Society, will I trust relieve me from the imputation of consuming their valuable time in idle and profitless speculations. An inquiry into the medico-legal value of chemical evidence in deciding on the presence of any deleterious substance in a suspected compound, no matter what the poison may be, must, if properly conducted, be attended with a certain degree of advantage to the public remotely, and more immediately to the medical profession. The interest of the inquiry is of course proportionate to the virulence of the destructive agent, and in this respect the preparations of copper undoubtedly occupy a very prominent place.

In the brief remarks which I proceed to offer, I mean entirely to restrict myself to the value of chemical evidence in deciding on suppositional poisoning or adulteration. With the semeiology or pathology of these cases, I shall not interfere, partly because these subjects have already been investigated with an ability and precision which scarcely admit of any improvement, but principally that I should not distract attention from a point in itself of sufficient importance. Moreover, for many reasons, chemical evidence of poisoning constitutes a distinct and insulated subject; for example, it not unfrequently happens, that from the unfortunate lack of analytic habits in the general body of practitioners, a suspected substance is sent from a distance for analysis, in which case the examiner is usually unaided by the history of the case in arriving at his conclusions. Again, in cases which do not prove fatal, as in feigned or imputed poisoning, or in accidents from spoiled food, or in casual concurrent vomitings or sporadic cholera in individuals, the chemical analysis is almost of exclusive importance. Lastly,

in adulterations of food we have scarcely any other guide to conduct us to a correct decision, inasmuch as it but rarely happens that adulterators are so incautious or unskillful as to add such quantities of any pernicious ingredient, as might indicate the fraud by its speedy physiological effects.

Having premised these general remarks, I proceed to state that the object of the succeeding observations, is, to prove that from the natural existence of the oxide of copper in various organic substances, first, that the detection of minute quantities of that metal in suspected cases affords, *per se*, no grounds of imputation; secondly, that in all cases of analysis it is absolutely necessary that the quantity of the copper detected should be accurately estimated. As far as my limited information extends, no attention has yet been paid to these circumstances by medico-legal authorities. At least, the latest and best work of this description is totally silent on the subject.

The existence of the oxide of copper in organic matters was first noticed and demonstrated by the celebrated Assessor Gahn, of Fahlun, who was accustomed to exhibit the production of distinct particles of metallic copper reduced by him with the mouth-blowpipe from a quarter of a sheet of burnt paper. Singular as was this fact, it seems to have for some time attracted but little attention. The next experiment worthy of record on the subject, is stated by *Bucholz*, who detected copper in the ashes of the *anomum zedoaria*, in the galanga root, in others of the same family, and in various other vegetables of distinct kinds. These researches were pursued by *Meisner* with further success; and, lastly, *M. Sarzeau* has shown in the *Annales de Chimie* for July, 1830, that not only does copper exist in the plants enumerated by Meisner, but in various products of the animal department of organization. I should also say that in the admirable and highly-useful translation of *Rose's Manual of Analysis*, just published in this country, it is stated, that copper may be detected in solutions of sugar by a reagent to which I shall presently have occasion to revert.

Of these experiments, those of *M. Sarzeau* are, in a medico-legal point of view, by far the most important. He enumerates cinchona bark, two kinds of coffee, cheese, and blood, as substances in which he has detected minute quantities of the metal; and in coffee, he states it to exist to the extent of a grain in the pound. The process by which *M. Sarzeau* proceeded, was by drying and incinerating the substances for examination, treating the ashes with dilute nitric acid, saturating the solution with ammonia, which throws down several foreign matters, still retaining the

copper in solution. The mixture is then slightly acidulated with acetic acid, and the few drops of ferrocyanate of potash added. The first effect occasioned is the production of a brownish tinge, which deepens in some hours, and in the course of twenty-four hours (in some cases longer), a brown flocculent precipitate is deposited, the ferrocyanate of the oxide of copper.

To obtain the metal from this precipitate is exceedingly easy. It consists in heating the precipitate to redness on a porcelain capsule, by which the hydrocyanic acid is partly expelled, and partly retained in combination with the oxide of iron, leaving on the capsule a mixture of the peroxide of copper, and the blue hydrocyanate of iron; on this you act with a little dilute sulphuric acid, which dissolves both metals, and by the addition of ammonia the iron is precipitated, and the copper retained in solution as before. You have now but to filter, acidulate with a little sulphuric acid, and introduce a bit of pure iron wire, which shortly becomes coated with metallic copper.

Since the publication of *M. Sarzeau's* paper, I have repeated the process with every precaution against fallacy I could devise, being impressed with the idea, that if I obtained similar results, they should induce medical jurists in this country to be cautious in deciding on poisoning or adulteration by copper on chemical evidence.

I first procured a sufficient quantity of nitric acid and ammonia to serve for all my experiments, and lest the copper might be contained in either of these fluids, I neutralized a portion of one with the other, dropped in the solution of ferrocyanate of potash, and patiently allowed them to stand for ten days, and not the slightest effect was produced; no fallacy was therefore to be apprehended from the materials employed, and this, I may remark, is by no means an unnecessary precaution, for I have more than once known a reagent to test itself, if I may be allowed to use the expression.

1st. The first experiment was with 10  $\frac{3}{4}$  of unroasted Berbice coffee; in 24 hours a dense precipitate occurred, which, by the necessary manipulations, coated two inches of harpsichord wire with metallic copper.

2nd. Fourteen ounces of white bread were similarly treated; a cupreous precipitate showed itself in minute traces in 24 hours, and in three days was sufficiently considerable to admit of decantation, incineration, and reduction by the immersion of the iron wire.

3rd. Eight ounces of black mustard-seed gave a similar result.

4th. One pound of beef afforded a faint metallic crust.

5th. From 16  $\frac{3}{4}$  of human blood, distinct



rares of copper were obtained at the end of six days.

6th. Three pounds of potatoes gave no cupreous marks; 1 lb. of pine charcoal seemed equally devoid of metallic impregnation.

7th. The last experiment I instituted, was one to which I would especially request the attention of the Society. I prepared an alimentary mass, such as I conceived might exemplify the rejected matters after a meal, perhaps, attended with suspicious circumstances. The mass consisted of two eggs, three cups of strong coffee, and eight ounces of bread and butter. On drying and incinerating this mass, and subjecting it to the other steps of the process, metallic copper was distinctly obtained.

Concerning the source of the copper thus detected, I shall not at present enter into any speculations, further than to remark, that with respect to bread, some difference of opinion may arise whether the copper actually exists in the corn, or is accidentally or designedly introduced during the subsequent steps of the preparation of bread. In support of the natural existence of the copper in corn, we have, first, the analogy of its undeniable existence in other vegetables; secondly, the evidence of M. Lefebvre, a Dutch chemist of high reputation, who declares that he has found it in corn; and, thirdly, I may add my own experiments on bread, in which no adulteration of this kind has, in this country, been suspected. In opposition to these opinions, and in support of the designed adulteration, I may adduce the recent conviction and confessions of several bakers in Belgium, for practising this adulteration; secondly, in my own experiments, I have never succeeded in tracing copper in corn itself, although I have operated on a specimen growing over an extensive stratum of copper ore. That the copper may occur in bread accidentally, I conceive may arise from the *debris* of mill-stones, which, in some districts, are, I am told, incorporated with malachite or the carbonate of copper; and, lastly, from the evidence of M. Lodibert, who, in a debate on this subject at the *Académie Royale de Médecine, séance de Janvier, 1830*, stated that the sulphate of copper was used for the prevention of the maling of grain. My own impressions on the subject are, that copper usually finds its way into bread by accident. The Belgic bakers used it by mistake for blue alum. However, my experiments as yet have been too limited to enable me to pronounce a positive opinion on the subject.

However this question be decided, it is manifest that the natural existence of copper in the other substances I have described, must exercise an important influ-

ence over medico-legal analysis. One illustration I will advance on this subject. The Society, perhaps, are aware that a work under the odd appellation of "Disease and Death in the Pot and the Bottle" was published in London last year. Amidst other adulterations, it announced that the greening of Stilton cheese was sometimes effected by the use of *verdeggris*; I accordingly procured a quantity of the green cheese, instituted on it nearly the same experiments recommended by M. Sarzean, and detected metallic copper. I can only say, that the appearance of M. Sarzean's paper prevented my denouncing the supposed adulteration to the local authorities, and on repeating the process with cheese not greened at all, an equal quantity of copper was obtained.

I have now, I trust, advanced enough to bear me out in my assertions; 1st, that on chemical grounds alone the detection of minute quantities of copper affords no grounds of imputation; and, 2nd, "that in all cases of analysis it is absolutely necessary that the quantity of the detected copper should be accurately estimated." I proceed, in conclusion, to detail a process by which the last object may be accomplished.

The points to be attended to in the quantitative detection of copper are fourfold. 1st. To bring all the copper in the suspected mixture into a state of solution. 2ndly. To free that solution from organic matter as much as possible. 3dly. To throw down from the solution an insoluble compound of copper, the combining proportions of which are well known; and *lastly*, to reduce that insoluble compound to the metallic state.

The *first* of these objects, namely, the dissolving of the copper, is readily and certainly effected by boiling the suspected material; in dilute nitric acid for an hour in a porcelain vessel glazed with porcelain. The best vessels of this description, I may remark, are imported from Hamburgh, and no others should be used when these can be obtained.

The *second* point, viz., the freeing the solution from organic matter, is best obtained after the necessary mechanical filtration by the addition of caustic ammonia, which throws down caseum, albumen, the oxide of iron (which is often present), and various earthy matters, such as the phosphate of lime, while it retains the oxide of copper in solution.

The *third* step consists in the transmission of sulphuretted hydrogen through the mixture previously acidulated with acetic acid. An insoluble *sulphuret of copper* is formed, which readily subsides after boiling, and may be collected on a small filter. However, as the sulphuret of copper thus

obtained is always associated with organic matters, it should be incinerated on a little porcelain capsule over the spirit-lamp flame, and the residue redissolved in dilute sulphuric acid. This fluid is again to be neutralised with ammonia, a little acetic acid added, and sulphuretted hydrogen again transmitted. The sulphuret is now quite pure. It should then be washed, removed, dried in a water-bath, and carefully weighed. Of this black sulphuret—

100 Parts correspond to 64 metal	
Grs.	80 peroxide
1 Grain....	2 anhyd. sulph. of copper
.....	$3\frac{1}{2}$ crystallised ditto
.....	$1\frac{1}{2}$ neut. anhyd. per acet.
.....	$2\frac{1}{2}$ crystallized ditto
.....	$1\frac{1}{2}$ anhyd. carbon. copper
.....	$1\frac{1}{2}$ crystallized.

Lastly, this sulphuret should be reduced to the metallic state by boiling it with a little dilute nitric acid in a test tube, neutralising with ammonia, which strikes a beautiful blue colour, reacidulating with sulphuric acid, and introducing pure iron wire.

The reasons why I prefer this process to that of incineration and precipitation by the ferrocyanate of potash, are briefly, because the sulphuretted hydrogen does not indicate copper in the substances in which that metal naturally exist; and secondly, because the combining proportions of the ferrocyanate of potash have not yet been ascertained with sufficient precision.

Before I conclude, there is one point which I would remind the Society is of vital importance to be attended to in our inquiries on any fatal case of poisoning by this metal; it is, whether a cupreous emetic has not been administered before death, and if it has been, what was the precise quantity of the dose? It is obvious, that a professional poisoner might endeavour to protect himself from suspicion and conviction by the open administration of a copper emetic, under the pretence of ridding the stomach of any deleterious and unknown substance. In such a case it is evident, that if to our question as to the quantity of copper contained in the emetic, he replies, five grains, and that on analysis we find sulphuret of copper equivalent to twelve grains, that the chemical evidence is as conclusive as if seven grains had been detected where no emetic had been given.

London, 5th March, 1831.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Feb. 21, 1831.

#### DISEASE OF THE HEART, LUNGS, AND LIVER.

SINCE my last lecture, Gentlemen; one patient has died of chronic bronchitis and disease of the heart. The case was that of A. B., aged 40, who said he had been ill a year. Most of the cases which now terminate fatally among us, I am happy to say, are cases of long-continued organic disease.

His symptoms were, difficulty of breathing, cough, and mucous expectoration. The expectoration was frothy, and sometimes, he said, dark. There is a great variety in the character of the expectoration in chronic bronchitis. Sometimes it is clear, sometimes opaque, sometimes frothy, sometimes blackish, grey, or bluish, sometimes yellow. I have seen it of a bile yellow. Sometimes glary, sometimes nearly solid. Indeed there is in different cases, and in the same case at different times, no end to its varieties. There was likewise oedema of the legs. On listening over the chest, there was sonorous and sibilous rattle in various parts. The man clearly laboured under bronchitis. Sonorous rattle there was in almost every part of the chest. The chronic bronchitis was inferred from this rattle, in combination with the other symptoms, and it was quite sufficient to give rise to the difficulty of breathing, to the expectoration, and to the oedema of the legs.

Notwithstanding, however, the chronic bronchitis was sufficient to explain all these symptoms, I, of course, examined his abdomen, and I found there was more or less fluctuation in it, and the liver was decidedly enlarged and hardened. He therefore had, besides chronic bronchitis, ascites and disease of the liver.

On listening to the heart I found that it beat too strongly, and that *at the moment of the pulse* a bellows-sound was heard, loudest in the situation of the *left-ventricle*; that is to say, to the left of the sternum. This bellows-sound occurred at the moment of the pulse, and immediately afterwards there was a short clear strong sound, such as is ascribed by Laennec to the auricles, but much louder and clearer than the sound which is perceived in health. It was not loudest at the part where the bellows-sound was heard, but higher up. The auricles are situated above the ventricles, and this sound

was in the region of the auricles. I concluded, therefore, that there was an impediment to the passage of the blood from the left ventricle into the aorta, and that an auricle, or the auricles, were dilated, if Lannec was right in ascribing the second sound to the auricles.

The state of the pulse justified me in taking away a moderate quantity of blood. I bled him to twelve ounces, put him upon slops, and on account of the great difficulty of breathing he experienced, and the degree of sonorous rattle, I carried the antiphlogistic plan still further, and gave him two grains of calomel three times a day, with a scruple of tincture of digitalis. On the 23d I bled him again, but only to twelve ounces, as the disease was chronic. He seemed to have suffered an aggravation of the complaint from a fresh cold he caught, and was labouring under an acute attack, but as this acute attack was superadded to a chronic disease, I considered it dangerous to have recourse to active depletion. His diet was a little increased; that is to say, he was allowed a portion of milk. Still the symptoms continued, and the pulse did not decline at the end of a month (the 21st of December), and a fresh attack then appearing to come on, his breathing being more difficult, and the sonorous rattle increasing, I bled him again to twelve ounces. His pulse bore this so well, that, his symptoms still continuing, I bled him again to about a pint, and in about a week more I cupped him on the chest, and then he went on well till it was found necessary to have recourse again, from the state of the pulse, to bleeding, and on the 12th of January I bled him again to ten ounces. His mouth, which was formerly sore, being now well, and another fresh attack coming on, I gave him the calomel a second time, in doses of three grains twice a day. It was necessary, however, still to go on with small bleedings, which *always afforded him very great relief*, and the blood was *always much cupped and buffed*. He was bled on the 21st of January to eight ounces, on the 27th of January to twelve ounces, and on the 3d of this month (Feb.) another acute attack took place, making it necessary to cup him on the chest to ten ounces; the windows of the ward I found had been set open to let out the smoke, and he had in consequence another severe attack of acute bronchitis. However, the disease having lasted so long, I could not bleed him more than once, and this afforded him as usual great relief. He was obliged to sit up in bed; and he sank in the most gradual manner, and died on the 14th of this month. He was not inspected in the hospital, but some gentlemen were so kind as to go to his residence, and make the examination there.

I understand that the lungs showed chronic bronchitis in every part; that the bronchial tubes throughout the organ were very much thickened, showing the nature of the disease; that the lungs, too, were very heavy, and filled with frothy fluid, so that on lifting up a section of them, a serous fluid poured forth, as it would from a sponge. The lungs were pervious in every part, as they generally are in bronchitis; but there was a large collection of fluid in the tubes and air-cells, and perhaps in the cellular membrane, too, of the lungs; and consequently, on squeezing them, the fluid not only ran out, but ran out frothy. There was no effusion into the cavity of the chest on either side; that of course could not be, because respiration was heard distinctly on each side, even to the lowest part. But in examining the heart, the evidence of disease was very strong. There was more or less hypertrophy of the left ventricle; it was also dilated, and very considerable valvular disease existed, as you will see. The left ventricle is in a state of hypertrophy and dilatation; the substance is not thickened, but the cavity is larger than it should be, and yet the thickness of the parietes is not diminished, consequently there must have been more or less additional substance to maintain the natural thickness; and this accounts for the original violence of the pulse, and the strength of the heart's action.

The pericardium was found coherent throughout. I wish particularly to direct your attention to this, because some have an idea that adhesion or cohesion of the pericardium is very dangerous; and some have the very same idea of cohesions of the costal and pulmonary pleura. Now I do not believe that any harm in general arises from these adhesions. Some people think, if they have a pain in the side, they have adhesion of the pleura, and make themselves very miserable. If they have, I do not think any harm usually results from it; and I believe that most of us, if we were examined now, would be found to have some adhesions, though we are in good health; and so it is with the pericardium. For my own part, I have never seen the least symptoms from even complete cohesion of the pericardium. I know very strong adhesion *at a single spot* will keep the heart there so close to the parietal pericardium, that when a person lies in a direction to draw the heart from that situation, it will be put upon the stretch, and give rise to a smarting pain. This man had no symptom about the heart, but what was all referable to the hypertrophy and valvular disease.

A patient of one of my colleagues was examined last week, who died of chronic pleuritis, with *empyema*, and in him the pericardium was quite coherent in every point,

and yet he had experienced no sign of cardiac disease. My colleague had carefully examined him, and no symptom of cardiac disease had been detected, nor had the man made the slightest complaint that could be referred to the heart, and yet the cohesion must have been of long standing. However, the cohesion of the pericardium in this particular case, illustrates another fact, that where there is organic cardiac disease, as the result of inflammation; where the internal membrane, for instance, is diseased from previous inflammation, the pericardium is generally affected also. Here there is considerable valvular disease, as I will show you, of the membrane within, and the cohesion of the pericardium without. I presume that pericarditis existed at one time, and had glued the two portions of the pericardium together.

I have mentioned over and over again, that I believe the greater number of diseases which occur in the hearts of young persons, that is, in persons not past the prime of life, begin as inflammations, and inflammations, too, of the pericardium. That appears to have been the case here. There was no pericardial cavity externally to the heart, for the pericardium cohered at every point.

The part which I now show you, is the left ventricle laid open. Here are the aortic valves, rather thickened; but the mitral valve is the seat of great disease, thickened, cartilaginous, and ossified. The two portions of which the valve consists, are completely grown up together all around, and form a pouch. That portion of the internal membrane of the heart which proceeds from the aortic valves to form the mitral valve, which you see is continuous, is diseased,—grown up together into the form of a pouch. The opening of the valve is here necessarily rather smaller than it should be. It is not, however, by any means so reduced as you frequently see it. The aortic valves are also thickened and fleshy to the feel. Notwithstanding the opening of the mitral valve is necessarily diminished, it is by no means so diminished as in many cases I could show you. Here it is from beneath, and here you see it from behind. Instead of opening immediately forward, there is a sort of channel from a cohesion, a growing up of the two leaves of the valve. There is ossification here of the valve; and the bone is very well seen if you look at the valve from the auricle. It has been deposited, as usual, under the lining membrane. The bare bone here has been in contact with the blood, the internal membrane having given way and exposed it.

I have said that frequently the diminution of the opening is more considerable than what you have just seen, and here is a specimen of the same disease precisely, where

the opening is much more reduced. You see the pouch-like appearance of the mitral valve; the opening here is very inconsiderable; I should say it is not more than a third or a quarter of its natural dimensions. Here is another instance of the same effect, which unfortunately is very common; you see the opening from the left auricle behind into the left ventricle. It is well to look at these things, because I know that many persons who are not in the habit of opening hearts do not easily discover what is disease and what is not. Persons easily fall out of the way of detecting morbid appearances in the distractions of private practice. Although this is familiar and common to us, yet when persons are not in the habit of opening hearts, there is great difficulty in detecting even considerable morbid appearances. Here is a third specimen of the same thing.

When it is in the very highest degree, as you notice it here, the opening is a mere chink; you would hardly suppose this to be the mitral valve; the blood must have had extreme difficulty in passing through, and the patient could not have lived a moment if the disease had become more intense than in this specimen. The man from whom this was taken came to the hospital in a dying state, and died before the end of the week; you will find these appearances in accordance with the account I have given to the public. It is the subject of my second engraving. I have said, that

“In the natural state the valves are translucent, fine, and flexible; when the subject of chronic inflammation, they become opaque and yellowish, thick and rigid. These changes are seen in dead subjects in various degrees, and may be considerable without reaching such a point as sensibly to disturb function.” You cannot tell by any sign, during life, that a valve is much thickened or opaque, or even diseased in any way; you can only say there is an impediment to the passage of the blood. If a valve is ever so much diseased, and does not afford impediment to the passage of the blood, or ceases to prevent its retrogression, it is impossible for any one to tell before death that it is diseased; it is only a change that impedes function which can be discovered, which obstructs the course or ceases to prevent regress.

“Their progress (I continue) also advances with various degrees of celerity. The surface of the valve may retain its smoothness, though frequently we observe asperities from excrescence or deposition.”

In this preparation the valve, for example, retains its smoothness; it is particularly smooth, whereas in the heart I now show you the valve has numerous asperi-

ties from deposition. This is the case with all the valves; sometimes they are perfectly smooth, very hard, and thickened; in other cases they grow rough.

"The induration varies in different points, so that one portion is partly translucent, while another is not only opaque and rigid, but even bony." That is the case here. There is a spot here which is translucent, quite smooth and thin, while in another part of the same valve it is not only opaque and rigid, but even bony; it varies in different points.

"The induration at length amounts to cartilage, and the part creaks when cut; the last stage is complete ossification. As the thickening and induration proceed, the opening becomes narrow, both from the thickening of the edges and from the approach of the portions of the valves towards each other." The mere thickening of the edges will of course lessen the opening, but the opening is lessened also from another circumstance, namely, as the valves approach each other they become rigid, and will not yield to the stream of blood.

"The several portions of the tricuspid and bicuspid or mitral valves grow up completely into a membrane with a very small aperture in its centre." Here you see they have grown up completely into a membrane with an aperture in its centre. I have not an instance of it in the tricuspid valve, for disease in the tricuspid valve is comparatively very rare.

"And this aperture is sometimes, as seen from the ventricle, and generally when viewed from the auricle, not circular but longitudinal, a mere slit. When seen even from the ventricle it is sometimes longitudinal; in this specimen the aperture, as seen from the ventricle, is longitudinal; sometimes, however, it is round, as is here seen, but generally when viewed from the auricle it is not circular, but longitudinal. If you look, in the present instance, at it from the auricle, it is not circular but longitudinal; and if you look at any of the preparations I have shown you from the auricle, you will find the openings of that shape."

In many cases it is a mere slit. Respecting the particular longitudinal form,—the *creascent* form of it, and the direction of that crescent, as far as I know, the observation was made first by Mr. Adam of Ireland; and that gentleman remarks that this slit is usually of a *creascent* form, with the concavity towards the root of the aorta, and the convexity backwards. Now, you observe here that the concavity is towards the root of the aorta, and the convexity backwards. Mr. Adam's remark I believe to be perfectly accurate. The aorta is nearer the septum than the opening of the mitral valve, and

you see the concave part of the slit towards the root of the aorta, and its convexity backwards.

I have said—"And the extension of the valvular membrane is sometimes so considerable that it appears to project into the ventricle in the form of a pouch or a funnel." This the French have described. "The semilunar valves stand firm and convex, as if distended by repletion of their sacs, and grow up so as to leave only a small round or triangular opening in their middle." In this preparation which I have already shown you, here is the aorta and its three semilunar valves; they have grown up so as to leave a tricornered opening. You see that this preparation exemplifies what I mentioned of the valves affording an impediment to the fluid, from becoming so rigid that they cannot get out of the way. You see that their convexity is just as if they were distended with wool. When the impediment to the progress of blood is considerable, I have said "the auricle behind is usually dilated and sometimes attenuated, sometimes of its natural thickness, sometimes, though rarely, thickened. Whether it be an auriculo-ventricular opening, or a ventriculo-arterial, this effect is the same. Occasionally, when a ventriculo-arterial opening is narrowed, the ventricle behind is dilated or thickened, or both; but frequently this is not the case. The auricles suffer from being muscular to only a certain extent, and throughout of only insignificant thickness compared with the ventricles." Now, in this instance, behind the diseased spot the auricle is very much dilated,—much larger than it ought to be. It is not, however, through an impediment necessarily of the mitral opening that the left auricle will become dilated. If the obstruction is at the mouth of the aorta, still the auricle will often become dilated just as if it were at the auriculo-ventricular opening, and that is the case in the present instance; sometimes you will see that it is the *right* auricle that suffers dilatation, though the obstruction be at the mitral valve, or even at the mouth of the aorta; at so great a distance will obstruction produce dilatation.

The adhesive process exterior to the heart frequently binds down the proper auricles, so that they cannot be discovered till torn up. That is the case here, though the sinus of the left auricle is greatly dilated.

Let us now consider the symptoms in this case. In the heart there was heard a very loud clear sound after the pulse, just when it is supposed by Laennec that the auricles contract. This loud and clear sound not only was heard after the pulse immediately, and was followed by a pause, but it was heard loudest at the upper part of the cardiac region; that is, where the auricles are situated. Of

this there could be no doubt: it was heard by several gentlemen as well as myself, and among others by a physician who is very familiar with auscultation, and he was very much struck with the loudness of the sound in the auricular region immediately after the pulse; he concluded with me that of course the auricle would be found dilated, and so you see it is. After this loud clear sound came a pause.

Some difference of opinion exists as to the time of the contraction of the auricle; some maintain that it takes place immediately after the contraction of the ventricles, some immediately before. Now, I do not mean to make any positive assertion on the point, but one reason why I think Laennec is right, is this, that the sound ascribed by him to the auricles, is loudest in the situation of the auricles,—that affords a great probability that he was right. Here was a case of dilatation of one auricle, and the sound was particularly loud in the situation of one of the auricles, and occurred after the pulse and the heart's stroke.

Respecting, however, the other sound—the sound that took place when the pulse occurred, it must have arisen from an obstruction to the blood leaving the left ventricle on its way into the aorta. Now, I think you will see clearly that though the disease was here chiefly in the mitral valve, the aortic valves being only slightly thickened, not sufficiently to cause any impediment, yet it is evident that the disease in the mitral valves must have greatly impeded the flow of blood from the left ventricle into the aorta. I do not know that this has ever been attended to, but there being a great deposit of bone midway between the root or ring of the mitral valve, and its edge, there is a great projection of bone from the outside of the pouch of the mitral valve into the left ventricle, below the aortic valves, and this must have presented a very considerable impediment to the exit of the blood from the left ventricle. If I bring the cut portion of the ventricle together, you will find it difficult or impossible to pass your finger from the aorta into the left ventricle, or the reverse; that you meet with great difficulty from this bony, solid, immovable, side of the mitral valve, though from no disease of the aortic valves; your finger passes them easily. The bony valve stands out into the left ventricle just there, and must have occasioned great obstruction during life.

I do not recollect to have seen this noticed any-where,—the circumstance of disease of a valve of one aperture, affecting a different aperture; indeed the obstruction is not really of the aortic opening, but just before it. This quantity of bone offered no impediment at all to the progress of the blood through the mitral valve; for the deposi-

tion has taken place in an outward direction, and caused the pouch of the mitral valve to be permanently extended. This shows the truth of what I said before; that auscultation will not tell you what valve is diseased, or how much it is diseased, or whether any valve is diseased at all; it will only tell you that there is an obstruction, and where that obstruction is, but not what that obstruction arises from. I recollect having had two persons under my care, with a strong bellows-sound at the moment of the pulse, and in both instances loudest in the right half of the cardiac region, and not in the left. I of course concluded there was an impediment to the blood from the heart into the pulmonary artery, which is a very rare occurrence. On opening the parts, the pulmonary artery was sound—the valves perfectly sound; but there was a mass of cartilage extending from the pericardium down into the substance of the heart, and pressing on the right ventricle just below the origin of the pulmonary artery, precisely where this mass of bone does in the left ventricle. The only difference between the cases was, that in the others there was a mass of cartilage in the substance of the heart, encroaching upon the right ventricle, impeding the passage of the blood; and here it is the mitral valve become bony, and encroaching upon the left ventricle, close to the spot of the blood's exit. It is impossible to force the finger from the aorta into the body of the ventricular cavity, and the bellows-sound at the moment of the pulse is fully explained. The disease of the mitral valve has also certainly lessened its opening, but not very considerably, as the chief disease is not towards its edge; and the auriculo-ventricular openings are in health so much larger than the ventriculo-arterial, that they will bear some reduction without any impediment to the flow of blood, and without bellows-sound. Whereas the ventriculo-arterial openings being smaller, afforded impediment and bellows-sound, from the least loss of their proportion to the cavity of the ventricles.

You see that the disease has not been confined to the heart, but has extended to the aorta. Here are points and patches of yellowish substance under the inner coat of the aorta, which would have been followed by ulceration of it, or have become bony. In the latter case, the inner coat would then have given way, and the blood would have rushed over the bare bone, as it must have done in the interior of the mitral valve.

A circumstance noticeable here, and which you will observe in many diseases of the heart, was, that some little time before death, little or no bellows-sound was to be heard, nor was there any strong impulse of the heart. When the person becomes very much

enfeebled, the blood is impelled with such slight force from the different cavities of the heart, that the opening, though diminished, is nearly large enough for the passage of the quantity of blood that has to escape, and little or no bellows-sound is heard; and often when the hypertrophy is considerable, you will just before death by no means find the impulse strong; so that if you had not made examinations earlier, you could not say the person was labouring under hypertrophy of the heart, at least not say so positively.

#### GASTRITIS.

There were some patients presented, Gentlemen, amongst whom were three women, and one of those had laboured under gastritis. The patient's name was Mary Turner, aged 22, and she had been ill four days. She came here on account of pleuritis it was said, and I was desired to see her on account of pleurisy. On examining her, I found that she had no sharp pains about the chest; she had experienced these, she said, before she came in, but on examining they were not then present. She had great pain at the epigastrium, increased on pressure. It was very tender, and there was a burning sensation in the stomach, especially when she took any thing into it. There was great tenderness in the left hypochondrium. You will very frequently find tenderness in the left hypochondrium when the stomach is affected, from the larger curvature being situated there. She had headache, and felt exceedingly drowsy and weak. Her pulse was full and soft; it was not hard and sharp as it frequently is in pleuritis; but, as in affections of most mucous membranes, it was full and soft. The tongue dry, and faintly brown. Though it was a case of gastritis, the tongue was not red at the back, at the edge, or at the tip. It is by no means a necessary consequence when there is affection of the stomach that the tongue should be red, either generally or at any particular spot, though it frequently is so. She told me she had been ill just in the same way last year for four months. Her face and neck were universally and deeply flushed. I cured her very simply by bleeding her to a pint, putting her upon slops, and giving her a dose of castor oil every day. That was the whole of the treatment, and from being exceedingly ill she was perfectly well, and presented on the 17th, having been in exactly a fortnight. There were no auferifices given, no antimonials, no mercury—nothing at all but starvation, one free bleeding (bleeding till she fainted, and a pint was necessary for that purpose), and castor oil daily.

#### LEUCORRHOEA.

There was likewise a case of leucorrhœa,

which it may be useful to consider, as showing that one treatment is not always required, in cases of discharge from mucous membranes. Leucorrhœa is very often an effect of mere general debility of the system, and particularly of the vagina and uterus; but it sometimes is attended with very considerable irritation,—even inflammation of the vagina, and that inflammation may extend to the womb. Many cases of leucorrhœa begin as an active inflammation of the vagina, and it is impossible to distinguish them as far as I know from active gonorrhœa—perfectly impossible, except that you may, from the situation and life of the party, sometimes conceive gonorrhœa to be impossible. In this case, I have no doubt, it was inflammatory leucorrhœa; for whilst the woman was menstruating, she was exposed to cold and wet. The symptoms were, a frequent desire to make water, and invariable relief on making it. She had a bearing down both backwards and forwards, and a profuse yellow discharge from the vagina. She had nausea, which is very common in all affections of the womb, and the catamenia had suddenly stopped. The hypogastrium, indeed the whole region below the stomach, was excessively tender, and she was very costive. Here were all the signs of active inflammation—great costiveness, great quickness of pulse, heat, and even pain; and that inflammation was undoubtedly most in the pelvis, from the pain being there, and increased on pressure immediately above the pubes. It of course was low down in the pelvis, from the bearing down both backwards and forwards; and clearly in the vagina or uterus, on account of the profuse discharge from the vagina.

Notwithstanding this was a case of leucorrhœa I had her bled immediately to twenty ounces; had her put upon slops, and a number of leeches were applied to the epigastrium day after day, and she was purged regularly with castor oil; twenty leeches were put on again and again. When all the inflammatory symptoms were got the better of (and sometime afterward they re-appeared, and leeches were again required) I ordered her an injection of the nitrate of silver, two grains to an ounce of distilled water. She was going on well with this, and I kept her on milk, when, on catching cold, she was seized with a relapse, pain and tenderness, and a bearing down, so that I found it necessary on the 4th, and again on the 8th of this month, to have recourse again to venesection. This got rid of the inflammatory symptoms, and nothing but a profuse discharge now remained. I had no hesitation in continuing the nitrate of silver, for it never gave her any pain; indeed in a short time I increased it to three grains to the ounce, and that scarcely

produced the least pain, but it checked the discharge. She now got up, and the discharge lessened so much, and she felt so strong and well, that she told me she did not think it necessary to stay here any longer, and she went out, taking a quantity of injection with her. I am quite sure that the nitrate of silver forms one of the best injections you can employ in these cases. I will not say it is better than any, but I am quite sure that it is inferior to none, and better than many.

#### ACUTE RHEUMATISM.

There was a woman presented who came in with acute rheumatism, and she had also pain in the chest, particularly over the region of the heart, and a dry cough. I had recourse, not to local bleeding, but to general bleeding, and vinum colchici, half a drachm three times a day, under which treatment she got well, but the case presented nothing novel to you.

There was a case of *bronchitis*, in a man, sent away cured, and one of rheumatism. But the most interesting cases were,—the disease of the heart, the gastritis, and the inflammatory leucorrhœa.

### UNIVERSITY OF LONDON.

REPLY TO A SENIOR STUDENT'S ACCOUNT OF SOME RECENT EVENTS IN THE MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—“*Audi alteram partem*,” is so peculiarly characteristic of your useful and valuable journal, that I shall make no apology for intruding the following observations upon your notice.

Conscious, Sir, as I am, that any published accounts of intestine dissensions taking place amongst any part of the members of an institution (which, although rising, is but yet in its infancy) must be detrimental to its interest, I should have been the last person to open a correspondence on the subject which occupied the pages of your last Number. But the lists having been entered, the gauntlet thrown down, I lose no time in accepting the challenge, and I have no doubt of being able to prove the party feeling, and incorrectness, of at least some parts of “the full and correct statement” given by your correspondent.

Last session, as your informant has stated, certain gentlemen, seventeen in number I believe, did make complaints to the Council, of the defective state of part of the anatomical instruction given in the University of London. What were those complaints?

They did not then pretend to say, that Professor Pattison was unable to teach any part of anatomy. No! they dared not then make so unblushing, so groundless a charge. The spirit of turbulence and disaffection had not then risen to such a height; it had not then broken down all the mounds and bulwarks of decency, decorum, and respect. They only said Mr. Pattison had given an incomplete course of general anatomy, which, I believe, was not then much cultivated in any of the metropolitan schools; that he had not given the descriptive anatomy of the viscera and some other organs, in a sufficiently comprehensive manner. Whether there was or was not a cause for these remonstrances, I will not undertake to determine; but what was the result? Why, in order, if possible, to satisfy even the most captious and discontented, Mr. Bennett was, at *Mr. Pattison's request*, made a joint professor with him; and in order fully to meet the wishes of these gentlemen, the above-mentioned branches were comprehended in Mr. Bennett's division, whilst Mr. Pattison continued lecturing upon that department of the course in which he had given the greatest satisfaction. But the demon of mischief once raised, was not so easily to be exorcised. Many of these same gentlemen again came forward, and entered their formal protest against the *total incompetency* of their Professor, and demanded his immediate expulsion. What a goodly set of judges! I had, indeed, imagined at the commencement of the present session, that the storm was finally hushed, for in a conversation I had with a gentleman who was very active in the affair last year, he expressed himself quite satisfied with the new arrangements. But, alas! the tempest, though partially quelled, had not finally subsided. “A Senior Student” says, “meetings were held, at which no personal feeling was expressed, no party spirit evinced.” Could any meeting be designated by such terms, when the opponents of the measure, the advocates for their Professor, were denied a hearing? Yet such was the case. At the first meeting on the subject, the arguments of those who were the friends of impartiality and order, the foes of injustice and confusion, were answered, not by calm debate, but by noise and clamour, and the open *modest* avowal, “We are determined to do it, and we will have no opposition.” The address thus modestly proposed and carried, taxes Mr. Pattison with “a want of systematic arrangement, a superficial manner of treating the connexion of parts, the commission of palpable uncorrected errors, a want of sufficient interest, and an inaptitude in communicating information.” I shall speak of these charges separately.

For a refutation of the first, a plain state-



ment of facts will be quite sufficient for your medical readers. Mr. Pattison first gives us the anatomy of the bones, then the ligaments, next the muscles, afterwards the blood-vessels, and, lastly, the nerves. If this be not system, I know not the meaning of the term. In rebutting the second charge, I would merely refer any student to the manner in which he demonstrated the relative connexions of the carotid artery, and then state, that Professor Pattison did not promise giving us the relations of parts so minutely in the first division of his course, as in the second, where he devotes his attention especially to surgical anatomy; and I would ask any person who has attended his lectures on the bones, which are just concluded, whether he has not amply fulfilled his pledge.

The commission of palpable and uncorrected errors, is the next great crime. What lecturer is there, I would ask, who does not now and then make use of a term he does not exactly mean? Should a man with the scrofula in his hand, call it the clavicle once in three times, what tyro in anatomy would be deceived? Certainly, should any one be so misled, he would deserve to be so for his pains.

The next, namely, want of sufficient interest, is almost too frivolous to be mentioned, as it must be known to all, that the descriptive anatomy of the bones, muscles, &c., is a dry study indeed.

But now comes the "ne plus ultra" of accusations, "inaptitude of communicating information." Now it seems to me, that this inaptitude may attach itself quite as readily to the accusers as to the accused. I confess myself to be one of those ignoramuses who do reap some benefit from the lectures of our excellent Professor. True, I have heard some of these *puissant judges* say, they were just as wise after one of his lectures as before; and verily I believe them, and with this belief is mingled no small a portion of commiseration.

Perhaps your readers may be convinced, that there was not that great excess of kindly feeling existing, when I inform them, that one of the clauses of the address at the time it was passed (though afterwards privately erased) was, that the *defect in his articulation* rendered him unfit for his chair. A more unkind and unfeeling imputation could not have been made. That Professor Pattison does labour under a little natural defect of utterance cannot be denied, but no man, with the least tincture of veracity, would for one moment contend, that it prevents his being perfectly understood.

This address was certainly supported by some gentlemen of distinguished talent, whom I was sorry to see in so bad a cause; but many junior students (excellent judges

no doubt) were foremost in the ranks; and, indeed, the first resolution was proposed by, a student of this session's growth. Where these gentry picked up their vast stock of anatomical knowledge, I cannot even guess; nothing, however, less than a miracle could, in so short a space of time, have made them such critics of their professor's abilities. The transformation of surgeon's apprentices into first-rate anatomists, assuredly needs the aid of something quite as wonderworking as Harlequin's wand.

When "a Senior Student" said the address was signed by sixty students, he should also have stated the full number attending the class, which I think is 160, forty of whom immediately signed a memorial in favour of their professor. Sixty students therefore remain neutral, many of whom, to my certain knowledge, are friendly to Mr. Pattison; and when, from the sixty signatures, you subtract those who can know very little about the merits of the case, and the number of those who are carried away by the tide of influence be also considered, I think it will appear that the voice of the students is not so unanimous on his side the question as "A Senior Student" would intimate.

Your correspondent then proceeds to condemn the feelings Professor Pattison exhibited, on finding what was going on. Can you, can any person, wonder at a manly expression of indignation shown by a professor, on discovering that his own pupils were holding meetings to decide upon his eligibility to fill a chair, conferred upon him by such a combination of illustrious individuals as compose the Council of the University of London? Was it not natural, that, placed in so peculiar a situation, he should exert all the power vested in him? Was it not perfectly justifiable in him to tighten the reins of scholastic discipline as much as lay in his power? I leave it to any candid, unbiassed mind, to answer these questions; and I shall be much surprised if the conclusions come to will not be, that it "*indicated any fear of inquiry*," or that it proceeded from a wish to intimidate any member of his class. Irritated, vexed, harassed, and even bearded by those whom he was engaged in instructing, was this the time for the chairman of one of these unruly meetings, to demand a certificate of attendance? Surely not! "*Nemo mortalium omnibus horis sapit*." He must have been fully aware of the result of his application before he made it. Had he waited a more convenient opportunity, his errand would not have been bootless. "A Senior Student" next taxes Professor Pattison with "*peremptorily ordering*" the students to descend from the top seats, and dwells very much upon the reiteration of the command.

One would really imagine, that both the eyes and ears of this gentleman were blessed with a very high magnifying power. Our Professor did not "peremptorily request." The words he used were, as nearly as I can recollect—"Gentlemen, may I request you will have the goodness to come down, and fill the lower part of the theatre first? The greater part immediately complied, but three or four maintained their places as immovably as if they were brazen statues. Then follows a great deal about being "*ordered*" to sit in a certain part of the theatre, committing an insult upon them as "*men and gentlemen*," and so on. Now whatever may be the opinion respecting the judiciousness of Mr. Pattison's request in the first place, there can be but one upon the propriety of compliance on the part of his pupils; but if, as "*men*" and as *pupils* they were too *spirited* to obey a "*command*," as "*gentlemen*" they ought to have known enough of *politeness* to comply with a moderate request made in a gentlemanly manner.

We read afterwards a great deal about the determination of the students to assert their independence, by placing themselves in an insulting row of defiance. Was this "*gentlemanly*?" Mr. Editor! it seems to me that, in the present enlightened times, students are not content with being students. No! they must rise superior to such a vulgar station, and put themselves at any rate upon a par with, if they do not take precedence of their instructor. Now I am of the old fashioned opinion, that whatever the rank in life of a pupil may be, as long as he is a learner, there is a broad line of demarcation between him and his teacher, and that a certain degree of respect should be entertained by the former for the latter. Mr. Pattison very properly took down the names of these high-spirited gentry, and then such hissings and hootings followed, and such *refined* behaviour was exhibited, as would have disgraced a bear-garden, much more such classic ground as a University. What followed, you will immediately see, was only a matter of course.

One part of the address I had nearly omitted; it relates to the desertion of the students to attend anatomy elsewhere. Such may be the case to a greater extent than I am aware of, but I do know some who entered the class of anatomy at St. Bartholomew's, because they were attending surgical practice there, and could not return to the lecture at the university in time. This was before Mr. Pattison's hour was changed.

And now, Sir, allow me once more to deprecate the motives which led to the publication of the above transaction in the pages of THE LANCET. "A Senior Student"

would have us believe that a paramount regard for the interest of the institution above all other considerations, induced the measure. If such be his feelings, the mode of expressing his attachment was indeed a remarkable one. The exposure of any internal jarrings to the world, far from raising the establishment in which they occurred, in the public estimation, would only tend if possible to crush it in the dust. But I am very much afraid that such praiseworthy intentions did not prompt the pen of your informant. Some of the agitators in this revolutionary proceeding have even said in my hearing "they did not care a curse for the University," and such *warm advocates* would of course do all in their power to further its interests. But happily the permanent and triumphant success of the University of London does not depend upon such lukewarm friends or disguised enemies. Founded by the great advocates for liberal education, and established upon the broad basis of science, it shall, it must, it will, eventually overcome all obstacles. Far be it from me to deny any person the right of private judgment; it is the glorious boast of an Englishman; but I must enter my protest against the unheard-of proceedings carried on during these last few weeks, by my fellow-students. Picture to yourself, Sir, an assembly of mere youths, many of whom have but just commenced their medical studies, met together to decide upon the ability or inability of a professor who was engaged in *teaching* anatomy before many of them had an existence. The very idea is preposterous, its most prominent features are cruelty and injustice; for what can be more unjust than for *them* to make any formal decision at all? What more cruel than for them to drive a man ignominiously from the high station he at present fills, and blast his "hard-earned reputation" for ever.

But your correspondent would have the public believe that all the talent and industry of the students are ranged on his side. This is a decided misstatement. Our worthy Professor can number amongst his adherents many highly-talented and laborious individuals, whose names have not been undistinguished at the awards of prizes, &c., in the medical classes.

The statement of incompetency is completely overthrown by the high testimonials Professor Pattison brought with him, and by his great reputation as a teacher in the American and other schools. For myself (and perhaps I can lay equal claim to the title of a senior student with the gentleman upon whose observations I have now finished my comments) I can only say that I have regularly attended Professor Pattison's lectures for two sessions, and have always found him diligent, attentive, and laborious

in the discharge of his duties, and confident am I that any student who pays sufficient attention to his lectures, cannot fail of reaping an abundant store of anatomical knowledge.

In conclusion I beg leave to state that I have no personal ends to gain in writing the above. I have not the honour of being even personally known to Professor Pattison, never having had five minutes' conversation with him in my life. My sole aim has been to divest the circumstances of their false colouring, and to set the affair in its proper light. With regret for occupying so much of your valuable hebdomadal, I have the honour to be your obedient servant,

VERITAS.

University of London,  
March 7, 1831.

## THE LANCET.

*London, Saturday, March 19, 1831.*

THE assault committed upon the members of the College of Surgeons, under the direction of their President and Council, has elicited from the whole profession the most unqualified expressions of indignation. The extent of the pernicious and horrible power enjoyed by the Council is now fully understood by the profession and the public, though not, it would seem, by the President and the Council, who appear to be somewhat deficient in this respect, as they will find ere long that they have exceeded most unwarrantably the legitimate bounds of their authority. Many are the unsuspecting and kind-hearted creatures who have believed that the Council in publishing their restrictive regulations have been influenced rather by errors of judgment, than by improper feelings towards the profession and the public. But this delusion now no longer exists, one feeling every-where prevails, and it is universally acknowledged that the President and Council have *intentionally* treated the members with the grossest insults, have passed the most restrictive and infamous regulations for adjusting the payments made by students,

and that they had determined, even at the hazard of human life, to hold no open or free discussion with men whom they had so long treated as their servile inferiors. The outrage committed in the theatre of the College on Tuesday se'n'ight is an event worthy of record in the most important pages of the history of this country, for few circumstances have ever occurred in connexion with the affairs of a learned profession more decidedly calculated to excite astonishment in the minds of informed men. If the despicable and self-perpetuating Council will take the trouble to look into their charter, they will find that the Royal College of Surgeons in London is a body corporate, consisting of President, Council, and Commonalty, or members, and that the PROPERTY of the College belongs to THESE THREE ESTATES. Well, then, these tyrannical ruffians have the impudence to assert that the members who form the immense majority of the corporation, have no right to discuss quietly in their own theatre a subject relating to the interests of an important portion of their brethren! Further, will these impudent upstarts have the unparalleled folly and impudence to assert, that the members have not a right to enter the College at any period of the day, so that they do not interrupt the performance of those public duties which the College was designed to execute? If the members choose to take possession of the College, and turn the present occupants into the street—if they choose to lead the fellows out and throw them into the Thames, how could the junta proceed against the members, except by an action of ejectment? True it is that the charter sanctions the self-electing principle by which the members of the College are placed in their offices; and, further, declares that the President and Council are empowered to make by-laws for the government and regulation of the College; but the charter does *not* declare that the property of the College belongs to the govern-

ing body exclusively; but in common with the members at large. Further, the regulations of the President and Council are not valid, if they be in opposition to the common or statute law of the land; and we know of no law by which the members of a corporation can be excluded from their own property, unless the minority be deprived, under agreement, of the privileges of possession; by the sanction of the great majority of incorporators. Here, a miserable and contemptible knot of worthless men, because they are placed in the possession of a little brief authority, have so far lost their wits as to believe that they may lord it over five or six thousand of their equals in rank, and their superiors in talent. There is a wide difference between the power to make by-laws for the government of an institution, and the power to shut out from possession in such an institution. Let the members of this worthy Council examine the bond under which they hold the Hunterian Museum, and they will find that the Museum is to be opened two days in each week, four hours on each day, for the admission of "Fellows of the College of Physicians," and of "Members of the College of Surgeons," and of persons properly introduced by them. Here there is a term specified for the admission of members, and it might be questionable whether the parties have a right to enter at any other period. But in the charter there is no time specified for admission into the College, and we contend, therefore, that the members have a right to enter that institution as frequently as the Council themselves, so that they do not interfere with the ministerial or executive duties of the individuals who are appointed by the charter to frame by-laws for the government of the institution. From the terms of the bond to which we have already adverted, it is obvious, beyond all dispute, that the members may meet in any number in the museum (so that they do not injure the preparations) and consult upon any question relating to the welfare of the College; and if the President and Council continue to close the doors of the theatre and of the College, the members will do well to exercise this right for the common benefit of the institution and of the public. In the same bond it is expressly stipulated, that twenty-four lectures, explanatory of the preparations in the museum, shall be delivered annually by some MEMBER of the College. Now, as the Council when they are elected think proper to repudiate the title of "*member*,"—think proper to strike their names from the *list of the commonalty* (for they ever speak of themselves as the "*Council*," in contradistinction to "*members*"), we ask why these lectures are not delivered by one of the *commonalty*, by one of the *members*, instead of one of the *Council*? If the Council will not answer these questions now, they shall be made to answer them on a future day. It was never intended by the legislature that the smaller body, the TWENTY-ONE, should enjoy the power of making by-laws for their own advantage, and to the degradation and injury of six thousand members. If those laws cease to operate for the general good,—are contrary to the general convenience of the immense majority of the corporation,—they are contrary to law, and cannot be enforced against non-contents. It was illegal to keep the members out of the College on Tuesday se'nnight until a quarter to four o'clock; and, in the absence of riot, of a breach of the peace, or a prospect of a breach of the peace, it was illegal, in the highest degree illegal, to use force to expel the members from the theatre after the lecturer had finally retired. Be it remembered that the commonalty had not assembled to *oppose* the President; they had not assembled to subvert any of the legal regulations which the Council had adopted for the government of the corporation; but they remained after the final withdrawal of the lecturer, for the purpose of upholding a privilege which had

long been enjoyed by a very large portion of their brethren. Thus they were acting for the *benefit* of the corporation, and not *against its interests*. Besides, as the lecture was one of those delivered in conformity with the bond, the theatre on that occasion was specially placed in possession of the members, for whose advantage the museum had been granted to the College, and the lecture was appointed to be given.

But who shall contend that the members have not a right to meet in the theatre at *any* time to discuss a professional grievance? Is there any man to be found outside the walls of a lunatic asylum so disgustingly stupid as to assert that the theatre was intended exclusively for the benefit of the President and Council, or that the President and Council are invested with the legal power to exclude members from meeting there to adopt beneficial public measures? Let the President and Council show by the charter that they enjoy such power before they again employ a band of ruffians to assault the *bona-fide* proprietors of the property. It cannot be forgotten that when the recent most atrocious outrage was committed, there was no charge whatever of misconduct made against any of the members. The paper exhibited to the members was merely inscribed, "The President and Council require the members and students to quit the theatre;" and that sent to Mr. WAKLEY was thus worded:—"Mr. WAKLEY, you are required by the President and Council to quit the theatre." There was no allegation to the effect that he had created a disturbance; that he had endangered the property of the building; that he had threatened to commit any breach of the peace. But while seated in perfect quietude, and listening peaceably to the cool and dispassionate remarks which Mr. KING was then addressing to the members, he was seized,—seized, because he did not instantly comply with the insolent mandate of the minor part of the corporation,—

of the TWENTY-ONE,—and was dragged from the theatre, and repeatedly struck by armed fellows hired expressly for the occasion. As legal proceedings have been commenced, time will show whether the assaulters were justified in their conduct by the enactments of the law under which they profess to exercise their authority. Meanwhile the members must be resolved not to be backward in asserting and vindicating their rights. To all intents and purposes they are as much justified in occupying that theatre for professional purposes as the President and Council; the charter not affording to these latter personages, any, the least, pretension to exclusive possession. When the Council was entrusted with the power to construct regulations for the government of the corporation, it was, of course, presumed, that the prominent features of those regulations would be in conformity with the welfare and convenience of the great majority of the incorporated. Hence it is expressly declared, that those regulations should not be framed in opposition to the existing legislative statutes; or, in other words, that they should not be contrary to the laws of the land. If it were not intended that the commonalty should be partakers of the benefits arising from the corporation, why were they mentioned in the charter? Why were they mentioned as forming one of the three estates, which, united, were to be one body corporate for ever? The Council have inferred that they have the power to exclude the commonalty from the full enjoyment of the property, because they the Council happen to be empowered to make the regulations. They must be taught, however, a lesson of a far different description. They must be made to know that the Council are as much bound to observe the by-laws as the members, and that they are not binding upon either party, if they be framed to operate adversely to the general good, or if they be opposed to the attainment of that object for which the charter

itself was originally granted. It is true that not one of the members has any individual right to any, the smallest, portion of property to be found in the College; but not one of the Council in his individual capacity enjoys a higher claim. With respect to the property of the College, they stand upon the same footing; with respect to the possession of the College, they stand upon the same footing; but with respect to the adoption of laws and regulations, the Council enjoy an exclusive privilege; that is, they can frame these without the advice or consent of the commonalty, tho' at the same time there is no power to enforce them if they are in opposition to the spirit of the charter, or contrary to the laws of the realm. Invested with this power, the TWENTY-ONE appear to imagine that they have the power to exclude from the property the SIX THOUSAND, or that the SIX THOUSAND cannot enter the College, unless at such times and seasons as may be specially named in the decrees issued by the TWENTY-ONE!

Here, again, they will be taught a different lesson, and they shall, before long, be made to show, *how* they have appropriated the immense sums of money which, from time to time, have been deposited in their over-loaded coffers.

#### LONDON COLLEGE OF MEDICINE.

IN consequence of a sudden call from town to attend an important medical trial at MAIDSTONE, we have only time briefly to call attention to the brilliant meeting which took place at the Crown and Anchor in the Strand, on Wednesday evening, for the immediate establishment of this national institution. The work of medical reform is now, for the first time, *fully* in operation in this country, and we have altogether mistaken the character of British medical practitioners, if it do not go on with wonderful

celerity to a splendid and triumphant conclusion.

In our strictures published last autumn on the anomalies which exist in medical law, we repeatedly pointed attention to a projected plan for founding a new College, whereof there should exist equal rights, and equality of titles. That proposal will be fully developed in a report of the proceedings of this great meeting, over which Mr. HUME kindly and ably presided, in the next Number of this Journal, when we shall point out at some length the endless advantages which must result, both to the profession and the public, from a College founded upon such pure and unmixed principles of justice.

#### PUBLIC MEETING

OF THE

#### MEMBERS OF THE PROFESSION

*At the Crown and Anchor, on Wednesday,  
March 16th, 1831.*

THE great public meeting of the profession which was announced in page 797 of this Journal, to be held this week in London, took place, as advertised, on Wednesday last; JOSEPH HUME, Esq., M.P., in the chair; the arrangements for the proceedings having been made by a committee of twenty-one medical gentlemen who previously assembled in consequence of the announcement.

The lengthened space which a report of this most important and almost unequalled meeting must necessarily occupy, prevents us, at this period of the week, from publishing the full account which so deeply interesting an event in the history of the medical profession demands; we shall, therefore, give in our present Number only a very brief detail of the proceedings.

The occasion was marked by the most absorbing interest, and as early as six o'clock, the hour at which the doors of the great room at the Crown and Anchor were opened, many gentlemen had arrived. By seven some hundreds had assembled, and by the time the proceedings had fully commenced, nearly a thousand gentlemen were present; and it is estimated that on the whole not less than thirteen hundred members of the profession and other gentlemen interested in the progress of science, attended the meeting.

In consequence of the detention at the House of Commons on parliamentary duties, of Mr. HUME, who had in the most kind and prompt manner promised to take the chair, it was half-past seven before the public business of the evening commenced. On entering the room, Mr. HUME and the members of the committee were received with cheers, and in a few seconds the platform was covered with surgeons and physicians of the highest respectability.

The Chairman having opened the meeting, a resolution to the following effect was proposed by W. S. BOWEN, Esq.:—That in consequence of the defective, unjust, and dangerous state of the law relating to medical science, it is absolutely essential to the security of the public health that measures be forthwith commenced to obtain from the legislature an improved constitution for the government of the medical profession.

The resolution was seconded by Mr. WAKLEY in a speech which occupied nearly an hour and a half in the delivery, and which was listened to with the deepest attention. At its conclusion, the meeting rose in a body, and carried the resolution with the loudest acclamations. It may be briefly stated that Mr. Wakley took a review of the present state of medical law and the medical colleges; the abuses which distinguish them; their injurious and oppressive effects upon medical education, the members of the profession, and the public health; the remedial advantages which would be derived from the establishment of a new college of medicine, and the principles on which such a college (conferring upon its members equal rights, and the one general title of "Doctor," and embracing in its scheme the formation of a fund for the widows and children of its members) should be established.

The second resolution, to the following effect, was moved by THOMAS KING, Esq., and seconded by Dr. EPPS, in speeches of great truth and force:—That the establishment of a new medical college on principles in accordance with the progress of science, presents, at the same time, the most practicable means of obtaining a general and complete reform in the system of medical legislation, is calculated to afford the greatest security to the public health, and will most effectually increase the utility, and advance the rank and respectability, of the general body of the medical profession. (Carried with only one dissentient voice.)

At the close of Dr. Epps's observations, Mr. W. W. SLEIGH presented himself to the notice of the meeting, and moved an amendment to the following effect:—That an institution called "The British College of Surgeons in London" was commenced in 1829, and that the laws of that institution being

fully adequate for all the purposes to which the resolution just passed was intended to apply, that a committee be appointed to examine into the circumstances connected with it, and report thereon to another public meeting.

This amendment, which was seconded by Mr. JONES, was prefaced by an attack on the character of Mr. Wakley as a public journalist, for having been the means of destroying an institution which was "born in dishonour and perished in disgrace." The opportunity for a reply was afforded to Mr. Wakley, who, after expressing his astonishment at the brazen impudence of his assailant, disclosed to the meeting such a statement of facts in justification of his conduct towards the institution in question, as covered Mr. Sleigh with disgrace, and called down upon him the strongest marks of contempt from the meeting. The amendment was instantly negatived.

The third resolution, moved by GEORGE WALKER, Esq., and seconded by Dr. MORRISON, was to the following effect:—That a committee of five, with power to increase their numbers to twelve, be appointed to examine deliberately into the best plan for the formation of a new institution. That this Committee do frame a code of laws and regulations for its general government and operations, and that they be required to report minutely on its several details to a general meeting, to be held within six weeks from the present day. Further, that no resolution shall be adopted by such Committee, unless it have received the sanction of two-thirds of the members present.

The following gentlemen were subsequently proposed and appointed the five members of the Committee:—Mr. Wakley, Mr. Waller, Mr. King, Dr. Epps, and Dr. O'Shaughnessy.

The fourth resolution, moved by WILLIAM MARSDEN, Esq., and seconded by — BURT, Esq., was to the following effect:—That the Council of the College of Surgeons in London have, by a long and continued system of arbitrary oppression and vexatious conduct towards the members of the College, assumed a jurisdiction which can never be constitutionally vested in any corporation, and that by the adoption of by-laws and regulations inconsistent with the interests of the institution, and by the exercise of repeated acts of authority subversive of its objects, they have, in the opinion of this meeting, lost the confidence of the profession, and justly forfeited their privileges and charters;—that a petition, therefore, be presented to the legislature, praying the appointment of a Committee to inquire into the conduct of the President and Council of the Royal College of Surgeons in London, in the administration of their

duties, and the present state of medical knowledge, and to adopt a remedy for the abuses which this meeting believes to exist in its government and constitution. That such petition do lie for signature of members of the College at ——— (Carried unanimously.)

The fifth resolution, moved by J. BAINBRIDGE, Esq., and seconded by Mr. LOVEKIN, was to the following effect:—That temporary chambers be taken, and a secretary engaged, for the accommodation and service of the committee appointed to report on the New Medical College. (Carried unanimously.)

After a few observations from Mr. DERMOTT, and some suggestions from gentlemen around the room, a vote of thanks was passed to the chairman with acclamation; three cheers were given for Mr. Warburton, as the friend of the medical profession, and an enthusiastic round of applause for the gentlemen to whom the profession and the public were principally indebted for the establishment of a new medical college.

The meeting did not break up until nearly 12 o'clock.

PRACTICAL OBSERVATIONS ON THE  
PATHOLOGY AND TREATMENT  
OF  
DEAFNESS.

No. V.

By JOHN FOSBROKE, M. D., *Cheltenham.*

THE injections which I have mentioned may be used by patients as frequently as convenient to themselves. Mr. Buchanan recommends an injection of vinegar and water, which was Galen's. Galen used injections of scales of iron, boiled in vinegar, to the consistence of honey; or ox-gall, dissolved in strong vinegar, and dropped in warm, and certain troches dissolved in vinegar. Of the injurious effects of instilling solutions of lunar caustic, and other irritants, into the ear, examples constantly occur. The case of a young lady, a patient of mine, which I shall give hereafter, is one instance, and that of an illustrious military commander and statesman is another. The case of this last personage was as follows:—Some new cannon were tried, close to where he was standing, at Woolwich; being taken by surprise, and the membrana tympani not being prepared for the explosion, it was ruptured at the instant, probably by the irregular contraction of the *tensores*, un-

restrained by their antagonists. Much pain followed, and a *PURE AURIST* was sent for, who ascribed the symptoms to torpor of the nerves!!! and dropped in a solution of lunar caustic into the meatus. Finding its way through the ruptured drum, it produced excessive irritation and violent agony in the internal ear, followed by otorrhœa (inflammation and discharge from the ear), with a succession of abscesses and discharges for two years subsequently, as well as deafness on one side. The injury also exerted an irritable state of the brain and nervous system, attended with constant restlessness and vigilance, and loss of tone of the stomach. After being at Cheltenham, and adopting an alternative system, he returned to London, where a spontaneous diarrhœa came on, which critical occurrence, though it excited apprehension, was followed by recovery of his general health, but not of his hearing. We are taught, by the effects of this hazardous application of a violent and empirical remedy, to take heed how we proceed with an organ charged with the highest degree of sensibility, which is not only affected easily by external impressions of an injurious nature in health, but liable to exquisite pain and injury, perilous even to life from injudicious assaults in an irritable state. The ear is to be coaxed by gentle and gradual methods, not stormed by direct attacks and empirical violence.

*Introduction of Probes and Injections into the Tympanum.*—The Eustachian tube opens a passage for the introduction of injections into the most important cavity of the ear, viz., the tympanum. The practice of probing and injecting the tympanum through the Eustachian tube has been brought up recently in France, and introduced to English notice by Mr. Buchanan, of Hull, who is not an aurist, but a general practitioner. It is, however, nothing more than an old practice, used long since in England, and now again revived. It was first proposed for trial to the Royal Academy of Sciences, in Paris, by M. Gugot, about 1755, and rejected. It was then proposed and practised by Mr. Jonathan Wathen, surgeon, in Devonshire Square, *not a pure aurist*, who gave an account of it, with a plate, in the Philosophical Transactions of the above year. He states that he had cured one case by probes, after every other means had proved ineffectual. "This excited his further endeavours, so that he had pipes of different sizes adapted to a syringe, with which he has since injected the meatus externus with success."

The celebrated aurologist, M. Itard, of Paris (who is also *not a pure aurist*, but was educated as a physician and surgeon, for the French government, very properly, will suffer no man to practise as oculist,



aurist, or as any other species of impostor, who has not been educated regularly as physician or surgeon in the first place) showed me, April 8, 1828, his mode of practice at the Deaf and Dumb Institution of the French capital. His assistant was employed in compressing a body of air into a huge cylinder of brass, by drawing up and down a central piston. To this cylinder was affixed a long tube of gum, or indian rubber, which was regulated by a valve. This tube communicates at its centre, if required, by a branch tube, with a vase filled with aromatic herbs infused in spirits of wine. The process of introducing the air from the cylinder and tube into the cavity of the tympanum, was performed as follows: A deaf gentleman was seated in a chair, at the back of which a piece of wood, covered with leather and hollowed out, was fixed, to steady and receive his head; a *serre tete*, a collar of brass, lined with leather, was placed round his forehead: from its centre there projected downwards a brass forceps, by which the ear-catheter, after its introduction into the Eustachian tube, was fixed. Dr. Itard first introduced into the Eustachian tube, with extreme facility, an elastic gum catheter, containing a wire. He then withdrew this catheter and passed a silver one of the same form; he screwed this last fast into the forceps of the *serre tete*, and then joined its free extremity to the end of the tube proceeding from the air-pump. The valve of the tube being turned by an assistant, the medicated air rushed in with a loud hiss into the cavity of the tympanum. But, by means of the valves, it was admitted into the ear more or less freely, according to the sensations of the patient and judgment of the operator. The patient pronounced the impregnated air very pungent. M. Itard observed, that the cold air became warm in its passage into the tympanum. He has another apparatus, which consists of a huge bellows placed under the ceiling of a low room, and made to communicate with a perpendicular tube, through which the air is conveyed to a metallic apparatus for containing warm fluids. These fluids are propelled by the blast through another tube into the ear-catheter. In this operation, the patient is covered with a skin of leather.

M. Itard's apparatus, as he observed, is much more forcible than the common syringe and ear-catheter used in this country. In the several cases in which I have used the latter, the patients experienced from it not the least benefit whatsoever. The deafness experienced no change, however long or carefully the process was persevered in. I think, nevertheless, that it deserves further trial.

Probes should always be introduced into the Eustachian tubes before any opinion is

pronounced affirming the existence of obstruction of those tubes, or before the operation of puncturing the membrane of the tympanum be meditated. The usual criterions of obstruction of the Eustachian tube by symptoms, as I have said, are so fallacious, that no dependence can be placed upon them.

Mr. Buchanan has laid much stress upon previous bleeding and purging, to prevent irritation of the soft parts of the tube and internal ear from the use of the probes and injections. Gentleness and a correct hand, appear to me to supersede the necessity of these precautionary means; at least I have found no occasion to have recourse to them. I have introduced the probes into both my own ears, at the same time without any sensible inconvenience, except very brief and trifling throbbing and soreness. I did the same in the case of Mr. Shedden, a respectable tradesman in Cheltenham, a person of rather full habit and robust health; and others. Ear-probes require very fine bulbs to pass the narrow part of the Eustachian tube, and sometimes should be blunted merely. They are bent to a double curve, like an italic S. Two are required; as is demonstrable by recourse to the skull, with the membrane of the tympanum preserved; the oblique position of that membrane, and the oblique facing of the small bones, and of the handle of the malleus especially, towards the Eustachian tube, expose both to the bearing of the probe. Rude contact may, therefore, injure both, but the sensibility of the tympanum generally gives warning of the fullest extent to which the probe can be introduced with prudence. The French pupils habituate themselves to the use of the probes on the dead subject.

Students, endeavouring to form some judgment of this practice upon the dry bones, should be aware, that the angle from the base of the anterior plate of the pterygoid process to the ear, is more acute in the skull than in the living parts; so that the insertion of the probe into the tract of the tube, after passing the nostrils, requires a curve, which renders the introduction extremely difficult; also the tract of the tube, when preserved after the bones are dried, is actually narrower than in the recently dead or living subject.

The passage of the Eustachian tube is in the line of the styloid and vaginal processes; it is roofed over by the root of the latter, and at the place of these processes the tract is very narrow. A small gold-wire probe, flattened at the end, may be passed, and, in the recent skull, when it is approaching the tympanum, there is a sensation of breaking through some intercepting membrane; at that moment it is actually in the tympanum, and close to the manubrium of the malleus.

The introduction, therefore, requires care and attention to minute circumstances, which qualities are the parents of success and precision in the manipulations of surgery. The distance from the inner edge of the square bone of the palate to the tympanum, averages about  $2\frac{1}{2}$  inches and  $\frac{1}{4}$ th, and from the nasal bones to the tympanum, about  $4\frac{1}{2}$  inches. So much for planning the operation on the skeleton.

In introducing the probes in the living subject, it is first necessary to get the precise curve, otherwise the probe will be obstructed in the passage of the nostrils, by touching against the sides, and exciting sneezing. If the double curve be correct, having the concavity of the first curve turned outwardly, its passage from beginning to end will be uninterrupted. In passing the probe, the hand should be raised to the level of the nostrils. The point of the probe should be kept close to the alæ of the nostrils, and the back inclined towards the septum and vomer without contact. When arrived at the base of the inner plate of the zygous process of the sphenoid bone, and extremity of the square plate of the palate bone, it is inclined rather outwards and upwards in the direction of the articular process of the lower jaw. Having entered the tube, it passes into the tympanum, giving notice of its situation by the sensation peculiar to the membrana tympani when touched. Insinuated gently onwards in this manner, like a bougie into the urethra, its regular progress is intimated by its uninterrupted transmission.

*The puncturing of the Membrane of the Tympanum.*—With respect to the puncturing of the membrane of the tympanum, as far as individual conclusions, from a certain number of facts, and a deliberate consideration of all the circumstances connected with deafness, enable me to give an opinion, that opinion is unfavourable to this operation in almost every case. The inlet of cold air and moisture into the ear, on the view of sound experience, incurs the most unfavourable consequences to the hearing in exchange, for prospective benefits are very rarely realized. Puncture of the m. t. can seldom be of use, for it does not often happen that the obstruction of the Eustachian tube is the *sole* cause of the deafness in any case. In order to reach the middle cavity of the ear with injections, before I was acquainted with the practice of injecting the Eustachian tube, I punctured the m. t. of one ear twice in a case of extreme deafness, where the operation, under any result, could add little or nothing to the evil. The hearing was quickened for a few days, and then rendered worse. One patient wrote to me: "I applied unfortunately to a celebrated surgeon, who, without making any inquiry,

whether the operation were applicable to my case or not, punctured the tympanum of the right ear, of which, from that time to the present, I have had no use. I would observe, that I heard for about two days after the operation, when I became infinitely worse than I was before." In extenuation of the blame imputed to this personage, it must be observed that experience of the results of puncturing the m. t. was then too new and scanty to have indicated to the operator the probability of permanent injury. M. Itard told me that he had performed the operation a *hundred* times with none but injurious consequences, and decisively condemned it. He intimated that he had been misled by Sir A. Cooper's statements. One of Sir A. Cooper's patients informs me, that Sir Astley should now say, that "where it has been of service in one case, it has done mischief in twenty." It may improve the hearing for a time, though the Eustachian tubes are not obstructed. The improvement arises probably from the conveyance of sound within the cavity of the tympanum, and nigher to the more exquisite structures of the labyrinth. After puncturing the membrane, a crack is heard by the patient like the tearing of parchment. The smaller the opening the better. There is a case where it may be of use—namely, where matter is collected in the tympanum. A very good case of this kind occurred lately in the practice of Mr. Liston of Edinburgh, and was related to me by Mr. Mackenzie, the demonstrator at the university of that place. The patient was Professor Wallace's son; the morbid action was changed after the operation, and he entirely recovered his hearing.

#### No. VI.

It is impossible to discover the membrane of the tympanum in all deaf patients with the naked eye, with all appliances and means to boot. But the external ear and head ought to be moved in various directions, and a full light thrown in, before the attempt is abandoned.

As the hearing becomes imperfect, so also does the associated action of the auricle. By drawing it almost over the concha, the voice is heard more loudly and distinctly by the deaf. When injecting the outer porch with warm fluids, I have observed a free and curious movement of the concha and skin of the passage like that of the scrotum in warm water. When the auricle is cut off, Sennerts says that the impressions of vibrations on the ear resemble the rushing of waves.

In some cases of deafness without discharge or disease of the external auditory

passage and Eustachian tube, I have observed a want of force and vivacity in the impressions referred from the auditory nerve to the brain, with a corresponding dulness in the mental perception of sounds. The obscurity of impressions from without appears to be owing to the auditory nerve being occupied by sounds or sensations from within, created by an action existing in the brain itself, and producing sonitory impulses on the nerves of hearing. Since this form of deafness occurs generally in conjunction with nervous diseases, as hypochondriasis, it is probably owing to participation of the auditory nerves in the morbid condition of that system to which they belong, and not to any local affection of the ear.

It is fortunate that the functions of the auditory nerve are seldom or never so completely destroyed that some power of hearing is not left. It is also singular how seldom the nerve is injured in general paralysis. It must be remembered that there is a branch of the fifth, as well as the proper nerves, the portio dura and mollis, all which have three origins, and form three media of connexion with the brain. This circumstance, and the fact that deafness occurs with the general decay of the energies of the brain oftener than from local injury of the brain, suggest a probability that the auditory impression is received by the brain itself, or as certain ancients believed, by the cerebellum, and that the sense resides chiefly in it.

Singing in the ears occurs indiscriminately in all cases of deafness with or without discharge. Dr. Grapengiesser observes that the *susurrus aurium* is a symptom which may form a distinct complaint without having the least influence upon hearing; that, it may arise from the same cause as deafness; that, difficulty of hearing may frequently but not always attend it; that, it may be of short duration, and originate either from inexplicable causes, or in plethoric persons, from cerebral congestion, from some change in the auditory nerves themselves, from topical debility of the auditory organ, or from an exanthematous eruption of the ear. The tickling of the ears also supervenes to some species of fevers, and is not infrequent after apoplexy. In the last case it is generally concomitant to deafness, without being, however, a constant symptom of every species of that complaint, as it is sometimes not observed in the most complete deafness. Professor Hope, of Edinburgh, has suggested in examinations that some diseases, as hysteria, may produce tinnitus aurium, by setting the small muscles of the tympanum dancing. The auditory nerve after entering the cochlea and spreading over the vesicle in the vestibulum, is covered, according to modern

anatomists, with a sheath of pia mater. May not these fixed sounds arise from morbid determination to this vascular membrane and consequent pulsating of its over excited vessels upon the fine organ of sense, as objects upon the retina are produced by the increased impulse of the vessels in the first stages of amaurosis?

#### PRINCIPLES OF TREATMENT AND CURATIVE PROCESSES.

It is said, "The instructed scribe will resemble the householder, who brings forth out of his treasure new things and old." The manner in which the ancients treated deafness is not unworthy of notice. Their remedies were chiefly external. I have collected the following list from several old authors.—1. *External applications*:—The leaves of the *dipsacum* and *jew's-ear*. 2. *As injections*:—*Ale-hoof* or *ground-ivy*: "The essence dropped into the ears helps the deafness or noise there;" *hyssop*: "It taketh away noise in the ear by injection."—3. *Tobacco*: "The essence of it made with wine being dropped into the ears helps deafness."—4. Juice of *poplar* or *aspens* tree.—5. Juice of *liquorice*, ʒii; soft *bedellium*, ʒss; sugar-candy, ʒii, dissolved; juice of *leeks*, ʒiv; juice of *celandine*, ʒi, mixed and "dropt into the ears, helps imposthumes, noise, and pain there."—6. *Common turpentine*, *turpentine of the larch*: a combination of turpentine, olive oil, essential oils, and sulphur, was used with "happy success."—7. *Urine of men and animals*, dropt into the ears.—8. "The galls of all creatures," says Salmon, are "specifics for deafness, noise, and pain in the ears, with running matter. Of beasts the bull's gall is the strongest, and of birds, that of the partridge and heron, the gall of birds being accounted stronger than that of beasts. Waters, extracts, or tinctures, may be made of them, but the most famous is the tincture or powders of ox-gall." (*The preparations now commonly used by aurists*.—F.) An "extract made of human gall and ox-gall mixed with breast-milk, dropt into the ear, being stopped with cotton dipt into the same, cures pain and noise in the ears. Dog's gall dropt in warm goat's milk, with honey, wolf's, mice's, to bring out insects; bull's, mixed with honey or balsam, sheep's, with breast-milk, and injected with a syringe," are all recommended by the old authors. Such is the origin of the nostrums which aurists and "and wives" now prescribe.—9. *Miscellaneous*: Powdered horse-dung (which contains ammonia), fat of dormice, lion's brains made into an oil, musk put into the ears stopped with cotton, heron's and goose grease, *hog's lice* and *earwigs* (!) boiled in oil and mingled with hare's urine, and put into the ears morning and evening." Moths. 3. *As*

*masticatories* and *errhines*:—Masticatories of mastick, pyrettrum, cummin, and cloves, twice a day, and errhines of the betonica and melissa, aa., ʒss; vel. alb. aa., ʒi, M. To be drawn up the nostrils in fragments.

Salmon, in his "above seven hundred eminent cures in the most usual diseases happening to humane bodies, done by several famous physicians and performed by the author hereof" (1685), gives eight cases of deafness, which were treated chiefly by bleeding, purging, dry cupping, steaming the ear with herbs put into solutions of fixed alkali, and hot fomentations of the head. It is interesting to mark the progress of therapeutics, by comparing the ancient with modern practice; I shall, therefore, give brief abstracts of the most striking particulars in these cases. The whole tend to prove, that however erroneous were the theories which they entertained of old, their general plans of treatment were equally sound, if not more energetic and decisive, than the systems laid down in modern books on deafness. Instead, indeed, of the practice being better than formerly, it has rather grown worse; it is more feeble, and less directly applied to the general cause, if it be, as we think, a pathological condition mostly consisting in congestion of the capillaries of the ear.

Case 1. Romish priest, 48 æt., cured by purging with antimony, "agreeable to the judgment of Hippocrates, who says, that deafness is cured by purging," and "by potential cauteries to the thigh to repel the humours from the ears to the inferior parts," and by the essence of thyme and cloves instilled into his ears morning and evening. "Cured in a month."

Case 2. Gentleman, 60 æt., deaf from the excessively penetrating cold of the Pyrenean mountains. (Yet a lady, a she-ass no doubt, lately went from Cheltenham to the Pyrenees to get well of deafness!—F.) Cured by the same remedies.

Case 3. A nun, 34 æt., "very thick of hearing," and "had a great and frequent noise in her ears." "By God's assistance I cured her with the following things:—In the morning before meat, her body being exonerated of its excrements, her head was washed in a lie, in which was boiled a handful of mint, penny-royal, and asarum roots, then well rubbed with hot cloths, dried, and covered." A stimulatory of white hel-lebore, &c., was "blown up her nostrils, by which much thick and clammy sueveel was cast forth; bleeding plentifully from the head veins in each arm."

Case 4. Ulcer in the right ear, with difficulty of hearing. Cured by bleeding in the cephalic on the hand, and afterwards in the median on the arm, using stimulatives,

and applying five drops of oil of sulphur night and morning to the meatus externus.

Case 5. Perfect deafness in a senator, 76 æt. The stimulatory and oil of sulphur practice. "This man, by the grace of God, was cured by me. After the same manner, praise be to God, we have cured many others of deafness."

Case 6. Woman deaf of one ear, and thick of hearing in the other. "Often let blood, but was still worse." "Cupping glasses without scarification to her shoulders, three days together, every month; this did much good; washing the head with a lixivium of cephalic herbs; pills for fourteen days, with rubbing and combing; chewing a masticatory, which made her spit much, so that a great revulsion was made from her ears;" carp gall, dipped in fennel and caraway-water and spirits of juniper, dropped into her ears; fuming her ears through a funnel with the fumes of origanum, rue, marjorum, lavender, juniper, bay berries, fennel, caraways, and cummin, boiled in wine.\*

Case 7. A woman, many years thick of hearing. Purging; fuming of the ears; three drops of a mixture of water of galls; honey, turpentine, fennel, and sulphur, with eye-bright, mixed and dropped into the ears.

Case 8. Difficulty of hearing and noise in the ears, from a fall. Three cupping glasses applied on both sides; one under the ears, the next on the top of the shoulder, and the lowest on the shoulder-blades, with fire; the next day the same again, and the third day with scarification; purging; "she sweated, fasting in a hot-house!" and after, washed her head and feet with a lye of oak-ashes and a little lime, in which were boiled lavender and spikenard. By the use of these things the noise in the ears ceased, and came no more."

These cases show that deafness is not a bit better treated now than a century and half ago, nor so efficiently.

The modern curative processes employed in deafness are both local and constitutional. The same agents, with little difference, are applicable to deafness *with* and *without discharge*. The local remedies, commonly used in this country, are gargles, injections, medicated tents, external irritants, and leeches. M. Itard, of Paris, spoke contemptuously of these methods, and of our practice in deafness generally, as extremely imbecile, comparatively with the French. It is the opinion of the intelligent and thinking part of the English, who have resided long in France, that the French physicians, though less decided and vigorous in acute diseases,

\* The French still use aromatic herbs in fomentations with more effect than if they were mere hot water or vapour. We have carried theory and amputation too far in these and other respects.

treat chronic diseases with much more skill, much more attention to detail, than English practitioners. Let us have an English doctor for an acute disease, and a French one for a chronic disorder, is a common saying among them. The French physicians, from being incomparably superior as anatomists and physiologists, and far more conversant with morbid anatomy, which is the great foundation of properly directed treatment, penetrate much more acutely and analytically into the nature, seats, and causes of diseases, and instead of taking a sweeping and general view, and giving a random definition at a *coup d'œil*, trace the diseased action patiently from part to part, separate its difficult and entangled links, and combat it wherever they find it. The French translator of "Thomson on Inflammation" observes, in his preface, that an English physician's knowledge consists in bleeding, purging, and giving mercury for *every thing*, after which he is at his wit's end.

In deafness with *discharge*, injections are of the greatest service. In deafness without discharge, in which the ceruminous glands are in a torpid or generally morbid state, the stimulus is frequently salutary. The patient finds his hearing more confused for a time after the use of them, but it soon becomes clearer. Whether moisture supply the place of wax as a conductor of sound, or act on another principle in its immediate effect in improving the hearing, I cannot decide. In all cases, with or without discharge, with or without injury of the membrane of the tympanum, or whether they be transmitted by the external porch, or through the Eustachian tube into the tympanum, the rule has been established from the earliest periods that injections should be mild in quality. They should also be warm; cold injections cause catarrhs, violent headaches, noise in the ears, and lower the sensibility of these organs. Water softened and made oily with castile soap, a weak solution of lead in distilled water (for example — *R. Vin. opii, ʒss; plumbi superac., gr. viii; aquæ dist., ʒvi*) or milk, tepid lime-water and milk, constitute the usual injections for the *meatus externus*. The French surgeons use a decoction of the stems of the soapwort (*saponaria officinalis*), the brook dandelion, and other herbs, which they inject with a forcing pump to the quantity of seven pints daily. To show their method, and to signify several other interesting points, I shall here detail a case. Understanding that Mrs. R., a lady of Lymington, Hants, had gone to France in 1824, and had placed herself under the care of an eminent French practitioner for deafness, and, after a long course of treatment, by means of these injections, the frequent use of vapour-baths medicated with elder, chamomile, and laven-

der, flowers had recovered the sense, I applied for the particulars of her case from the lady herself, through Messrs. Moody and Gauntlett, surgeons' instrument makers at Bath, who first mentioned it to me. The plan consisted in the constant application of leeches inside and behind the ears, and linseed poultices, until all appearances of the local inflammation ceased. She goes on in her letter:—"I used also a syringe-pump at the same time. The injection was a luke-warm decoction of soapwort made with soft water. This was continued for some months. I then began a course of vapour baths, in which I am now persisting. My instructions were to resume the bath during the next three summers. My deafness originated from violent colds, with redness, inflammation, and hardness of the skin." To give solidity to my statements, it has been usual on my part to suffer two or three years' elapse, before I give out cases to the public as cures performed. I have seen enough of the *ultimate* results of *boasted cures* by this or that marvellous personage of the trading *cure-mongering* and *John Long* school, after, as the wonder always goes, the poor noodle-headed patient "had been under the *first* men in the country," who had failed and been utterly discomfited, to know how to estimate the first temporary and deceitful appearances of relief in old and chronic cases, and to be convinced of the fallacious nature of the popular impressions which they produce at the time. After the expiration of *two or three* years, something like a reasonable conclusion may be formed, whether a man have made any real impression or none upon a disease; whether he have made what people call "a *firm* cure,"—a cure that will stand. But whenever an individual or his puffers go trumpeting about, that the former has cured a chronic disease upon the ground of changes, which have stood the test of merely days or weeks; time, in nine cases out of ten, exposes the hollowness of these boasts and puffs, and the real purse-milking motives of them. Therefore it is that the watering-place doctors, who seek "the *bubble*-reputation at the *har's* mouth," and who know their *trade*, but not their *art*, *take care* to send their patients away *in time*, from certain glorious decoys for gulls. It ought to be the rule of every patient who has the faculties of a rational being (and such patients, I admit, are very few in number), when told of a cure, to ask the great actor how long ago it happened; and if a short time only has elapsed, he may set it down that no dependence is as yet to be placed on its permanency, knowing the necessity of deferred testimony; but without personal feelings towards the French physician, which would be applicable in

this case, I was curious to know how far this cure stood firm in the end, and therefore made it a matter of particular inquiry. As she herself relates in 1824, she had recovered, though her deafness was so complete, that she could not hear the noise of carriages in the streets of the town. It had come on in the course of a scaly cutaneous disease, with strumous discharges near the ear. The treatment of the French physician cured the deafness and cutaneous disease after great perseverance, and she grew corpulent during the use of the baths from the improvement of her constitution. After she returned to England, a vapour bath was constructed for the purpose of steaming her body with the vapour of vinegar and water passed through camomile and lavender flowers. This stimulus softened and separated the scales, and restored the skin to its healthy action and natural perspiration. But mark the sequel! In 1826, the artificial amendment had given way, and the cutaneous disease and deafness had returned, with all the manifestations of a confirmed strumous habit! We hear of more cures in the world than were ever performed.

## ST. BARTHOLOMEW'S HOSPITAL.

### STRANGULATED INGUINAL HERNIA.

MARY ROBINSON, a delicate-looking woman, ætat. 45, was admitted into Sitwell's Ward, on Friday, Feb. 11th, at noon, under the care of Mr. Vincent.

She has a tumour of the shape and about the size of a pigeon's egg, in front of the external abdominal ring. She vomited immediately before she came here, but has not since. She has excessive nausea, her abdomen is rather tense, and very tender to the touch, particularly in the vicinity of the umbilicus. Countenance anxious; tongue white; pulse frequent and small, with occasional hiccup. She states, that about twelve years since, during a difficult labour, a rupture took place; it did not produce much inconvenience, and she returned it herself. The hernia has frequently descended since, and she has succeeded in returning it in every instance without much difficulty, and has never worn a truss. Last Tuesday week, while engaged about her domestic concerns, but not using more than ordinary exertion, it again protruded, and she was unable to return it. Her alimentary canal continued to perform its functions until Monday last, since which her bowels have not been relieved, and she has suffered from incessant nausea and vomiting. Attempts were made, previous to her coming here, to reduce the hernia, but were unsuc-

cessful. Immediately after her admission, the taxis was had recourse to, and the hernia returned into the canal, but could not be passed through the internal ring; as soon as the pressure was discontinued, the gut again protruded. She was then put into a warm bath, and remained in it twenty minutes. The taxis was again employed while she was in the bath, with the same result as before. Mr. Vincent saw her at two o'clock, and proceeded to perform the operation directly, and did it in the usual manner. When the sac was opened, a portion of ilium, about three inches long, and of a dark-rose colour, was exposed. The stricture was at the internal ring, and was formed by the neck of the sac. As soon as the stricture was divided, some fluid, having a peculiar odour, escaped. The intestine was drawn out of the abdomen for about two inches, and appeared healthy beyond the stricture. In the line of the stricture an opening was seen in the gut, with a hernia of the mucous membrane, capable of admitting the extremity of the little-finger, through which some very fetid, whey-like-looking fluid escaped. Two small ulcers were seen close to this opening, but it was thought that they did not extend to the mucous membrane. Mr. Vincent then held a consultation with his colleagues as to the propriety of closing the opening by means of a ligature. Mr. Lawrence and Mr. Stanley each related a case similar to the present, in which the opening had been closed by a ligature, and the termination of the case had been such as to induce them to recommend the adoption of the same practice in the present instance. Mr. Vincent immediately closed the opening with a fine silk ligature, and cut off its extremities close to the knot. When this had been done, fluid was seen escaping through the two small ulcers, which were close to the one which had been just closed. Another ligature was then tied around the one already applied, and its extremities left undivided. The intestine was then returned into the abdomen, and the ulcerated portion retained opposite the external opening by means of the ends of the silk being brought through the wound, which was then closed by adhesive plaster. A bandage was applied in the usual manner, and the patient removed from the theatre. Her pulse flagged a good deal during the operation, and when she was put to bed, it was so feeble as to be scarcely perceptible, and some wine was given to her. Mr. Vincent saw her again at three o'clock, she had then rallied, and her pulse was much more distinct. She was ordered to have an enema immediately, which was administered, but returned directly, unmixed with fecal matter.

Seven o'clock P.M. She was seen at five

o'clock, and ordered to take *two drachms of the sulphate of magnesia in a saline draught, every second hour*. She has had one copious evacuation, which was dark coloured, but not very offensive; there has been no recurrence of the vomiting; her pulse is small and very rapid; tongue whitish and moist; abdomen tense and painful to the touch; skin moist. *Let her continue her medicine.*

12. Ten o'clock A.M. Has had three copious evacuations since our last visit; slept till three o'clock, when she was awoke by an attack of pain in the region of the umbilicus. The sister of the ward fomented her abdomen, which relieved her very much. Her abdomen is now very tense, and the slightest pressure on it is productive of extreme pain. Pulse 130, and rather full; skin moist; tongue white and dry; no vomiting. *Thirty leeches to be applied to the abdomen, after which the fomentations to be repeated, and the medicine to be continued.*

One o'clock P.M. Pain and tension of the abdomen much relieved; leeches have bled very freely; she appears faint; has vomited twice since ten o'clock; pulse frequent and feeble; respiration laborious, and performed by the chest alone; bowels not open since; about an hour ago she expressed a wish for an enema, which was administered, and returned in a few minutes. She says she felt much relieved after it. *To discontinue the draught, and to take three grains of calomel with a quarter of a grain of opium every second hour.*

Three o'clock P.M. Has taken two doses of calomel and opium; the pain and tension of the abdomen are much increased; pulse very small, and so frequent as to preclude the possibility of counting it; countenance expressive of anxiety; difficulty of respiration much increased; skin bedewed with cold clammy perspiration; occasional hiccup, and great prostration of strength. *To take an ounce of port-wine directly, to repeat the leeches, fomentations, and enema.*

13. She died last night at six o'clock, and was removed from the hospital within half an hour afterwards, consequently no post-mortem examination was made.

## WESTMINSTER HOSPITAL.

ARRANGEMENTS are about to be made at this hospital for the delivery of clinical lectures to the medical pupils. Dr. Hamilton Roe, the junior physician, upon whom this duty will devolve, proposes to have a ward appropriated to such patients as are sufficiently interesting to be made the subjects of comment. (February.)

The annual accounts have been lately closed, and the result is certainly creditable to the care and attention of the officers. In the medical department especially, the expenditure of medicines has greatly diminished, whilst the number of patients has progressively augmented. This will be made clear by the following little table:—

No. of Patients.		Cost of Medicines.	
1827 ..	2183 .....	£ 558	3 3
1828 ..	2432 .....	386	1 11
1829 ..	2515 .....	323	13 0
1830 ..	4015 .....	356	4 0

This remarkable reduction of expenditure is chiefly ascribable to the vigilance and frugality of Mr. Edwards.

Since the defeat of the scheme for removing the hospital to Charing-cross, the directors of the institution have been actively engaged in search of a site in the immediate neighbourhood of the present building, but hitherto no definitive arrangement has been proposed. Negotiations have been some time on foot for a site in Prince's-street, opposite the west end of the abbey, and this plan seems to unite all suffrages in its support, as it presents an improved situation in the very heart of old Westminster. We shall lay before our readers, historical sketches of the most interesting cases which may be treated by the physicians and surgeons of this establishment, together with such clinical comments as these gentlemen may make upon them.

Owing to the injudicious construction, imperfect ventilation, and crowded state of the wards, where scarcely 400 cubic feet of respiratory space is afforded to each patient, relapses frequently occur, and as may be supposed from the depletion effected in the treatment of the first attack, are very intractable. The rooms being long and narrow, and warmed by one large fire-place only, their temperature is rendered unequal; it produces at each end the extremes of heat and cold. The windows are so inconveniently situated that a sash cannot be lowered to purify the atmosphere, without directing a current of air upon one of the patients.

## HEPATITIS CHRONICA.

RICHARD HARRISON, ætat. 38, a painter, was admitted the 17th November, 1830, with *chronic hepatitis* and other sequelæ of *colica pictorum*. His constitution was originally good, but it has been severely shaken by repeated attacks of this disease, to which he first became subject in his twentieth year. After this he experienced an attack annually, until about six years ago, when he was first exempted from it. Severe bilious attacks, however, followed in the train of the old disease, and he has hardly ever been free from hepatic symptoms.

These have ever and anon been relieved by cupping, and turpentine and castor-oil draughts,

On admission, the skin and conjunctivæ were of a light yellow hue, the countenance anxious, and the features sharp, indicative of that mental prostration which is characteristic of the chronic stage of painter's cholic.

The tongue is furred and flabby, the bowels are confined, the pain of abdomen relieved on pressure, and occasional lancinating pains in the elbows and knees annoy him. The patient was early married, and he does not appear to have ever been inordinately addicted to sensual pleasures.

—*Opium, two grains; calomel, four grains. Make a bolus to be taken at bed-time.*

18. This morning he is much better; he has slept well, the first time for ten days; his sympathetic pains have abated; bowels confined; pulse 108, and feeble.—*Castor oil, one ounce, to be taken every two hours until the bowels be opened.*

19. The bowels have acted well, and he has slept profoundly; at present he has no pain whatever.—*Let him take the pill twice a-day.*

20. Somewhat better; he is annoyed with nausea; the emunctories do their duty tolerably, and he sleeps well.

27. He has continued without much variation since the last note; he has been entirely free from pain, but has experienced a gradual diminution of strength and loss of appetite; to-day the pulse is 102, rather voluminous and feeble; and it is deemed expedient to give him the following tonic.—*Sulphate of quinine, two grains, to be taken three times a-day, in the form of a draught.*

Dec. 2. He suffers great inequality of spirits; at one moment they are buoyant, at another miserably depressed; his rest is again disturbed, and he complains of dull pain in his bones; he has tenderness in his right hypochondrium, and his countenance is more sallow than before. Pulse moderately full and regular; bowels scantily open; and he has scarcely strength to sit up in bed.—*Opium, one grain; blue pill, five grains. Make a pill, to be taken every night.—Decoction of dandelion, one ounce; castor oil, half an ounce, to be taken every morning.*

6. His health has varied like an April day; the tenderness extended from the right hypochondrium over the whole abdomen, and a blister was consequently applied to that region, and afforded signal relief: this was followed by an amendment in the general state of the patient, and the constitution seemed for a while to rally with sufficient force to throw off all its ailments;

but the poor fellow again soon relapsed into a state of depression, and the disease again resumed its ascendancy. He now sleeps indifferently; the bowels are open scantily; there is an evident fluctuation of fluid in the abdomen, and his legs have become œdematous; pulse 100 of moderate force.—*Extract of colocynth, ten grains, immediately.*

11. The colocynth acted freely upon the patient's bowels, and there was a faint amelioration in his condition. On the subsequent day, however, a slight sore throat supervened, which consisted of a mere rubescence of the internal fauces. The strength of the patient gradually diminished, the quantity of fluid in the abdomen increased, and was attended with pain and tenderness: for this a blister was applied, and temporary relief afforded; but the fulcrum of his constitution was gone, and its permanent reanimation was hopeless. To day he is exceedingly feeble; he has a difficulty of swallowing, owing to a copious secretion of viscid mucus in the throat; his countenance however is tranquil, and his pupils are dilated; the pulse 120, and very feeble. *Port wine, four ounces daily.*

13. The difficulty of swallowing increasing, a sinapism was applied to the throat, the tongue became excessively swollen, but did not materially impede respiration: this organ was scarified and its size reduced; he had difficulty in swallowing his wine, became gradually exhausted, and expired this afternoon.

#### *Autopsy twenty-four hours after death:*

The patient was much emaciated: immediately on opening the thoracic and abdominal cavities, considerable visceral disease was evident. In the abdomen, adhesions between the organs were very general; the liver and stomach were both covered with a thick coating of coagulable lymph, flakes of which were floating in a large quantity of serum which existed in this cavity. The substance of the liver was condensed throughout, and its functions in several parts obliterated; the mucous membrane of the alimentary canal presented vestiges of inflammation. In the thorax old adhesions existed between the proper and reflected pleuræ, and the substance of the lung was studded with tubercles of various ages. The mucous tunic of the larynx and bronchiæ was considerably injected; but the mucous membrane of the pharynx was quite healthy, and the substance of the tongue exhibited only the appearance of a simple tumefaction.



## NAVAL SURGEONS.

THE following letter was received at the Editor's residence at the moment the Journal was going to press.

RESULT OF THE DEPUTATION TO THE  
LORD CHAMBERLAIN.—

THE ORDER OF EXCLUSION  
FROM HIS  
MAJESTY'S LEVEES RESCINDED.

*To the Members of the Royal College  
of Surgeons.*

GENTLEMEN,—In obedience to your resolution of the 8th inst., we have this day waited on his Grace the Duke of Devonshire, on the subject of the exclusion of the surgeons and assistant-surgeons of the navy from his Majesty's levees. His Grace said he had great pleasure in being able to authorize us to communicate to you the following answer:—

"That his Majesty entertained the kindest feelings towards the surgeons and assistant-surgeons of his navy; that the order complained of was rescinded, and that in future those officers would be admitted to the levees through the Lords of the Admiralty."

Offering you our warmest congratulations upon this result, we have the honour to remain, your faithful servants,

GEORGE WALKER,  
THOMAS KING.

209, Piccadilly, March 17, 1831.

P.S. Mr. Wakley having been subpoenaed to attend a trial at Maidstone this day, he was deprived the pleasure of joining the deputation.

## COLLEGE OF PHYSICIANS.

*To the Editor of THE LANCET.*

SIR,—Will you have the kindness to inform the discontented author of the letter signed "A Licentiate" (page 799 of your last Number), that the College of Physicians exacts nothing beyond what it is entitled to exact by virtue of the act of Parliament and the College charter,—that all the students at each of our universities have just as much right to complain of the College and other fees exacted from them there. So again, in all public and government offices, he will find that whoever applies for their advantages, is subject to demands on his purse,—that in law he is drained of fees at every step,—and, in short, that there must be a thorough revolution in all these institutions and proceedings, before his *quid pro quo* accounts can be satisfactorily audited,—that if he be an Aberdeen or other Dub, he cannot expect to enjoy the privileges of better educated men, and must submit to the privation, and stifle his *l.s.d.* murmurs, satisfied with the privilege, that his paltry "32l." gives of making his fortune (as many licentiates do), by the power which he cannot otherwise obtain of practising as a physician at all in or near London. As to his discontent at the paper which he heard at the College,—if it contained many "*self-evident facts*," they are surely preferable to *lies* which elude detection. If it yielded but "little instruction," let him supply the College (if he can!) with one that yields more! If he felt "disappointment," he was quite at liberty to walk out, without, probably, the fear of any one missing him! And if he "regret the loss of time," advise him to go and employ it in future more to his "benefit or satisfaction."

I am, Sir,  
Your obedient servant,  
AGRESTIS.

[For a letter on the same subject, but of a very different tenor from the above, we have not room this week.—Ed. L.]

## TO CORRESPONDENTS.

We are again most reluctantly compelled to postpone the insertion of several communications which we have long had on hand; but we shall speedily be enabled to discharge all the claims our correspondents have on us,—we hope to their satisfaction.

# THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 26.

[1830-31.]

## MEDICAL JURISPRUDENCE.

### PRACTICAL COMMENTARIES ON DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

(Concluded.)

#### BISMUTH AND IRON.

SEVERAL cases of poisoning with the subnitrate of bismuth having been recently recorded in the continental journals, a short account of the chemical history of this substance, and of the mode by which it may be detected, may not be altogether devoid of advantage.

The metal bismuth is of a reddish-white colour, brittle when cold, but malleable while warm; heated to 30° Wedgewood, it takes fire, and burns with a bluish-white flame, discharging copious fumes of the oxide of bismuth. It is difficultly soluble in sulphuric or muriatic acid, but is readily dissolved and oxydised by the nitric acid. A saturated solution of bismuth in this acid is decomposed by the addition of water, by which a beautifully-white precipitate, the subnitrate, is thrown down. The soluble and insoluble compounds of this metal are all decomposed by sulphuretted hydrogen, which converts them into the black sulphuret. Finally, the white subnitrate is, by the application of heat, converted into a transparent yellow glass.

These striking properties render the combinations of this metal sufficiently easy of detection in organic mixtures. The best mode of proceeding is by evaporating the suspected mixture, if fluid, to the consistence of an extract, drying this thoroughly before the fire, and finally *charring* it on a

No. 395.

porcelain capsule. It is important here to note the difference between *charring* and *incineration*,—terms which are not unfrequently confounded in chemical treatises. By *charring* then, we mean the slow heating of the substance under examination to a point *below* that of redness, but still sufficient to destroy various organic matters. The operation is exemplified by the toasting of bread, roasting of meat, &c., and is of vital importance in many analyses, inasmuch as it enables us to free from organic admixture many substances, which are either volatile, or would be decomposed by a full-red heat. In the present case, if we employed a red heat, the carbon of the organic matters would, in the first place, reduce the subnitrate of bismuth to the metallic state, and then a continuance of the heat might occasion the partial, or even the total, loss of the metal in the form of the volatile vapours of its oxide.

After *charring*, our next object is to bring any bismuth present into a state of solution. This is most easily accomplished by treating the charred mass with moderately strong nitric acid, boiling, filtering when cold, and evaporating to dryness on a crystal. On the residuum (the nitrate of bismuth) we pour water, which generates the insoluble white subnitrate; and this we further examine, after washing, by exposing it to a gentle current of sulphuretted hydrogen, expelled from a small bladder with a stop-cock and tube, such as we have already described; the black sulphuret is thus at once obtained.

A chain of evidence is hereby procured which admits of no contradiction. A solution of antimony might, it is true, imitate the results of the action of nitric acid, and the treating of the residuum with water; but sulphuretted hydrogen would cause an orange precipitate in an antimonial com-

3 H

pound. Again; there are many black sulphurets, but none but that of bismuth is capable of being formed from a subnitrate, precipitated by water alone. It is of course essential that the water employed be perfectly pure, especially that it be free from sulphates or carbonates, as these salts would cause a white precipitate in solutions of lead, which white precipitate would subsequently be blackened by the sulphuretted hydrogen gas.

We have next to notice the mode of detecting IRON in malt liquors, a subject of considerable interest, and which at present is the daily theme of judicial investigations. It is altogether foreign to the object of these papers to enter on any explanation of the motives which lead to the designed adulteration of malt liquors with iron preparations; it is, however, important to remark, that iron not unfrequently is present, and that in considerable quantities, from accident alone. No beer is absolutely and logically free from the metal, inasmuch as malt contains iron as a natural ingredient, and this iron being freely soluble in excess of carbonic acid, is taken up by the water in the process of fermentation. Again; the nails and the hoops of the vessels in which the beers are kept, not unfrequently add to the impregnation; and, finally, the use of iron tubs and casks in the cellars and tap-rooms, are not unusual sources of the metal. Of this last fact we observe a striking example recorded in the last revenue prosecution, and in which, nevertheless, a conviction was obtained. The analysis of beers suspected to contain iron as a designed adulteration is twofold, viz., the *qualitative*, or that by which the presence of the metal is inferred; and the *quantitative*, or that by which its quantity is ascertained.

For iron in a state of pure solution, and at its maximum of oxidation, there are various satisfactory tests or reagents. Of these we may enumerate the tincture of galls, which strikes a black colour. The sulphocyanates, a deep red; the meconic acid, ditto; the succinic acid and succinates, black; the benzoic acid and benzoates, ditto; lastly, the ferrocyanates, which form with the persalts of iron the beautiful pigment Prussian blue. Of these reagents, the last alone is applicable to the detection of iron in malt liquors, since either, from similarity of tint,

the necessary colours are not equally obvious with the former tests, or the organic matters of the beer exert a solvent influence over the resulting compound, and prevent the striking of the new colour.

The reagent, which till very recently was exclusively used, was the common yellow ferrocyanate of potash; but this, though the best, was found to be very defective, so that many beers contained large quantities of the iron, which were not indicated by any change of colour. This defective action partly depended on the variable condition of acidity, freshness, or staleness of the beers under examination.

The progress of chemical science has however provided us with a new reagent of far greater certainty and delicacy in the *red prussiate of potash*. It was accidentally remarked, that chlorine added to any solution containing iron, increased very much the delicacy of the indications of the common prussiate, and on investigating the phenomenon, it was found that this salt was changed by the chlorine into one possessing a different atomic composition, and to which the name of the *red prussiate* has been applied. To prepare this test is very easy—viz. by transmitting a current of chlorine through the solution of the ordinary prussiate, filtering, evaporating to dryness, and redissolving in distilled water; or the beer to be examined may be impregnated with chlorine, and the common prussiate added, or what we have found the simplest of all, is to add a little of the chloride of lime in powder to the beer, or drop in a little of any of the disinfecting solutions of chloride of soda, &c., then add the common prussiate, and the blue precipitate will be produced if iron be present, in any quantity greater than that which the malt naturally contains.

We have thus obtained evidence that iron is present. The bulk of the precipitate and the depth of the colour will afford us some idea of the extent of the admixture. But to ascertain this, we must proceed to examine another portion of the beer in question.

For this purpose a little nitric acid should be added to about a pint of the beer, and it should be evaporated to dryness; the extract should then be charred, by degrees, on a porcelain capsule, a little dilute nitric acid

then added, and the mixture filtered. Ammonia is next to be dropped in, and the precipitate is to be removed to a small porcelain capsule previously weighed, it is then to be heated to redness and weighed again. The increase of weight is finally to be carefully noted.

The theory of this process is simple :—a pernitrate of iron is first formed (if the metal existed in the liquor as a carbonate), or a persulphate, if the adulteration were the common green vitriol of commerce. Again, any peroxide or coeothar formed during the charring, is redissolved by the nitric acid. The nitric acid is also useful by preventing the formation of any permuriate of iron, by the decomposing influence of the muriate of soda present. The muriate of iron thus formed is so volatile, that a considerable loss would inevitably ensue on the heating of the mixture.

From this nitrate, ammonia precipitates the peroxide of iron; but as this peroxide rapidly absorbs carbonic acid from the air, and would of course increase considerably in weight, it is essentially necessary to heat it and weigh it at once in the manner above described.

Of this peroxide of iron,

40 parts are equal to persulphate ....	100
percarbonate....	73
protosulphate an-	
hydrous .....	76
crystallised ....	139

We need not afford space at present for the formula necessary for the estimation of the proportions expressed in grains and in small quantities. The foregoing table presents the necessary proportions to be attended to in the calculation.

#### ON THE CHEMICAL TREATMENT OF CASES OF POISONING.

In the preceding papers we have occasionally noticed the influence of chemical antidotes over the operations of some particular poisons, but we did so rather with reference to the alterations consequently required in the mode of analysis, than with respect to the therapeutic powers of the antidote in question. We now proceed to enumerate *seriatim* the few effectual antidotes with which chemistry has supplied the practical physician.

To the general principles which regulate

the operations of the chemical counterpoisons, Dr. Christison alludes in these terms :—

“ In the instance of internal poisoning, the great object of the physician is to administer an antidote or counter poison. These antidotes are of two kinds. One kind takes away the deleterious qualities of the poison, before it comes within its sphere of action, by altering its chemical nature. The other controls its poisonous action after it has begun, by exciting a contrary action in the system. In the early ages of medicine almost all antidotes were believed to be of the latter description, but in fact very few such antidotes are known.

“ The chemical antidotes act in several ways, according to the mode of action of the poison for which they are given. If the poison is a pure corrosive, such as a mineral acid, it will be sufficient that the antidote destroy its corrosive quality: thus the addition of an alkali or earth will neutralize sulphuric acid, and destroy, or at least prodigiously lessen, its poisonous properties. In applying this rule, care must be taken to choose an antidote which is either inert, or, if poisonous, is like the poison for which it is given, a pure corrosive or local irritant, and one whose properties are reciprocally neutralized. If the poison, on the other hand, besides possessing a local action, likewise acts remotely by an impression on the inner coat of the vessels, mere neutralization of its chemical properties is not sufficient; for we have seen above that such poisons act throughout all their chemical combinations which are soluble. Here, therefore, it is necessary that the chemical antidote render the poison insoluble or nearly so, and that not only in water, but likewise in the animal fluids, more particularly the juices of the stomach. The same quality is desirable even in the antidotes for the pure corrosives; for it often happens that in their soluble combinations these substances retain some irritating, though not any corrosive power. When we try by the foregoing criterions many of the antidotes which have been proposed for various poisons, they will be found defective, as precise experiments have in recent times actually proved them to be.”

The first group of individual poisons for which an antidote is required, is that of—

#### THE MINERAL ACIDS.

Of these Dr. Christison speaks as follows :—

“ Since the mineral acids act entirely as local irritants, it may be inferred that their poisonous effects will be prevented by neu-

tralizing them. But in applying that principle to the treatment, it is necessary to bear in mind their extremely rapid operation; for if much time is lost in seeking for an antidote, irreparable mischief may be caused before the remedy is taken. Should it be possible then to administer chalk or magnesia without delay, these are the antidotes which ought to be preferred. But if it will consume time to get them, then a solution of soap, an article more likely to be at hand, should be administered, and while it is in preparation the acid should be diluted by the free use of any mild fluid, milk or oleaginous matters being preferred. The carbonates of the alkalis are by no means eligible antidotes, being themselves possessed of corrosive properties. After the proper antidote has been given to a sufficient extent, the use of diluents ought to be continued, as they render the vomiting more easy.

"The treatment of the supervening inflammation does not differ from that of ordinary inflammation of the stomach."

On this subject we may remark, that chalk is, for many reasons, the best remedy here; and it should never be forgotten, that it is always at hand in the ceiling and walls of every apartment. The first thing, then, to be done is, to break off a piece of plaster from the wall, grind it to coarse powder in the quickest manner, and administer it in suspension in water or milk. It must, however, be recollected, that in the case of the nitric and muriatic acids, the resulting compounds, the nitrate and muriate of lime, are themselves highly destructive to animal life; we should, therefore, as soon as possible, follow up the administration of the chalk by draughts of broth or milk containing the phosphate of soda in solution; an insoluble phosphate of lime is thus generated, and every trace of the poisonous agent is removed.

We perfectly agree with Dr. Christison's condemnation of the alkaline carbonates; but what shall we say of Dr. Thomson's directions in the *Conspicuous*, to which we have already more than once alluded, and in which, under the head of sulphuric acid, our readers will actually find the "*fixed alkalis*" recommended as one of the means of counteracting the effects of that poison! He might as well prescribe *nitric acid* as an antidote to the alkaline carbonates. One remedy is just as harmless as the other.

In Dr. Christison's treatise, phosphorus,

chlorine, and iodine, are next treated of, but no chemical antidote is mentioned. Dr. Thomson, in the work just spoken of, recommends copious dilution and the use of magnesia, "to impede the combustion of the phosphorus in the stomach," and to neutralize phosphorous and phosphoric acids, which, he states, are rapidly formed in these cases. The practice recommended is certainly very judicious; but nothing can be more absurd than to talk of combustion taking place in the stomach.

The corrosive effects of IODINE may be considerably alleviated by the immediate use of starch in its ordinary form, or in that of any amylaceous substance, as wheat, flour, potatoes, &c. An iodide of starch is thus formed, which may be extricated by vomiting more easily than the iodine itself, and which being rapidly converted into hydriodic acid in the alimentary canal, is eliminated quickly through the various excretory channels.

In poisoning by CHLORINE taken in solution into the stomach, or by chloride of lime, the use of the bicarbonate of soda in water as hot as it can be borne, seems to afford some encouragement, by converting the excess of chlorine into muriate of soda. No experiments, however, are yet recorded, to prove the efficiency of this treatment.

OXALIC ACID, the next poison enumerated by the author, finds a certain antidote in the carbonate of lime or magnesia. It is to be remarked, however, that the oxalates (which are nearly of equal virulence) are not thus decomposed. We are, therefore, happy to be enabled to recommend, as an invaluable remedy in these cases, the *solution* of the bicarbonate of magnesia, invented by Dr. Murray, of Belfast, which precipitates the acid itself and all its soluble combinations. In the treatment of poisoning with the

FIXED ALKALIES, we find two certain chemical remedies in acetic acid and oil; the latter appears to be preferable, as it combines the effect of a mechanical demulcent with its chemical virtue. It is almost needless to observe, that a soap is formed by the combination. In poisoning by AMMONIA or its carbonates, acetic acid is preferable, as the ammoniacal soaps are of a very irritating nature. A very important set of poisons comes next in order, viz., the SULPHURETS OF THE ALKALIES. These, it will

be recollected, long held great reputation as antidotes themselves, but it has been of late satisfactorily established, that in such small doses as three drachms, they are capable of inducing fatal symptoms, depending, it is probable, on the rapid disengagement of sulphuretted hydrogen gas. Dr. Christison cites a case, according to the results of which it would appear, that the use of the chloride of lime or soda will effect a cure by decomposing the sulphuretted hydrogen as quickly as it is evolved,—the chlorine uniting with the hydrogen, and the sulphur being set free.

Notwithstanding the decided proofs that recently-prepared sulphurets are themselves strong poisons, yet we think there is much reason to regret that in the revolutions of fashion, they should have nearly been discarded from the list of our chemical auxiliaries in the treatment of metallic poisoning. Besides their own poisonous energy, it has been alleged, that the insoluble compounds which they generate in all deleterious metallic solutions, are also poisonous themselves. The sulphuret of arsenic for example, is instanced as being an agent nearly as virulent as the arsenious acid.

Now we believe that the outcry against the sulphurets is not founded on sufficiently comprehensive views of their various relations. In the first place, it is evident that the quantity of the sulphuret of potash, which would prove fatal *per se*, would produce no bad effect if it encountered in the alimentary canal a metallic solution, lead, bismuth, copper, silver, or tin, for example, with each of which it enters into combinations insoluble in the intestinal fluids. It is thus manifest, that if we are called to a case in which we are told that half an ounce of the acetate of lead has been swallowed, we may safely administer the sulphuret of potash beyond the dose in which it would by itself prove fatal, inasmuch as all the sulphuretted hydrogen extricated from it, is instantly absorbed by the acetate of lead, and an insoluble sulphuret of that metal produced.

Secondly, we believe it to be an error to suppose, that the metallic sulphurets are generally poisonous themselves. The source of this mistake is, we believe, to be traced to the ascertained fact, that the sulphuret of arsenic is beyond all doubt nearly as destructive as the arsenious acid; but this we

are inclined to regard as the exception, not as the general rule, and it unquestionably depends on the solvent power which the gastric fluids are capable of exercising over this sulphuret, but which they do not exert in any other instance. Thus Orfila has established, that half an ounce of the black sulphuret of mercury has no effect whatever on dogs. The red or orange sulphurets of antimony are also inert, compared with the other preparations of this metal. Dr. Duncan of Edinburgh, is every year accustomed to prove this fact to his clinical pupils, by giving it in scruple doses twice or three times a day. We have ourselves given twice that quantity without any effect, beyond slight nausea, and it is probable that as much brick-dust would have been equally energetic. The case of Dr. Duffin, too, is fresh in the recollection of the profession; this gentleman having accidentally taken a poisonous dose of tartar emetic, was successfully treated by Dr. Duncan with the sulphuret of potash. We had ourselves a precisely similar case in one of our own servants, who accidentally swallowed a solution of forty grains of tartar emetic; no vomiting had ensued for fifteen minutes when she was first seen; ten grains of the sulphuret of potash were administered every quarter of an hour till the sixth dose, when she vomited a large quantity of the red sulphuret of antimony, and in six hours was perfectly well.

The sulphuret of copper still more decidedly exemplifies the correctness of our opinions. Orfila gave an ounce of it to a dog, without any effect being produced. If long kept it becomes oxidated, it is true, but it will be remembered, that the sulphuret of potash forms it *at once* in the stomach, where it is effectually beyond the reach of oxidation, at least for the short time it remains within that viscus.

The same observations apply with increased force to tin, zinc, bismuth, silver, gold, platinum, and lead. Not one of the sulphurets thus formed acts as a poison, and though the sulphuret of potash would, it is true, produce dangerous symptoms if given in large quantities to a person whose alimentary canal is free from those metals, yet if the metallic solution or compound be present, the noxious influence of both is counteracted, and a harmless compound

results. For these several reasons we do not hesitate to recommend the sulphuret of potash as an effectual antidote to the preparations of copper, zinc, antimony, tin, lead, bismuth, mercury, platinum, and gold. It will be valuable, especially, in the numerous instances in which we are without any information respecting the actual poison which has been taken, and in cases where a mixture of different metallic poisons has been given (and such an instance of atrocious cunning is on record), it is our most comprehensive, if not our only, auxiliary. It will seldom or never be necessary to employ more than a drachm or two of the sulphuret, which should be given in divided doses of ten grains in solution, repeated every ten minutes or quarter of an hour. The effects produced must be carefully watched, and nothing can justify the practitioner in leaving the patient while the antidote is employed.

We proceed to enumerate the several other antidotes which have acquired reputation in the treatment of poisoning by metallic preparations.

ALBUMEN possesses undoubted efficacy in cases of poisoning by *corrosive sublimate*, which it reduces to the condition of calomel. In poisoning with the soluble salts of copper it exerts a somewhat similar but less decided action; for while in the former a protochloride is formed, a compound insoluble in the acids of the stomach, in the latter an *oxide* is produced, which is readily separated by weak acetic or muriatic acid from the coagulated albumen with which it is combined. Albumen is, however, of essential service in this, as in many other forms of poisoning, by mechanically enveloping the noxious substance, and causing it to be more readily ejected from the alimentary canal. With zinc, tin, bismuth, gold and silver, albumen acts in both ways, thus specified, and it is especially useful in cases where the stomach-pump is applied: it does not cause any decomposition of the salts of lead, platinum, or arsenic, or tartar emetic, and is consequently less universal in its applications than the sulphuret of potash.

The FERROCYANATE OF POTASH is another substance which exerts a very extended action over the metallic poisons, and which has not received from toxicologists in general the attention it deserves. For copper in

all its forms it affords a perfect antidote. It likewise decomposes the soluble salts of mercury, lead, tin, antimony, silver, and gold, causing with them insoluble precipitates; but it does not decompose some of the more insoluble preparations of these metals, which are nevertheless capable of acting as destructive poisons. The ferrocyanate of potash has itself no poisonous properties.

The ALKALINE CARBONATES once obtained general confidence as antidotes to the metallic poisons; they should, however, never be resorted to, because all the precipitates which they occasion in metallic solution are soluble in the gastric fluids and weak acids, and, moreover, their operation does not extend to the insoluble poisons. Thus, if we treat a patient who has taken the acetate of lead with the carbonate of soda, carbonate of lead is thrown down, but this, from its free solubility in the gastric fluid and acids, is quite as deleterious as the acetate itself. Moreover, the carbonates are themselves dangerous poisons.

Of VEGETABLE GLUTEN it is sufficient to observe that its virtues are similar to, but weaker than, those of albumen.

We have next to consider a few individual metallic poisons which have antidotes peculiar to themselves. The soluble salts of lead are thus effectually counteracted by the phosphate or sulphate of soda, which throws down a thoroughly insoluble phosphate or sulphate of lead. These antidotes, however, do not operate on the carbonate of lead, or the yellow or red oxides of that metal.

The soluble BARYTIC salts are rendered innocent by the sulphates, which throw down an insoluble sulphate of baryta. The carbonate, however, is not interfered with by these reagents.

Of the antimonial salts, TARTAR EMETIC is said to find an antidote in BARK, and some striking cases are recorded of the success of this remedy. It is, however, rather inconsistent with the virtues of the bark in this respect, that Dr. Duncan and many other physicians are in the habit of prescribing tartar emetic in a decoction of bark without the antimonial action being at all impaired. We would, in every instance, prefer the sulphuret of potash.

Lastly, though many remedies of this

kind have been assigned for *ANASZIC*, yet none has received the slightest corroboration, and we therefore pass by this subject without further comment, and proceed to the consideration of the few organic poisons which are asserted to possess antidotes peculiar to themselves.

The first in order of these is the *HYDRO-CYANIC* or *PRUSSIC* acid, for which ammonia and chlorine have been strenuously recommended. When we recollect, however, that prussic acid is one of these poisons which retains its destructive power in all its soluble combinations, we cannot repose any confidence on ammonia as a chemical antidote, though we consider it of the utmost value as a powerful diffusible stimulant, by which the narcotism induced by the acid is opposed. The second remedy, chlorine, combines high chemical and physical powers; by the first it decomposes the prussic acid, and prevents it doing further harm, while, by its stimulating properties, it contributes to obviate the effects the poison has already induced. The best mode of using this antidote is by inhaling the vapour of its solution in water sufficiently diluted. The chloride of lime in solution may at the same time be taken into the stomach. It should not, however, be forgotten that insensibility will usually have occurred before medical assistance is obtained; in this case inhalation is impossible; we can only inject the solution of the chlorine into the stomach. It would be easy, however, to contrive an apparatus by which artificial respiration might be carried on, and chlorine mingled with the air introduced.\*

For *OPIUM* we possess no antidote of any effect. The alkaline carbonates have been recommended on the grounds of their precipitating morphia from its solutions. They, however, leave the narcotine dissolved, and the precipitate which they do occasion is itself a poison of great energy.

The last class of poisons for which we have reason to believe an antidote to exist, is thus alluded to by Dr. Christison:—

"Very lately *M. Donné* of Paris has stated that he has found iodine, bromine, and chlorine, to be antidotes for poisoning with the alkaloid of *nux vomica*, as well as for the other vegetable alkaloids. Iodine,

chlorine, and bromine, he says, form with the alkaloids compounds which are not deleterious,—two grains and a half of the iodide, bromide, and chloride of strychnia, having produced no effect on a dog. Animals which had taken one grain of strychnia, or two grains of veratrum, did not sustain any harm, when tincture of iodine was administered immediately afterwards. But the delay of ten minutes in the administration of the antidote rendered it useless. In the compounds formed by these antidotes with the alkaloids, the latter are in a state of chemical union, and not decomposed. Sulphuric acid separates strychnia, for example, from its state of combination with chlorine, iodine, or bromine, and forms sulphate of strychnia, with its usual poisonous qualities. It remains to be proved that the same advantages will be derived from the administration of these antidotes in the instance of poisoning with the crude drug *nux vomica*, as in poisoning with its alkaloid."

We have now presented our readers with a sufficient summary of all that is yet known on the chemical treatment of poisoning. The mechanical and physiological treatment does not fall within the objects of these papers. We may remark, however, that cases daily occur in which the utility of the stomach-pump is more and more established, and which seem nearly to prove the universality of its application. Within the last month we have known a case of poisoning by oxalic acid cured by its use; and seven instances of arsenical poisoning have been detailed in the public journals, in which life was thus preserved. Yet, with the exception of the mineral acids, arsenic and oxalic acid have hitherto been considered, as poisons which lay beyond relief by mechanical aid. Decidedly the best mode of treatment in the great majority of cases will be found to consist in a combination of the mechanical and chemical practice, followed subsequently by the application of the ordinary principles of therapeutic science.

Before we conclude, we are sorry to be obliged to remark, that the crime of poisoning has of late become fearfully prevalent in this country. In Woolwich, an attempt has lately been made to poison fifteen persons at once, but as no death took place, the examination was conducted in so slovenly a manner, that no satisfactory information was disclosed concerning the poison employed, and no analysis appears to have been made of the vomited matters. In Lancashire, a con-

\* The best of all remedies is the cold affusion, and it should be used along with the antidote just described.



viction has just taken place for the murder of a child by sulphuric acid. Of the Putney case, as it is still under investigation, we shall say nothing. Several other instances have recently occurred. Amongst others, it is whispered that an atrocious attempt has, within the last month, been made to poison a whole family in Judd Street in this city. This affair ought to have been at once thoroughly sifted; but in this country, unless death take place, there is no regular mode of investigation; and it is with pain we declare, that the imperfect state of the laws relating to medical police, combined with the disreputable ignorance on medico-legal chemistry in the profession itself, almost offer immunity to the poisoner in the pursuit of his cowardly designs.

The immediate causes of this danger to the public health are twofold. 1st. The appalling facility with which the most energetic poisons can be procured; and, 2ndly, the deplorable state of medical law and medical police, which permit life to be trifled with, and destroyed, in a manner as scandalous to the legislature as it is dangerous to the public.

We shall perhaps return to this topic on another occasion, and now quit the consideration of Dr. Christison's treatise with sincere respect for the great talents of its eminent author, and gratitude for the information we have derived from his masterly publication.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Feb. 28, 1831.

#### DISEASED HEART.

I HAVE here, Gentlemen, a heart, taken not from a patient of my own, but from a patient of one of my colleagues, which illustrates a very interesting point in auscultation. I did not see the individual to whom this heart belonged during life, but I have been told that there was a bellows-sound heard *after* the pulse; that there was a strong impulse of the left ventricle of the heart, on the left side at the moment of

the pulse; that after that a bellows-sound was heard, and then a pause took place. Now it is supposed by Laennec, that, when there is a constriction of one of the auriculo-ventricular openings, a bellows-sound is heard *after* the pulse;—that if the blood finds a difficulty in getting into the ventricle when the auricle contracts, it then issues into the ventricle with a bellows-sound. There can be no doubt, however, that a bellows-sound can be heard *after* the pulse—*after* the contraction of the ventricles, from another cause, and that is from the blood regurgitating into the ventricle again, from the pulmonary artery or aorta. You know that nature has prevented all regurgitation through the pulmonary artery, and through the aorta, by three semilunar valves, which, with the assistance of the corpora aurantii, completely close the opening. If however these valves are torn or become imperfect, if any part of the opening is left unclosed, a part of the blood will rush back into the ventricle; and it is to be presumed, that, if a portion does go back into the ventricle in this way through a small opening, it will go back with a bellows-sound. These changes would occasion no bellows-sound at the moment of the heart's stroke, or at the moment of the pulse, when the blood was rushing from the ventricle; but at the moment when the ventricle dilates, after its contraction, after the stroke, after the pulse: that is to say, the moment the auricles are supposed to contract to fill the ventricles, at that same moment would the blood rush back into the ventricles from the aorta or the pulmonary artery, and therefore you would hear from this cause a bellows-sound. I should therefore expect to find, if any of the three valves were imperfect—if corrugated, inverted, retroverted, or if torn, that you would hear a bellows-sound as soon as the ventricle began to dilate—that is to say, at the moment the auricles are supposed to contract for the purpose of filling the ventricles, at the same moment would the blood rush back through the opening from the pulmonary artery or aorta, and you would hear the bellows-sound. Now look at these three valves which I show you—here is the left ventricle and here the aorta. The aorta is more or less diseased. You see white specks upon it. What I now direct your attention to is what may be called an embryo aneurism. This would in time have become a large aneurism. Here is the commencement of the coronary artery. Here is a portion of the aorta so diseased, that a little pouch is beginning to be formed; and here you see what, on a large scale, would be an aneurism. Now the disease of the internal membrane of the heart and aorta close to this and below it—that is to say, in the situation of the

valves, has been so considerable, that the central valve has not only become very much thickened, but it has become shortened, so as not to correspond with the others, and fill up the opening; it is only about half the depth it ought to be, and that alone would have allowed a portion of the blood to pass back into the ventricle. But there is more to be observed than that, for a part of it is torn away, and one filament only remains, binding the lacerated portion to the side of the adjoining valve, so that through such an opening as this the blood would have rushed back into the ventricle at its dilatation. It is an exceedingly interesting, and a very curious specimen.

(You observe also the process beginning which nature adopts to strengthen the parts, and to prevent as much as possible the effects of rupture of an aneurism—little adhesions forming of all the parts without. This is an amazingly beautiful and delicate illustration of the first days of aneurism.)

That circumstance gives rise to a bellows-sound after the pulse; and I have no doubt whatever, that very frequently the bellows-sound after the pulse arises, from the aortic valves not being sufficiently perfect to close the opening when the ventricle contracts, and to prevent the regurgitation of the blood. This is a circumstance which, as far as I have been able to examine Laennec's book (and I have done it very carefully), was unknown to him; and the first knowledge I had of it was from Dr. James Johnson, the writer of the *Medical and Chirurgical Review*. He told me that he had heard a bellows-sound from the reflux of the blood into the ventricle, and that I should be sure to find it mentioned in authors, either in Laennec or Bertin. I find only one notice of it, and that is in Bertin; but he evidently does not understand the point, for he says that the bellows-sound took place at the time of the contraction—now it is clear that it must be at the opposite time, namely, when the ventricle becomes dilated. You will find this fully stated in my book on the *Diseases of the Heart*, at pages 20 and 21, therefore I shall not occupy your time with it.

#### DISEASED BLADDER.

I have here a very interesting specimen taken from a patient not of my own but of another person, of a diseased bladder. The individual from whom this bladder was taken had laboured under cystirrhœa, or discharge of mucus from the bladder, for a great number of years. He discharged such a quantity of mucus that it might be collected at the bottom of the pot, and drawn out into strings of great length. He went on in this way for a great number of years. Various remedies were used, but their effect

was all frustrated I believe, from his not taking care of himself—taking considerable exercise. Any remedy that was at all irritating did him a great deal of harm. Mild means only were suited to him; and I am not sure that they ever did him any good—at any rate they did him no harm; but whenever any thing irritating was taken by him, great harm was produced. The consequence of all this was, and from his not taking care of himself, that that which was at first only excessive secretion, became excessive irritation of the bladder, and at last absolute inflammation. Here is the bladder [exhibiting it], amazingly thickened, its cavity greatly reduced, and the coats in a high state of hypertrophy. The muscular fibres have been greatly increased. So that the interior resembles the interior of the heart. There is such hypertrophy of the two muscles described by Mr. C. Bell, as running down from the openings of the ureters, and inserted into the prostate, and of the mucous membrane covering them—of the trigone vesicæ, that a triangular fold exists with a pouch or cavity behind it. The stones which you see here have nothing to do with it; they came from the gall-bladder. This person had 300 or 400 stones in the gall-bladder, but never experienced any inconvenience from them. This man had no stone in the bladder—no stricture of the urethra—no difficulty in passing his water.

The *symptoms* at last were, extreme pain—great agony indeed; a constant desire to make water, and the discharge of blood as well as of mucus, which at last rather bore the form of pus. The agony I understand at last was dreadful. From chronic excessive secretion, there came on chronic inflammation of the substance of the bladder, and at last the chronic inflammation became at different times acute. Nothing is more common than for acute inflammation to supervene upon chronic. The mucous membrane is very red. The pain, the blood, the puriform discharge, the emaciation, might have caused suspicion of ulceration, but none existed, and mere chronic inflammation of any of the mucous membranes will cause these to a degree; I do not believe it possible from such symptoms ever to declare with certainty, that any mucous membrane is ulcerated.

#### ULCER OF THE PHARYNX.

In regard, Gentlemen, to the patients who have been presented, there was one who went out not well, but unable to remain longer in the house—a woman who had an ulcer of the pharynx. I am not aware that it was syphilitic. She had been married several years, and had no other symptoms whatever about her, but an ulcer of the

pharynx to be seen quite at the back on opening the mouth. She said she had had the complaint at different times for two years and four months, that she had been married eight years, and that she had never had any thing like syphilis. The tonsils were affected as well as the pharynx.

In this kind of ulceration, I believe one of the very best lotions is verdigris—the *argus* as it is called—the subacetate of copper made into a gargle with honey, and properly diluted. This, I believe, cleanses those parts better than any thing else, and is an excellent application to foul ulcers on different parts of the body.

In a case of this kind it was necessary to support the system well, therefore the woman had not only the house diet but a good allowance of porter. She likewise took Peruvian bark. The appearance of the ulcer was much improved at last, though the parts were not well, but her family concerns compelled her to go out of the hospital.

#### FEVER.

Among the men there was presented a case of fever which presented nothing at all peculiar, and which arose as all or nearly as all the cases that I see arise, from change of temperature,—from heat to cold. It is very rare indeed to see any fevers here which are connected with contagion; and certainly you have never seen a single case throughout the whole of the winter of fever where the fever has spread to any other individual in the hospital.

The symptoms were, headach, pain and tenderness of the epigastrium—the two parts most commonly affected. The tongue was red at its edges, white and yellowish on the back. He had diarrhoea.

He was treated by local bleeding and the exhibition of mercury till his mouth was affected. He had three grains of calomel every four hours; he was put upon slops; had twenty leeches applied to the epigastrium; and as the diarrhoea continued, the hydrargyrum cum creta was substituted for the calomel, and the leeches applied twice again. Under this treatment he got well.

#### PERITONITIS.

There was likewise a patient who came in with peritonitis. He had had the disease more or less for seven days. It came on suddenly after very hard work. Probably he had been sweating and exposed to cold. The whole of the abdomen was tender—every part of it, and he had had no stool for three days. This would have led me to think it was enteritis alone, but that the tenderness extended to every part of the abdomen. I presumed therefore, that there must be inflammation of the peritoneum, and likewise of the in-

testines. He was bled to fainting, and forty leeches were applied without delay to the abdomen. I gave him a scruple of calomel and then half an ounce of castor oil every two or three hours. When he had taken two or three doses of the oil, his bowels not having been moved, it was judged right to give him another scruple of the calomel, and, in the evening, a glyster. After he had taken all this his bowels were opened by the evening. Sixteen leeches were again applied also in the evening, and the next day he was considerably better. In two or three days more, some little tenderness existing of the abdomen, twenty more leeches were applied; he had another dose of calomel, some more oil, his mouth grew sore, and he then got quite well. You may judge of the rapidity of the cure from this, that, though the complaint was exceedingly severe, having come in on the 7th of the month, he went out on the 24th, notwithstanding all these evacuations and the free exhibition of mercury.

#### SYPHILITIC LICHEN AND LEPRO.

In the same ward was presented a man with a cutaneous disease which I believe was syphilitic, and the case was very interesting, for he had had the complaint two years. He was a married man, and there were on different parts of the face, particularly on the forehead, large patches, rather of a dingy red, paler towards the centre, and of a deeper colour at the circumference, so as to look almost like ring-worm. I found that his head ached very much, that he was drowsy and giddy, and I had him bled to sixteen ounces and purged.

On further inquiry next day, though he had no pain in his limbs, I began to suspect that there must be something syphilitic about it. I observed a little scurfiness upon the patches, making it look like lichen; and in one or two parts at the back of the neck I observed something like scales. It appeared to be like lichen or a very slight case of lepra, and lichen and lepra are the most common forms of syphilitic eruptions. I found he had had syphilis two or three years ago, and that he had not taken sufficient means, I conceive, to get rid of it; I then concluded that it was syphilitic, and determined, in addition to the antiphlogistic treatment, to put him on a course of mercury. The blood was always buffed, I should have said. He was admitted on the 4th of January, and was then bled. I found it necessary to bleed him again on the 7th to a pint, and as the blue-pill which he was taking in ten-grain doses twice a day, did not affect his mouth in a day or two, I increased the dose to a scruple. On the 11th he was bled again to twenty ounces; on the 21st he was bled again to twenty ounces;

and the mouth and bowels remaining unaffected, I increased the dose of the blue-pill to half a drachm; on the 28th I increased it again (the mouth and bowels being still the same) to thirty-five grains twice a day; and from the same circumstance on the 31st I increased it to thirty-five grains three times a day. There is no rule for the administration of this medicine. You will find that some persons will have sore mouths very soon from taking five grains twice a day, while in others it will take the large doses that I have just mentioned, and it would have been as absurd to have continued to give this man only five grains twice a day, as it would have been to have given him thirty-five grains three times a day, at first, without knowing his insusceptibility. His mouth now became tender, but not particularly so; so slightly tender that I did not omit the blue pill altogether, but reduced it to ten grains twice a day. On the 8th of February, and the 11th, his mouth was still a little tender, and I reduced it to five grains twice a day, wishing still to keep up the effect on the mouth. After all this the man became perfectly well. I kept him here till the twenty-fourth of February, and he went away quite free from headach and from eruptions.

I presume this was a case of syphilitic lichen and lepra, but attended with congestion and inflammation about the head. The blood I took away was every time buffed and cupped. I should mention that extreme itching attended this complaint; that as soon as he was bled, that itching went away, but gradually returned again, and was removed again by the bleeding; so that at last he had no itching nor headach, nor any other symptom. The case was one of interest, on account of the difficulty of making out its syphilitic nature; but considering the circumstances—considering that he had had primary symptoms before, and that the patches were of a dingy colour, somewhat resembling lichen or lepra, lichenous lepra, or leprous lichen, which you please, something between the two; considering these circumstances all together, I conceived that anti-veneral treatment was that which would be proper, and in the result it turned out to be so. But the headach and drowsiness on the one hand, and the heat and itching of the skin on the other, made me conceive that antiphlogistic treatment would be proper, in addition to mere mercury.

INFLAMMATORY HEADACH FOLLOWING A BLOW.—ULCERS ON THE LEGS, AND EFFICACY OF LIQUOR POTASSE.

There was a case of headach presented in Jacob's Ward, which was just like the last case, as far as it was inflammatory; but it

had proceeded from a very different cause—from a blow. Michael Murphy was admitted for pain of the head, produced by a rap with a shillealeh. He had been at play with some of his gentle countrymen, and got a slight thump, just sufficient to cause a constant pain of the head, and make it hot and throbbing. He was very drowsy, and had considerable pain on the left temple, where the rap had been given. The character of the pain showed that it was entirely inflammatory, being attended with heat, throbbing, and drowsiness; being of a sharp character, and not extending, like rheumatic pains of the scalp, down the face. The cause also proved sufficiently that it was of an inflammatory nature.

The treatment was simple enough, but required to be energetic. I bled him to twenty ounces, put him immediately on low diet, and physicked him with salts and senna every day. On the 7th of Jan. he was bled again; on the 11th he was bled again till he fainted, but without very much relief. On finding the bleeding was not relieving him very much, I gave him five grains of calomel night and morning. In two or three days his mouth became tender, and I gave him the calomel in five-grain doses every night only. On the 18th it was omitted altogether, as the mouth had become very tender. He was now a great deal better—indeed free from complaint. On the 25th, however, I found still some fullness of the head, and as he was a very strong lusty fellow, and only 26 years of age, I took away one more pint of blood from him, and that proved quite sufficient, and he ever after seemed perfectly well. He then thought he might as well inform me that he had for many months had sores upon his legs. I found that these sores were dark-coloured blotches, in considerable numbers, upon his legs, and that some of these were discharging matter, and covered by black crusts. To soften the crusts, poultices were applied, and when they came off, they left very pale unhealthy-looking ulcers, ash-coloured, and foul, about the size of a silver penny—about a dozen on each leg.

I believe this is a state in which many persons give sarsaparilla, and I ought to suppose often with very good effect. But it is very well known, that while surgeons have great faith in sarsaparilla, physicians have very little faith; this is a strange anomaly. Surgeons laugh at doctors and physic, except when they are ill, and, in return, are laughed at by doctors for their extraordinary faith in sarsaparilla. I myself am satisfied of this, that sarsaparilla is used both by physicians and surgeons in a great number of cases where it does no good, and where it is not calculated to do any good. At the same time I am not prepared to say

sarsaparilla has no virtue at all—it would be presumptuous in me to say so after all that has been stated by various individuals in favour of it. I only know, that in organic diseases many very eminent physicians have habitually prescribed large quantities of it without doing the least good, and not only without its doing any good, but from oppressing the stomach, and taking away the appetite, doing actual harm. I could mention many old-established men, and highly skilful practitioners, who are in the habit of prescribing sarsaparilla in almost every chronic complaint; however, as surgeons who have greater experience than myself in the treatment of ulcers of this kind, are generally satisfied that it possesses very considerable power; therefore it would very ill become me, having had much less experience in that department than they, to deny its utility; but I must say, that I have too often used it in such cases, without being able to find any benefit from it. In one or two cases it seemed *unquestionably* to do good, and then in eight or ten it did harm, and all my doubts were renewed.

I have frequently given patients, in the condition supposed fit for sarsaparilla, decoctions of bark, or bitters, and found the same benefit; and frequently when they have appeared to be deriving benefit from sarsaparilla, I have left it off suddenly, and the patients have gone on just as well afterwards as before; therefore I do doubt, having made a great many experiments of this kind, its having such great power as it has been said to have. I should be sorry to say it has no power at all; I can only say, that I am satisfied it is not so generally useful as many imagine, and that the regular living, and diet, and the warmth of confinement to the wards, frequently effect what it has the credit of doing. Many give it with blue pill or Plummer's pill; but surely no inference can be drawn, when so powerful a remedial agent as mercury is simultaneously exhibited.

I recollect attending a gentleman who had had different internal complaints, and at last ulcers such as appeared on this man, came on the head, neck, and joints, and were exceedingly troublesome; I got him much better by putting his general health in order, but the ulcers proved obstinate. I tried a variety of ways, and having no extraordinary faith in sarsaparilla, determined it should be the last. After some time he wished for a consultation, and I of course threw no difficulty in the way. The moment a patient or his friends propose such a thing, it is expedient and politic to assent; and at the same time, when a case is obstinate, it is pleasant to one's self to consult with others. A very eminent surgeon and excellent man was called in, and he said this

was a case in which he should give sarsaparilla. I very willingly consented, as my list had been pretty well got through, and as I had intended resorting to sarsaparilla as a last resource, had he not been called in. It was given with the liquor potassæ, 20 drops three times a day. In two days the ulcers began to heal. In a week they were perfectly well, and the gentleman has been well ever since. Since then, I took up sarsaparilla again, but grievous and numerous have been my disappointments. However, I cannot think this was clear proof that the cure was attributable to the sarsaparilla, because it was given with the liquor potassæ. I know the liquor potassæ has a great effect in similar cases; and I am determined to ascertain what is the comparative effect of liquor potassæ alone, of sarsaparilla alone. It is worth knowing, and that John Hunter accidentally learnt that liquor potassæ is the best remedy in cases of boils. You will find in Sir Gilbert Blane's Select Dissertations, that he was told by John Hunter he had been in the habit of trying every-thing in boils, and never did any good. That has been my case; and I have been in the habit of saying, You can do nothing but poultice, and then wait till you have another *crop* (laughter), and poultice again. Sir Gilbert Blane says, that John Hunter was giving a person this medicine for a nephritic complaint, who also had boils, and that the boils and the disposition to them were completely cured; and that he always succeeded in such cases afterwards with this remedy.

I have had no great opportunity myself of trying this. I recommended it to a friend of mine, and he took it for three weeks. He had been tormented by boils at intervals for a long time, and has had none since. Three weeks is a short time, and I do not know, therefore, whether he may be considered entirely cured. However, I gave the present man the liquor potassæ without the sarsaparilla, and he got well rapidly. It is right, however, to say, that he had the *red precipitate* applied to the parts, and I cannot, consequently, say that the liquor potassæ effected his cure. However, he got well with the liquor potassæ for his internal medicine, just as rapidly as he could have done with the sarsaparilla; and liquor potassæ is rather the cheaper of the two. I hope you will try it, not only in cases of boils, present and likely to come, but of sores that occur in that unhealthy state which has been sometimes called pseudo-syphilitic.

#### EPILEPSY.

Two cases were presented of epilepsy, both of which had done exceedingly well. The one was the case of a boy—I beg his pardon for calling him a boy—he was 24

years of age, but gentlemen of that age are sometimes, I believe, still called boys (*laughter*); it is in print that you are all boys. He had been ill three weeks; he had a constant throbbing of the temples, of the forehead, and at the vertex; he had tightness of the forehead as if it was bound round by a hoop, and a sensation of weight upon it; constant vertigo, and some little dimness of sight; his sleep was disturbed by frightful dreams; his hands and feet felt benumbed and tingling, as if they were asleep. Besides all these symptoms, which were constant, he had fits of epilepsy. He was in the hospital some six years ago with similar symptoms of disease about the head, and was troubled then with faintings; now he had regular fits of epilepsy. I mentioned before, in speaking of epilepsy, that the mildest degree of it very much resembles fainting, and is mistaken sometimes for it. This was decidedly a case, however, of *inflammatory* epilepsy, and to be remedied only by rigid antiphlogistic means. He was brought in, I think, on the 23d of December; he was cupped on the occiput to a pint, put on spare diet, and took ten grains of blue pill three times a day; he was bled on the 20th to a pint; on the 4th of January twenty leeches were applied to the temples, and continued every other day, with cold washes; and on the 12th of January, the leeches were applied to the number of twenty every day, to the end of the month. At the 1st of February, they were applied every other day; the patient had no more fits; indeed he had not one after he came into the hospital, and all the pains and other symptoms in the head had diminished, so as to be almost reduced to nothing, and there was no occasion to keep him any longer in the house. Of course he took aperient medicines every day, or every other day, as was necessary. This was one of those numerous cases of epilepsy entirely inflammatory, and to be subdued only by the adoption of anti-inflammatory means.

#### EPILEPSY AND HYPOCHONDRIASIS.

There was a patient likewise presented from the same ward of whose case I formerly spoke; it was the instance of the union of epilepsy and hypochondriasis. The patient was the lad who, in addition to having epileptic fits, was troubled with extreme apprehensions about the state of his health, and had been addicted to masturbation. I found in him fulness in the head, exactly as in the case to which I have already alluded, but with that he complained of extreme debility; common antiphlogistic treatment was adopted, just as in the last case. But after the epilepsy appeared to have been entirely subdued, he frightened the sister of the ward dreadfully, by complaining that he was going

to die, and that he could not walk. Every time I visited him he had always some terrible complaint, and he walked just like an old man, tottering as he went; but finding there was a sufficient pulse, and recollecting that his head had been in a full inflammatory state, I persevered with bleeding and cupping, and under copious depletion from time to time, and low diet, I got rid, in a very great degree, of his apprehension, and in a measure removed his tottering walk. When he came in he was bled to twenty ounces, which was upon the 11th of November. On the 11th, and on the 13th of December, he was cupped on the occiput to twenty ounces. On the 18th, he was cupped on the left side to ten ounces; on the 26th, he was cupped to sixteen ounces in the occiput; on the 28th, he was cupped to sixteen ounces in the occiput; and on the 25th of January he was cupped again in the occiput to a pint; on the 11th of February, cupped to a pint; and on the 18th, cupped to twelve ounces. Under all this he got better and better; his spirits became roused, till at last, I believe, they prevailed upon him to sing a song, and now and then occasionally to laugh, and a lively Frenchman in the ward once nearly got him to dance; but these were great efforts; at one time he did not conceive it possible to get out of bed. When I saw him last he still had some complaints to make; he had no pain; but what he spat up when he chanced to cough, he thought was of a very bad colour. (*Laughter.*) I believe he coughed either two or three times in the course of the day, and the little phlegm he spat up he considered to be of a very alarming character. (*Laughter.*) As it had come to that, I thought it was unnecessary to keep him any longer; I did not think it right that a bed should be kept filled by him. He was able to walk up and down stairs, though drawing his legs a little, as if he were afraid of tumbling and breaking to pieces.

I may mention, that while I carried on depletion, I thought there was no impropriety in endeavouring to strengthen the patient by giving him iron, because though his pulse was full, the muscles were flabby, and he was pale.

He took the sulphate of iron, five grains at first every eight hours; then ten grains, fifteen grains, eighteen grains, and at last twenty grains, three times a day, his bowels being regular. He was taking this at the time he went out of the hospital, and was then very considerably improved.

There was one circumstance in this lad worthy of attention, but upon which I shall not dwell, as I shall have occasion to speak of it again, in a future clinical lecture upon the case of a woman. In him there was an extraordinary development of what phre-

nologists call the organ of circumspection, caution, or fear; that is, the corresponding part of the skull was of a most inordinate size; not only much larger than any other part of the skull, but of a far greater disproportion than I ever saw it before in any other individual. What I state is no exaggeration, for most gentlemen in going round with me felt it, and found, what really you will not often see, an absolute bump; while what phrenologists call the organ of combativeness, courage, was unusually small. His natural disposition, I have no doubt, is exceedingly timid.

The cases which were admitted last Thursday among the women were three; a case of erysipelas in the last stage, and a case of bronchitis, likewise in the last stage. It has been with great difficulty that both patients are still preserved alive. Among the men a case of ague, a case of rheumatism, a case of enlarged spleen, indurated peritoneum and dropsy; a case of ascariæ, and a case of chorea or St. Vitus' dance.

## LONDON COLLEGE OF MEDICINE.

### REPORT OF THE PROCEEDINGS OF THE PUBLIC MEETING OF MEMBERS OF THE MEDICAL PROFESSION,

HELD IN THE GREAT ROOM AT THE

*Crown and Anchor Tavern,*  
LONDON,

*On Wednesday, March the 16th, 1831.*

JOSEPH HUME, Esq., M.P.,  
IN THE CHAIR.

THE meeting having been advertised for half past six, and the chair to be taken at seven precisely, an immense number of gentlemen had collected by that hour; but Mr. HUME having been detained by his parliamentary duties, that honourable gentleman had it not in his power to attend until nearly half past seven, at which time he entered the room, accompanied by the gentlemen of the provisional committee, amidst the loudest acclamations. Mr. HUME was immediately voted into the chair; and on entering upon the duties of his office was again greeted with the hearty cheers of the whole assembly. At this time there were present upwards of one thousand gentlemen, and the number greatly increased before the conclusion of the proceedings.

THE CHAIRMAN. I attend here, Gentlemen, at the request of your Committee, with the full hope that the proceedings of this evening may lead to the objects which you have so anxiously at heart. I need not state, that having been bred to the profession, being myself a member both of the London and the Edinburgh Colleges of Surgeons, and having for many years practised medicine, I cannot be indifferent to the honour and brilliant prospects which I think open to you at the present time. (*Cheers.*) I am well aware of the complaints that have existed for a long period against the Royal College of Surgeons in London, and the charge of monopoly which has for many years very generally existed, I fear with too much justice, against them; but as I have had so very little time to make myself acquainted with the purport of the resolutions, I have to request, that as you have been pleased to place me here, you will also enable me to support the authority of the chair, and second my endeavours to obtain for every gentleman who may address you a full and fair hearing. The Committee, I understand, have prepared resolutions to be submitted to you,—resolutions which I have no doubt are well adapted to carry into execution the objects of the meeting, and I trust we shall be permitted to proceed in the course prepared by them, and that you will assist me in preventing any extraneous subjects from being introduced until the Committee have submitted to the meeting what they have prepared for your attention. (*Loud cheers.*) I might express an opinion on the subject on which we are now met,—an opinion matured, perhaps, by the observations of many years, but I think it would be better for me, situated as I am, to refrain from stating it at the present moment, and wait to hear the opinions of the various speakers who will address you; and if afterwards I am called upon to offer an opinion, I am sure I shall give a candid and honest one as to the course that ought to be pursued. (*Hear, hear.*) One thing only I would say, and it is this, that I think we have now a government which is disposed to attend to complaints of abuses in your profession. (*Loud cheers.*) I think, therefore, that we should be prepared to present to them the whole of your grievances. I am satisfied that they would afford every assistance in their power to promote the important objects of the medical profession. I shall now be happy to hear the Gentlemen who are to bring forward the resolutions.

Mr. W. S. BOWEN. Mr. Chairman and Gentlemen; perhaps it may be necessary for me to make some apology to you for introducing myself so early upon the notice of the meeting; in thus coming forward I have

in view only the advantage and honour of the profession to which I belong, an honour which, however, I am sorry to say, I consider materially neutralised by my attachment to the London College of Surgeons, a connexion with which institution I cannot but consider to be rather a disgrace than otherwise to a member of the medical profession; in this feeling I am sorry there should be occasion for so many to join me. Without further detaining you, I shall propose the following resolution, with the fullest expectation that it will meet with your approval, and be immediately seconded:—

“That in consequence of the defective, unjust, and dangerous state of the laws relating to medical science, it is absolutely essential to the security of the public health, that measures be forthwith commenced to obtain from the legislature an improved constitution for the government of the medical profession.”

Mr. WAKLEY came forward amidst waving of hats and the loudest cheers. When silence was obtained, he spoke as follows:—Mr. Chairman and Gentlemen,—Having been requested by the Committee to second this resolution, I stand forward for the purpose of complying with their request. I must, however, in doing so, express my deep regret to you, that they have not been enabled to find a gentleman (one whom they might easily have found) more competent to have executed this duty. (*Cries of No, no, no, it is impossible.*) But I shall, as on all previous occasions, attempt my best, and if I fail I know you will take the will for the deed. (*Cheers.*) Gentlemen, this resolution goes to state that the laws relating to the medical profession are in a defective condition, and the rational inference is, that both the profession and the public at large must materially suffer in consequence of that condition. Gentlemen, it is not necessary for me to explain to you, as medical men, the utility, the vast, the paramount utility, of medical science. It is not necessary that I should explain to you the manner in which the study of that science enlarges and invigorates the mind of the medical student and medical practitioner, and the manner in which it ultimately leads to the amelioration of all those sufferings which are incident to human nature. (*Cheers.*) In the earliest ages, medical science was duly appreciated. You know that when Hippocrates lived, even in those days the advocates and professors of medical science were deemed worthy of dedication—were objects of reverence and worship; and instead of dwelling, therefore, on the early history of the science, I will more particularly advert to those laws under which the members of the medical profes-

sion now exercise their function, and under which both the medical profession and the public so severely suffer. With this view of the subject I will enter on a full explanation of the laws which relate to medicine, in order to prove to you the absolute necessity for establishing not only a new college of medicine, but a totally new medical constitution (*hear, hear*); for the required reformation, if obtained, will leave no particle of the existing medical constitution to inflict further mischief upon the public, or to visit further degradation upon the profession. (*Hear, hear, and much cheering.*) We have, first then, in London, a College of Physicians. (*Laughter.*) I am not here for the purpose of making an attack upon the physicians of this metropolis, but I attend partly for the purpose of explaining to you the defective laws under which the physicians themselves exercise their functions, and to lament—sincerely to lament, in common with you, that a class of gentlemen so learned, and calculated to prove of such utility to society, should not have better laws for their protection—more rational statutes for their security. (*Hear, hear.*) The “charter” of the College of Physicians, Gentlemen, was granted to that institution—you will scarcely believe it when I tell you the fact—in the reign of Henry the Eighth. From that period to the present, it has undergone not the slightest modification in principle. (*Hear, hear.*) And I would ask you whether it be consistent with the present vastly improved state of knowledge, whether it be consistent with the increased degree of medical learning, whether it be consistent with the advancement that has been made in the cultivation of medical science, that a charter which was granted in the reign of Henry VIII. should remain even to the present hour in full operation? (*Cries of “No, no, no.”*) However, such is the case. (*Shame, shame.*) And what are the terms of that charter? The chief of its enactments states, that after a gentleman has graduated at the Universities of Oxford or Cambridge for eleven years, he may be admitted to a fellowship in the College of Physicians! and a very pretty fellowship it is. (*Hear, hear, and laughter.*) To a fellowship in the College of Physicians, after eleven years of term eating at Oxford or Cambridge! But you will say that is not the case with all the fellows of the College. I answer, Yes, it is. True, there are other physicians connected with the College of Physicians of London; but who are they? Gentlemen who have graduated for the most part in Scotland or Ireland—gentlemen of the highest intellectual attainments—gentlemen who have received, especially in Edinburgh and Dublin, a first-rate medical education; who when they present themselves at the College of



Physicians in London, and undergo their examination there, instead of being admitted to an equality of privileges with the fellows, merely become *licentiates*; which means, in fact, that they hold a *license* from the College of Physicians to empower them to practise as physicians in London, without incurring a penalty of 5*l.* a month. (*Hear, hear, hear.*) Yes, and this College closes its doors against admitting any other individuals; and even the *licentiates* themselves are refused the use of the museum—are refused the use of the library—are denied the power of enacting in the College, or of participating in the slightest degree in enacting, any of the by-laws which are formed for the government of the fellows and of the *licentiates*; and the *licentiates* remain, from the moment of their admission till the hour of their death, the servile servants of the fellows. (*Hear, hear, hear.*) Gentlemen, is that a consistent state of things? Is it possible that the *licentiates* can be satisfied with such an institution? It is admitted on all sides that they are not, but too many of them are afraid to come forward and openly express their dissent. (*Cheers.*) About the year 1700, there was an apothecary, or a surgeon-apothecary, in London, who presumed to practise as a physician, that is, he attended and prescribed for the sick. The charter of the College prohibits any such interference; but this man, being a courageous and fearless individual—relying on public expediency—relying on what he considered useful to the public, contested the question with the College of Physicians, but lost his action in the Court of King's Bench, and the penalties were obtained against him. He appealed to the House of Lords, and the Peers upon hearing the question argued, on a writ of error, decided against the College (*hear, hear, hear*); thus throwing open medical practice to surgeons and apothecaries throughout London and the United Kingdom. The College of Physicians still, however, retain in its charter the restrictive clause, which precludes any man from practising in medicine as a physician, unless he be a *licentiate* or fellow of that institution. In the year 1815, however, a sad innovation took place, or at least it is presumed to be so, by the passing of what is called the Apothecaries' Act. I should tell you, that from 1700 to 1812, things went on nearly in the same state as they were about three or four years after the question had been decided in the case of Rose and Searle—apothecaries were allowed to practise as physicians—surgeons were allowed to practise as physicians, and the latter felt themselves by the decision in the House of Lords, to which I have referred, unable to compete with the opposition to which they were thus ex-

posed; they found they durst not attempt to disturb the apothecaries in those rights which they had long been taught to believe were exclusively their own. In 1812, the general practitioners finding their number greatly multiplied, and that they were much annoyed in practice, thought that a new institution—a new corporation, was demanded; they raised the question of their rights—they continued to debate their grievances for three years (at least for two years), when, finding that the physicians resisted the proposition, the apothecaries said, We will go to the legislature—we will get a bill,—and a bill they did get. (*Hear, hear.*) The physicians endeavoured at first to prevent the passing of that bill in the House of Commons; indeed they opposed it most violently, but ultimately it passed, and what was the result? The bill passed the legislature, and what was the effect of it? To throw money into the pockets of a corporation consisting of the Society of Apothecaries, without producing to the public the slightest benefit whatever. (*Hear, hear, hear, and one "No."*) A gentleman says no, but I shall convince him before I conclude, that I have stated no more than the truth. (*Cheers.*) I am sure you will all admit with me, that when a bill with restrictive clauses is enacted to protect the public from the operations of incompetent men; if these clauses are not binding on incompetent men, the bill must be useless. Now that those clauses are inoperative upon incompetent men is clear enough, because incompetent individuals are practising in every street (*hear, hear*); impostors are existing in all corners; and need I do more than appeal to the heart-rending inquests which have lately been held (*hear, hear; bravo, bravo*), to bear me out in that assertion. If the gentleman be a friend to the Apothecaries' Company, I take his "no, no," to be the strongest satire that can be passed on that body; for if they have had the power to prevent incompetent men from practising, why have they not protected our fellow-creatures and the public against the atrocious proceedings in Harley Street? (*Hear, hear, hear.*) However, the *singing* operations have gone on, and are still going on, but I do hope the public will at last burst forth into an irresistible opposition to all such base impositions; at all events, I shall assist to the utmost of my power in endeavouring to "rub out" such disgraceful transactions. (*Loud cheers and laughter.*) The Apothecaries' Bill was passed in the year 1815; and, curious enough, though it was called "A Bill for the better regulation of the Practice of Apothecaries throughout England and Wales," the Worshipful Company have considered that they have a right more particularly to interfere with the members

of the College of Surgeons, than with any individuals whatever; and whenever the members of the College of Surgeons have endeavoured to recover a charge made for medicines and medical attendance, the Worshipful Society has been very expert indeed in sending emissaries to the defendants, telling them, "O, such a man is not a member of our Company, therefore he cannot recover; he has no legal claim upon you." (*Hear, hear.*) Such has been the *kind and benevolent* conduct the Company has thought proper to adopt for the benefit of the profession. You may remember the case of *Alkison v. Haydon*: the plaintiff brought an action for the recovery of the amount of his bill, and Chief Justice Best (now Lord Wynford) decided that typhus fever *not* being a surgical case (*much laughter*), the gentleman who attended and supplied the medicines had no right to recover for those medicines (*shame, shame*); presuming, I suppose, that though he was a surgeon, he was not competent to prescribe in a case of typhus fever. (*Hear, hear.*) This was the decision of Chief Justice Best. The case was very seriously argued afterwards by the judges sitting *in banco*; but even there they could make nothing more of it, though these learned personages laid it down as law, that surgeons might recover for medicines supplied as auxiliary treatment to a surgical case. They saw not, however, that every case might become surgical. The judges said it was quite proper that the practitioner should be considered competent to prescribe in a case where it might become surgical, but yet in a case of typhus fever he could not be deemed competent! (*Loud laughter.*) I suppose the judge thought that anything like abscess could not arise in typhus fever, and therefore it was not reasonable to suppose that a surgeon was a competent practitioner in *such a disease*. There was another case, that of "*Steed v. Henley*." Mr. Steed was a surgeon—had been a member of the College of Surgeons two years before the Apothecaries' Bill was passed. He supplied the defendant, a woman, with medicine; she afterwards, as is not very unusual in our profession, refused to pay his just demand. He brought an action for the recovery of the amount. That action was tried also in the Court of Common Pleas, and it was held that the plaintiff could not recover, because he was not a member of the Apothecaries' Company, and because he was not in practice before the 1st of August, 1815, when the Bill came into operation. Mark! he had been a member of the College of Surgeons during two years before that measure was sanctioned by the legislature. (*Shame, shame.*) The Chief Justice on that occasion said, "Really this is a most unfortu-

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nate thing; I feel the hardship of the case—it is exceedingly cruel, but I cannot help it, and the hardship is the greater, because this Bill was avowedly passed to protect the public from the operations of ignorant and incompetent men. Now as this gentleman is a member of the College of Surgeons, and as he was a member of it for two years before the Bill came into operation, it cannot be presumed that he is an incompetent man; still, however, he must be nonsuited!" (*Hear, hear.*) Now, Gentlemen, these are a few specimens of the effects of those laws which are still in existence. These decisions are still fresh in the recollection of the judges; these are the decisions they have already come to, and which they are ready to come to again. I should tell you further, Gentlemen, that to-morrow at Maidstone, the Apothecaries' Company will try an action against a member of the College of Surgeons, for merely having prescribed and sent his medicines to his patients from his own surgery. (*Hear, hear; shame, shame.*) A trial of that description will take place even to-morrow. In the Apothecaries' Bill of 1815, there are two clauses to this effect—I believe the 28th and 29th; they run thus in the first, "that nothing in the Act herein contained shall be construed to extend to any of the rights, privileges, or immunities, which have been enjoyed by the members of the Colleges of Physicians or Surgeons." The enactments were not in any way to affect the rights, privileges, and immunities, of the members and fellows of those institutions; and yet you see how the judges have allowed that Act to encroach upon and utterly to destroy nine-tenths of the rights and privileges heretofore enjoyed by those gentlemen. (*Loud cheering.*) Further, it is stated in the 29th section of the Act, that chemists and druggists are *not* to be affected by the Bill; that they are to carry on their trade as fully and to all intents and purposes after, as they had carried it on before the passing of the Act. Pray attend to this point—*chemists and druggists* were not in any way to be affected by the Act; they were to be permitted to *prescribe* and to dispense their drugs afterwards, precisely as they had done before the passing of the Act; but the members of the College of Surgeons, whose privileges were also to remain untouched and not to be affected, *they* cannot, agreeably to the decisions of the judges, now recover for medicines which they may prescribe, unless in diseases clearly surgical; nay, more, the Apothecaries' Company are pursuing surgeons under a penal statute, for prescribing and dispensing at all in medical cases. (*Loud cries of shame.*) Under these circumstances, looking at the laws relating to these subjects, is the call not imperious on us to demand with voices as powerful as we

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can raise to the legislature, that those laws should be totally and radically changed? (*Loud cheers.*)

Gentlemen, let us now, for one moment, pass from the *Worshipful* Company of Apothecaries to that *redoubtable* body the College of Surgeons, in Lincoln's-Inn-Fields, of "sound chirurgical" police celebrity. (*Hear, hear, hear, and loud cheering.*) This is a curious institution; one of the most extraordinary, I believe, that ever was formed by our late curious government—late government, I might almost say *defunct*. (*Hear, hear.*) Gentlemen, respecting the two bodies I have already spoken of, I should tell you, that the College of Physicians hold the charter as it was granted originally by Henry the Eighth, and the Apothecaries' Company were originally connected with the Grocers' Company. (*Laughter.*) Rhubarb and sugar, however, could not agree; they separated; one remained in the heart of the City, and the other settled near Blackfriars Bridge. Rhubarb carried on its operations very comfortably till 1815, but then it was found to be a little too astringent in its nature; it entertained a great desire for gold, and accordingly applied to the legislature in pursuit of its favourite object, and it is to be regretted, that the petitions of this body were not answered with more talent and prudence. On the other hand, the College of Surgeons in London remembered that it was originally connected with the Barbers' Company—with the company of shavers (*much laughter*), and curious enough, the two charters under which we now live and exercise our professional duties—those two enlightened and revered charters—the two charters which are now in full force, are identically the same charter which the surgeons and apothecaries possessed when they formed integral parts of the grocers and shavers' companies; yet they are designated now—at least the College of Surgeons—by the name of College, and the *master* is transformed into a president. Gentlemen, the charter of the College of Surgeons—indeed there has been a variety of them granted, from Henry the Eighth's time to the Jameses, eight or nine altogether—but the whole of these were incorporated, and all their restrictions and improper clauses continued by the 18th of George II, till, I think, 1790; and at that period a portion only of the surgeon's company found it convenient to allege that the company was dissolved, and they made the legislature believe that the Act of Parliament had dissolved also—(*much laughter*)—that the parchment had expired with the mastership (*hear, hear*); in fact they went to the legislature for a new Act, being desirous of removing from the neighbourhood of the Old Bailey, where

they had carried on their operations for two or three hundred years; indeed it appeared they had been placed there for the purpose of assisting, in his avocations, a friend of theirs, a very respectable gentleman, named Jack Ketch. (*Much laughter.*) They removed to Lincoln's-Inn-Fields. The Hunterian Museum, which was purchased for the members of the college with public money, was attached to the institution (*hear, hear*)—aye, purchased, Gentlemen, with public money (*hear, hear*)—and they went to Parliament praying for a new Bill, because they found the Hunterian Museum a remarkably heavy clog upon their necks, possessing at that time no funds for its maintenance. They went to the legislature and petitioned for a new Act. In this they partially succeeded, for the Bill passed the House of Commons; it went through the House, through the Committee, into the House of Lords, and passed even the second reading in that House before the character of the measure was fully understood. It then happened to catch the scrutinising eye of Lord Thurlow, and upon taking it up, his Lordship said, "Why really this is one of the most scandalous documents I ever saw in the whole course of my life; and the countenances of these petitioners for the Bill in coming here—the *brass* in their faces, must be as hard as the steel in their scalpels, or they never would have had the insolence to come to this house to ask the legislature to bestow upon them such an iniquitous instrument of monopoly." (*Hear, hear, hear.*) It was a Bill to render the whole profession subservient to these men; and of the very petitioners on that occasion, some of them are existing at the present moment in full perennial freshness in the Council of the College of Surgeons in Lincoln's-Inn-Fields. (*Hear, hear, hear.*) After my Lord Thurlow's exposition they became so completely abashed—he flung with such contempt the shattered fragments of the Bill into their faces, that they for a while slunk back into their holes and corners, and for a period were silent. However, being of the true *battish* breed, one summer's evening they came out again, and thought that by making a very humble request to the Privy-Council they might be able to get the ear of the King; and would any one believe it, after the disgraceful defeat they had suffered on that occasion, they, with the whole of the frame-work, and with all the internal machinery of the very same Bill, got that Bill granted to them by the King in the form of a Charter! That very Bill which they went to the House of Lords with, and which Lord Thurlow deprecated in such severe and reprehensible terms, is now the charter under which we are insulted by the President and Council of the College

of Surgeons. (*Hear, hear, hear.*) That charter, Gentlemen, gives to the college—first of all let me tell you that the charter expressly states that the college belongs to *three* bodies, the President, the Council, and the Commonalty, or Members—they represented to the Privy Council, that they were asking nothing for themselves, that they were the most disinterested set of people on earth, such as their successors have been. (*Loud laughter.*) They solicited nothing on their own account; they were making the entire of their requests for the general benefit of the community. (*Much laughter.*) But there was one request which, unhappily, was not founded upon any well-known principles of justice, for it especially prayed that the power to make by-laws for the government of the college should be invested in the President and Council alone. (*Hear, hear, and hissings.*) They have exercised the rights which they obtained under that charter, but I can boldly assert, in the presence I am sure of many lawyers who are now here, that that charter having been obtained by *FRAUD*, if we could have full and complete justice, it would prove to be worth not a single straw. (*Hear, hear, hear.*) No charter, if it be obtained by misrepresentation, is valid; and I know that our enlightened Chairman will confirm me in what I am stating, that this charter was obtained by means of misrepresentation, because it was alleged in the preamble, that the Act of the 18th of George the Second had expired; it had not expired; it was in operation at that moment; but they were anxious to have new powers, they were anxious to thrust the commonalty from their gates, to degrade those very gentlemen whom they pretended to be desirous to defend, and from that moment the President and Council have degraded them, and step by step have robbed them of all those rights and privileges which, as learned men, they were fully entitled to enjoy. (*Immense cheering.*) Now, Mr. Chairman and Gentlemen, it must be clear to you by what trickery and what deceptions they obtained their charter. They were anxious to be quiet, and to remain as dormant as possible, until what is called the hour of memory had passed; that is, they were anxious not to be disturbed in their close and unjust possession, and therefore, with the exception of extracting from each London member one guinea annually, they allowed the commonalty to go on quietly enough until about the year 1823, when under their charter in 1823, what think you was the by-law which they enacted? It was one of the most disgraceful regulations that was ever enacted by any corporation—a by-law disreputable, restrictive, and degrading, in the whole of its obnoxious principles. (*Hear, hear.*) I

should say, that upon the face of it there does not appear any-thing so very objectionable, but you will soon perceive how it must work when in action. The regulation was to this effect—That the Court of Examiners would not receive certificates of attendance on lectures on anatomy, and in proof of the performance of dissections, unless the lectures were delivered and the dissections performed in the *winter season*. This must appear to you to be a most extraordinary by-law, and one which contains a most astounding proposition. They state that in the discharge of their *duty*, and in order to promote the cultivation of “sound surgical” knowledge, it was necessary for them to issue this by-law, making a distinction between knowledge acquired in the winter, and knowledge acquired in the summer. Knowledge attained in the summer was not capable of resisting 93 or 100 degrees of heat; the knowledge of summer was unsavoury, *rotten* (*laughter*), and therefore they could only receive knowledge acquired in the winter season! (*Loud laughter.*) Why had they such a partiality for lectures delivered in the winter season? I will tell you in a few words—it was because they themselves were the winter lecturers (*hear, hear*); and this by-law in so many words said to the lecturers throughout London, England, Scotland, and Ireland, “We, the Court of Examiners, acting under the charter obtained from his Majesty George the Third, will receive no certificates from pupils in proof of attendance upon lectures on anatomy, unless the fees for such certificates have been paid to ourselves, or to our relations. (*Loud cheers.*) There were ten of the Council called the Court of Examiners who signed this by-law, and eight of whom at that very moment were connected with the London hospitals and schools of anatomy (*shame, shame*), where the lectures were delivered. And, Gentlemen, as an act of justice to the public, I will read to you their names. They are related with great faithfulness in a little book which I hold in my hand; the work was published about five years ago, and by one of the present Council—I mean Mr. Lawrence. (*Hear, hear, and loud hisses from many parts of the meeting.*) I am not at all surprised that marks of disapprobation should be heard. (*Renewed and increased hissings.*) Gentlemen, you will understand that these hisses are not directed against me (*cries of “No, no, no,” “Against Mr. Lawrence,” “Against Mr. Lawrence”*), they are directed against the author of this book (*Hear, hear, and cries of “Certainly they are”*), and I pray to God he may show in a very short time that he does not deserve them. (*Hear, hear, hear.*) The names of those worthy exami-

ners who would have nothing but *winter courses* are as follows:—DAVID DUNDAS, WILLIAM NORRIS; these gentlemen were not connected with the hospitals, and they could not be charged with entertaining unfair views. Not so with THOMSON FORSTER, EVERARD HOME, LUDFORD HARVEY, WILLIAM BLIZARD, ASTLEY COOPER, JOHN ABERNETHY, WILLIAM LYNN, HENRY CLINE. You will see that such a regulation as that was, one would think, exclusive enough in principle—bad enough in its character—monopolizing enough to satisfy the most avaricious members of a rapacious corporation. But not so with our worthy examiners, for in the following year they passed another by-law; for this, you will recollect, was only in relation to the winter courses of lectures on anatomy. I cannot at this moment lay my hand on the regulation which they passed in the following year, but I recollect it perfectly. It was to this effect:—That the candidates for the diplomas of the College must, on presenting themselves for examination, produce certificates of attendance upon hospital practice; yet all the country hospitals were swept off at one fell swoop. Knowledge had previously been represented as “unsound” when acquired in the summer; and now it was contended that knowledge in the provinces could not be obtained at all. (*Hear.*) Many of the country hospitals, be it remembered, are larger than the London hospitals; the surgeons exalted and celebrated for their talents—(*Hear, hear, hear*), some of them as celebrated as any men in England, or even in Europe. (*Loud cheers.*) In fact, I would say to you that the country hospitals are much better calculated for teaching surgery than those of London, because their wards are not crowded with students like those of the metropolitan institutions. (*Hear, hear.*) The pupils in those excellent establishments are not prevented from seeing the patients, whereas here, in nineteen cases out of twenty, they have no opportunity of coming in contact with the patient, and all they can collect are a few unconnected remarks from the mouth of the attending surgeon over the shoulders of their fellow-students, at a distance, perhaps, of five or six yards from the sick bed. (*Hear, hear.*) But whence the cause of this shameful injustice? why was such an act perpetrated by the Council of the College and the Court of Examiners? Why, the by-law was enacted, I say designedly enacted, to throw money into their own pockets. (*Loud cheers.*) It is useless to say *apparently*, for they have sense enough to know that it was *designedly* done, and with an utter recklessness—an utter recklessness of consequences to pupils, to patients, and to the public. (*Loud cheers.*)

But in 1824 the worthies proceeded in their laudable labours, and legislated again. In this year they issued a regulation declaratory that certificates of attendance upon lectures and demonstrations should not be received by the court unless the *schools* from which those certificates were obtained had been “recognised” by the physicians or surgeons of one of *their own hospitals*. (*Hear, hear.*) And when did they adopt that resolution? At the moment when the school of the late Mr. EDWARD GRAINGER had just fallen into the hands of the present Mr. RICHARD GRAINGER. They thought,—indeed they openly declared,—that they would bring his theatre to the ground, and that as to his brother, Mr. Richard Grainger, his certificates should never be recognised, and that his theatre should be annihilated. (*Hear, hear, and cries of “Shame shame.”*) Mr. Richard Grainger applied to the College, imploring, as his fortune depended on the success of the school, that his lectures might be recognised, and his school supported. The dignified answer of the College, sent through Mr. Belfour, was this, “We cannot recognise bricks and mortar.” (*Loud cries of “Shame.”*) “But,” said Mr. Grainger, “recognise my pupils. If my students have talent, give them the opportunity of showing their talent (*hear, hear*); examine them; if they prove upon that examination that they are not competent to discharge their duty to the profession and to the public, reject them as is your duty (*bravo, bravo*); but if they have talent, I implore you not to inflict on me such injustice as to reject them because I happened to hold this theatre in March, 1825.” The objections were so strong, they were so deeply rooted—they created such disgust in the minds of the profession, that at last the current of indignation burst forth in one tremendous torrent against the College, and every independent member of the profession hurried forth to raise his voice against such an atrocious system of monopoly. A public meeting was held on Saturday the 18th of February, 1826; and at that meeting, which was nearly as numerous as the one I have to address, Mr. Lawrence (*hisses from many quarters*),—Mr. Lawrence took the chair. (*Much hissing throughout the room, with cries of “Where are you now, Lawrence?”*) Here are the speeches, gentlemen, delivered by the chairman on that occasion, and if you have them not, I ought to republish them for your information. (*Bravo, bravo.*) These denounce in unmeasured terms the constitution and conduct of the existing College. (*Renewed cries of “Where is Mr. Lawrence now? Shame on him, shame on him—he has basely betrayed the cause.”*) In stronger terms than I have ventured to employ, he

represented their by-laws as miserable and ungrammatical in composition—as base and discreditable in spirit. (*Hear, hear, hear.*) Further, he has declared in those speeches that until the constitution of the College be changed, the public can never expect justice from the College of Surgeons. (*Hear, hear, hear.*) At that meeting resolutions condemnatory of the College were adopted with acclamation—there was scarcely heard an opposing voice. A petition founded on the resolutions was presented to the House of Commons, I believe in the month of April or May, 1826; and the prayer of that petition was to the effect that a committee of inquiry might be appointed to examine into the abuses in the College of Surgeons; and if the allegations in the petition should prove to be well-founded, that the legislature would then give to the members at large the power to elect annually its governing body. (*Hear, hear, hear.*) Though that petition was presented to the House of Commons by a highly-talented and respectable gentleman, Mr. Warburton, no motion was ever made on it; and there it still lies, like thousands of others, or, rather, it speaks truth, upon the table of the House of Commons. (*Cries of "Shame, shame."*) After these proceedings, Gentlemen, the College seemed disposed, for a short time, to relax in their evil doings. We had hitherto been thrust through the back-doors in Portugal-street,—the members were not sufficiently elevated to enter by the portals in Lincoln's Inn Fields, but they were thrust in through the back-doors, like common menials; and the Hunterian Museum,—that collection which no pupil can view for five minutes without carrying away with him knowledge which must prove useful to the latest period of his life,—that Museum was literally closed against the profession for twenty-seven years, though the bond under which the College holds it requires that it shall be open two days in every week, and during four hours in each day; and though it stipulates that there should be a catalogue explanatory of the preparations, the Museum has now been in their possession upwards of 30 years, and the catalogue was only in part published this last summer! Now I ask, what can any person expect from such a body of individuals as this? (*Cries of "Nothing, nothing."*) What can you expect from such a body? (*Nothing, nothing.*) In 1827, when they were ashamed of any longer thrusting the members through the back-doors in Portugal Street, they at last made a small side-door in the theatre, and allowed us to enter through that side-door. Something like the Irishman who made two openings, one for the sow, and one for her little pig (*much laughter*), they make two

openings; we are not allowed even yet to go through the same door as themselves, lest we should contaminate the path they tread; and in order to gratify their spleen against the members, they have literally disfigured the College by making the side-door for the members, who are declared not to have equal rights with the President and Council. (*Hear, hear, hear.*) Since 1827 they have enacted more "regulations," and there have been elected into the Council a succession of liberals; in this respect, however, there appears to have been a change, but no improvement. The pupils now are required to attend two winter courses of lectures on surgery, of six months' duration each. When the candidate presents himself for examination at the College, his certificates merely amount to this—certificates, remember, obtained from the hospital surgeons—"This is to certify, that A. B. having been plundered of between three and four hundred pounds, we consider that he is fully entitled to claim an examination." (*Great cheering.*) I say, Gentlemen, it is a robbery—it is an actual robbery. (*Hear, hear, hear.*) I repeat the word, and I will continue to repeat it until the hour of death: for what was the conduct of this College in 1824? And you must allow me, for a moment, to revert to the transactions of that period; for I never like to advance a charge in the absence of proof. (*Hear, hear.*) Besides, I know that I am now speaking in the presence of some of those persons themselves—at all events of some of their near relatives, if not of themselves; and further, I doubt not that they are accompanied by their fit associates, the Bow Street officers. (*Hear, hear, and much laughter.*) Gentlemen, in 1821 or 2, Mr. Edward Grainger opened a school in the Borough for teaching the science of anatomy; and, unfortunately, he thought proper to charge only one half of the regular hospital price. (*Laughter.*) The "regular" price was twenty guineas for dissections and lectures on anatomy;—he charged ten; but, although he demanded but ten guineas, he furnished the students with a commodity which was just double the value of that supplied by the "regulars." (*Hear, hear, hear.*) "Oh!" said the Council hospital lecturers, "here is a pretty concern! If we don't stop this young man it will be all over with us." Mr. Abernethy, on one occasion, remarked, "Faith, there are already eleven lecturers on anatomy, and if we don't take care, we shall be ousted altogether; therefore, in order to support the respectability of the profession, we must legislate for the benefit of ourselves." (*Hear, and much laughter.*) Therefore—and, Gentlemen, pray mark this closely, all on a sudden the dead bodies disappeared from the dissecting-rooms. There

were no bodies whatever to be found in the private schools. One gentleman who commenced lecturing in London certainly hit upon an ingenious expedient for overcoming the difficulty of supplying his school. He said, "I'll tell you what; I have taken a commodious burying-ground, and I have a little house attached, the back of which opens upon the ground. It's a burying place, called a comfortable one by the saints, so I charge them pretty decently for depositing their friends there, and I charge the pupils pretty decently for taking them up again." (*Loud laughter.*) Perhaps that gentleman is present, and will corroborate the statement. (*Laughter.*) It was only from this source that he was enabled to supply his school. At the period of which I am now speaking there were no bodies whatever in the dissecting-rooms of Guy's and St. Thomas's Hospitals. The resurrection men walked through the squares like gentlemen. I recollect saying to them, on one occasion, "How is it that we cannot procure any bodies here?" One of them replied, "O, we can do very well without grubbing now." My suspicion was excited, and I said, "How is it—you do not mean to assert that you are paid if you do not bring subjects?" "O yes, we are," was the laughing reply. (*Hear, hear.*) How was this? Gentlemen, it can be proved that the *hospital lecturers* of London actually subscribed to maintain the resurrection men in idleness in order that Mr. Grainger might not procure bodies for his students: but the resurrection men being admirers of the principles of free trade, clubbed on their side to supply Mr. Grainger with bodies free from cost (*cheers*), and thus he was enabled to go on teaching anatomy without the slightest inconvenience, and with a rich profit to the resurrection men; for if a body were wanted at St. Thomas's or Guy's, the monopolists at those hospitals, who were at that very moment rewarding these men for living in idleness, had to pay twenty or twenty-five guineas for every subject. Now it was at *this* time that the examiners framed the by-law which declared that no certificate should be received for dissections, unless those dissections were performed in London during the *winter* season, they themselves at that moment, with very few exceptions, not being able to procure a single subject. But this was a proof of their love for science. Take the following fact as another example:—An Irish gentleman, now a professor in the University of London—a gentleman of splendid abilities, established a school of anatomy in Paris, where he was enabled to teach English students the science at a charge of only four francs for each subject. Dead bodies could be obtained there at four francs each;

and he sent over his students to this city better skilled probably in anatomy than any who had ever left the London hospitals. They presented themselves for examination at the College. As no subjects could be procured here, you of course will say that those examiners who had been so desirous of advancing "sound" surgical knowledge were greatly delighted on seeing candidates so peculiarly well qualified; but no—they refused admittance to those young gentlemen—they would not examine one of them, because they had not certificates to prove that all their dissections had been performed in London. (*Hear, hear.*) Gentlemen, Mr. Bennett has published his statement of these particulars, a statement which Mr. Lawrence thought proper to republish. Mr. Bennett finding all at once that he was uneasily situated in Paris, that there were difficulties opposed to his pupils by the French authorities, came to London and solicited the interference of Mr. Canning, who was then minister for foreign affairs. Mr. Canning unfortunately sent his letter to the College of Surgeons, thinking that he was doing a great deal for Mr. Bennett, and will you believe it, a deputation, consisting of Sir A. Cooper, Mr. Abernethy, and of others of the Council, waited on Mr. Canning, and by their representations prevented Mr. Canning from interfering in Mr. Bennett's behalf; consequently, Mr. Bennett was obliged to leave Paris; his establishment, left without the support of his own College and the government of his own country, was broken up (*great disapprobation*); he was compelled to leave Paris, but, thank God, he is now an ornament to a glorious institution in this metropolis. (*Loud cheers.*) Gentlemen, let us come to a more recent occurrence. On the 14th of February last, an oration was delivered in the College. On that occasion the members generously thought they might confer a service upon a deserving branch of their brethren, by agreeing to two or three inoffensive resolutions. The Council, after receiving these documents, refused to act upon them, on the alleged ground of "irregularity." Of the circumstances connected with the infamous assault committed on the members in the theatre of their own College, you are already fully and accurately informed. (*Cries of "Infamous," and "We are, we are."*) After the profession have been so shamefully abused, after the public have been so grossly neglected, after the charter has been so basely violated, by this same Council, can you ever expect a voluntary and salutary reform from that body? (*Cries of "No, no, no."*) I say no, too, therefore I beseech you, one and all, to come forward in support of a liberal institution—in support of a liberal college, where ALL the

members of the profession—surgeons, physicians, and apothecaries, may meet each other under the protection of equal laws, just principles, and upon friendly terms. (*Immense cheering.*) I know you will be good enough to excuse me for detaining you, when it is considered that it is absolutely necessary these facts should be placed before you, in order that you may be in a situation to decide upon the best course now open for adoption. With this view, I must ask permission to explain a little further with regard to the medical departments of our hospitals. The members of the Council of the College of Surgeons are self-elected—that is, when there is a vacancy, they elect each other. They meet in secret conclave with their list before them. An awful silence pervading the room, certain names are read down; and if it should happen that a member, who, for the security of his patients, has been guilty of the great offence of dispensing his own medicines, he is rejected immediately; they cry “Jalap,” and his name is instantly struck off. (*Loud laughter.*) On proceeding, if they happen to find the name of a remarkably pliant man—a man whose head is as soft as dough—one whom they can mould to any form they please—one who entertains only convenient scruples, he is joyfully admitted. (*Hear, hear.*) But, Gentlemen, why was not Mr. Brookes admitted into the Council? (*Hear, hear, hear.*) Why was not the venerable Mr. Brookes elected, for he evidently was not an incompetent man? (*Cheers.*) When I was at St. Thomas's Hospital, attending Sir Astley Cooper's lectures in 1815, 16, and 17, Astley Cooper used invariably to say to us at the end of the season, “Now, Gentlemen, I have worked away as hard as I could, but if you wish to *learn anatomy*, go to Mr. Brookes during the summer season. (*Hear, hear, hear.*) Sir Astley Cooper a short time afterwards rejected the summer certificates of this same lecturer. (*Hear, hear, hear.*) I spoke to Sir Astley Cooper, and to some of the other examiners, on the subject of this rejection of Mr. Brookes's certificates; I inquired the reason for the rejection? “Why, to tell you the truth,” said Sir Astley, “it is in consequence of the dangerous tendency of the dissections performed in the summer time—there has been a great fatality attending summer dissections, and hence we have determined not to recognise them.” It struck me there might be some truth in this assertion; accordingly I went to Mr. Brookes, and asked him if he had lost many students from injuries inflicted in practising summer dissections. “God bless you,” said Mr. Brookes, “I never lost but one student in my life by dissections, and that was by a dissection performed in the winter season.”

(*Hear, hear, hear.*) “Well but,” said I, “why then are not the certificates of summer courses recognised?” “This is the reason: the surgeons themselves, who are members of the Council, do not lecture during the summer months.” “But what is their alleged reason?” “Why, they represented it to be owing to the danger of dissecting in the summer season. I told them I had only lost one in the whole course of my life, and that was in the winter time. I told them further, they must remove the restriction, or I would apply to a court of law on the subject.” They replied, “O no, don't do that: the truth is, we want to prevent any more from beginning to lecture; but put down in your certificates, attendance upon your lectures for so many courses, without stating whether they were attended in *winter* or in *summer*. Say nothing at all about time; we shall understand, and that will be sufficient.” This practice was adopted, and continued on both sides for a time; but Mr. Brookes himself told me, apparently with an aching heart, that the impression produced by the College regulation was so strong against his school—produced such a general impression throughout the country, that his certificates would not be received, that his class was broken up, and he was obliged to dispose of his theatre and the whole of his museum. (*Hear, hear, and loud cries of “Shame, shame.”*) Mr. Brookes was a perfect anatomist, and it would have been a blessing to the profession if he had been elected into the Court of Examiners. There is not a man who will say he was not competent to fill a seat in the Council; and there is not a man in the Council who could raise an objection to his bring in the Court, or show a reason why he should not have been elected, except the objection against Mr. Grainger—that of having sold his lectures at half the monopolists' price. They had no other reason to offer for not admitting him. They would elect no teacher who was not admitted to their Anatomical Society; and they excluded him from the Anatomical Society because he charged only ten instead of twenty guineas for his lectures and dissections. (*Shame, shame.*) Now, Gentlemen, I think we have made out a pretty long catalogue of *sins* against this College. But direct your attention to the hospitals, for there you will find the same men flourishing in another branch of the system. A vacancy occurs in St. Thomas's Hospital; the whole tribe are immediately at work, writing certificates that Mr. so and so has displayed the most profound knowledge in his profession;—that he is entitled to the full confidence of the governors, and is, of all men on earth, the most competent to fill the vacant office. Now, who is the candidate? Why,



curious enough, he invariably happens to be an hospital apprentice. If he be not a hospital apprentice, he has no earthly pretensions to qualify him for the situation. Why have they such an attachment for hospital apprentices? Simply because the fathers of these young men happen to pay the surgeons, that is themselves, from five hundred to one thousand guineas each with the indentures. (*Hear, hear.*) And they have a rule in Guy's Hospital, and in St. Thomas's too, to the effect, that no man shall be elected to be a surgeon of those hospitals unless he have been an apprentice to one of the surgeons belonging thereto. No matter how big a fool he may be (*laughter*),—no matter whether he ever dissected a body or not,—no matter whether he ever performed a single surgical operation,—no matter whether he be thirty or twenty years of age, he is thrust into the most important medical office in the kingdom. (*Hear, hear.*) Gentlemen, take the case of one of Sir Astley Cooper's nephews. This gentleman, after he returned from the army, actually served an apprenticeship to an officer of Guy's Hospital that he might be elected surgeon to the hospital. (*Shame, shame.*) I would rather not mention names; but this is the mode in which these elections are managed under the existing system. There is Sir Astley Cooper, of the College and of the Borough, he is consulting surgeon to Guy's Hospital. (*Cheers and hisses.*) Gentlemen, these hisses fall not on me; if my statements are true, they fall on the authors of the system; if my statements are false, let those gentlemen who hiss come boldly forward, and manfully contradict them. (*Loud cheers.*) Gentlemen, hear a statement once made by Sir Astley Cooper himself. It was published, and is now before the world. The worthy baronet made it with that good feeling which formerly was always in operation in his mind. He said, "Why, it cannot be supposed that I entertain a feeling of hostility against the Borough surgeons. Good God! just look at them: there's Travers—he was my apprentice; there's Green—he is my godson; there is Tyrrell—he is my nephew; and these are the surgeons of St. Thomas's Hospital. Now go over to Guy's: there is Key—Good God! is he not my nephew? There is Morgan—was he not my apprentice? There is Brausby Cooper—is he not my nephew? And there's Callaway—was he not my apprentice?" (*Immense laughter.*) All, as far as possible, in one snug family. (*Hear and laughter.*) The income of these hospitals is not less than between 80 and 90,000*l.* a year; and I am sure you will say, therefore, that the poor are entitled to treatment fully as scientific, and fully as careful on all occasions, as the first noble-

men in the land. The property is theirs. Each man and each woman in those institutions is entitled to the full benefit arising from the entire income, for the property is held in trust for the poor; it does not belong to the governors, but to the poor. (*Hear, hear, hear.*) But yet, under this system, would you credit it when I tell you (for there are gentlemen present, I presume, who do not belong to the profession), that there is not a resident surgeon in St. Thomas's Hospital—that there is not a resident surgeon in Guy's Hospital, the income of the two institutions amounting to nearly 90,000*l.* a year? But you will reply, "The surgeons reside close by." No, they do not. One of the surgeons of St. Thomas's resides in Bridge Street, Blackfriars, another in Lincoln's Inn Fields, and the third in Bruton Street, Berkeley Square. (*Shame, shame.*) Hence if it so happen that a patient is admitted with hæmorrhage, or with any violent disease, and it is the "taking-in week" (*laughter*), as it is termed, of the surgeon who resides in Bruton Street, Berkeley Square, the time which must be occupied in going for the surgeon, and the time which must be occupied while he is proceeding to the hospital, must elapse before the patient can receive any benefit from his attendance, and is it too much to expect that death is sometimes the unfortunate result of this protracted delay? (*Hear, hear, hear.*) A gentleman on my left has said, that "Mr. Callaway resides within two hundred yards of Guy's Hospital," but Mr. Callaway has no connexion with St. Thomas's Hospital, and he is only assistant-surgeon to Guy's; further, he is left almost without reward for his services in the institution, and does not consider it to be his duty to remain at home on account of his hospital functions, except at the prescribed hour. (*Hear, hear, hear.*) Why is it that a resident surgeon is not appointed? Because it does not agree with the plan of hospital patronage. The treasurers must have three or four large families distributed in various directions, thus they render themselves most important personages. (*Hear, hear, hear.*) Gentlemen, what is the remedy for these flagrant abuses? What is the remedy for the present distracted and degraded state of the profession? What is the effectual and material relief that must be obtained? I fully concur with the committee in the relevancy and probable efficiency of the scheme to be proposed. The substance of the projected plan is simply this—that a new College be established, to be entitled, if you think right, THE LONDON COLLEGE OF MEDICINE; that all gentlemen who are now qualified to practise—legally qualified to practise—be entitled to enter this College, and receive a diploma as a Fellow, upon the payment of a small fee,

as may be consistent with the support of the institution (*hear, hear*); that the officers of the institution be elected *annually*, and by the voice of the great body of the Fellows (*hear, hear*); that not only the COUNCIL, but the PRESIDENT, be elected by the great body of the Fellows (*hear, hear*); that the EXAMINATIONS of candidates be conducted in public, in the presence of the FELLOWS, of the Press,—and of the whole community (*loud cheers*); that no extortionate CERTIFICATES be required from candidates, so that in this institution, knowledge alone may be deemed the passport to fame; that knowledge derived from any quarter, obtained from any source, be fully and immediately recognised; hence any gentleman of proper age, on putting down his name for examination, be entitled, at the expiration of one month from the day of making the subscription, to a full examination, if nothing derogatory to his moral character be elicited in the interim (*hear, hear*); that he be interrogated with the dead body before him (*great cheering*); that his examination be practical and impartial, and not frivolous and vexatious (*cheers*); that he be examined upon great and important points embracing the whole range of medical science, and that it be left to a professional JURY to decide whether he shall be admitted or not. (*Cheers, and hear, hear.*) Then, Gentlemen, in order to cast aside the absurd distinctions which now exist in the profession, as to names, such as Physician, Apothecary, Surgeon, and Accoucheur—that in this college all who receive the diploma of the FELLOWS be denominated *Doctors*. (*Loud cheers.*) Therefore those gentlemen who are now in practice, whether as physicians, surgeons, or apothecaries, will be entitled to the title of, and be styled, Doctor upon receiving the diploma of this college, which they will have the opportunity of obtaining upon giving proof that they are legally qualified to practise in either branch of the profession. (*Cheers.*) Further than this, Gentlemen, I would propose that there should be an eleemosynary fund established in connexion with this institution to be supported by an income to be derived, in equal portions, from the Fellows at large. This fund to be applied to the support of the distressed widows and orphans of medical practitioners. (*Great cheering for some minutes.*) A very small sum from each fellow would be ample to relieve thousands and thousands of children and lovely women from the miseries caused by the most abject poverty. (*Hear, hear.*) It would be advisable that it should be *obligatory* on the part of each FELLOW to contribute his mite (*hear, hear*); it should not be left as a free-will offering, but it should be considered as an essential contribution, upholding the

respectability, dignity, honour, and welfare of the whole profession. (*Loud cheers.*) Such is the scheme for the new LONDON COLLEGE OF MEDICINE. It will be remarked that, in order to render this institution effective, lasting, and useful, that an act of parliament be procured, but I would say, First give the thing a “local habitation and a name” before you apply for an act of parliament. Look at the London University, it has no charter, no act of parliament (*cries of “But it will have”*); yes, it *will have*; but I ask if there had been no University, would any body of men, however numerous or powerful, be enabled to succeed in an application for a charter? The London University *will* receive a charter; it is working well for the public; is entitling itself to government protection, and will receive it. (*A cry of “No, it’s not working well.”*) Be it so; we will not now contend for the well or the ill; we will not now inquire whether it is working well or ill for the public; all I now demand is, that we determine to possess an institution which shall prove an honour and an ornament to the whole medical profession. (*Cheers.*) It may be said by some gentlemen around me, that it is desirable before attempting to establish a new college, that we endeavour to reform the old one. Gentlemen, I say let us have two strings to our bow; let us establish a new college, and let us at the same time assert our rights in the College in Lincoln’s-Inn-Fields. (*Cheers.*) There is no reason why we should allow the usurpers to sleep quietly on their beds of monopoly; no reason on earth why we should allow them to repose in peace upon their couches of iniquity. (*Hear, hear.*) We should proceed therefore firmly to prosecute our rights in Lincoln’s-Inn-Fields, and at the same time let us establish a *new* college, for it is only by means of such an institution that you can break down the discrepancies which disturb and disgrace our profession. (*Hear, hear.*) Why is a man of pre-eminent surgical knowledge and abilities—why is he to be defeated in his pursuits by a person who may be infinitely his inferior in talent and education, merely because his opponent happen to enjoy the title of Doctor? If he be an apothecary and qualified to practise his profession, why is he to be crippled by any other men because of his title? Therefore, I say, in order to unite the whole profession, in order to dissipate the jealousies which are tearing and destroying the best feelings in our profession, and tarnishing its just fame, let us all combine and work together for the attainment of one great and good end. (*Cheers, and Hear, hear.*) Gentlemen, in conclusion, I implore you to raise your voices in favour of the new college. (*Hear, hear.*) I beseech you if you have reflected

on the subject—I beseech you if you value your services—I intreat you if you love human nature—I urge you if you will protect the human race—I implore you if you would defend the inmates of our hospitals from cruel experimentalists—if you would see the wrongs of the poor redressed, I implore you to exert every power of which you are masters, and come forward heart and hand in support of a new London College of Medicine (*Hear, hear, hear*)—a college calculated to destroy envy and to annihilate monopoly (*cheers*)—a college where the whole voice of the profession will be freely heard, where no interest, except the interest of worth and talent, can have sway. (*Great cheering.*) Gentlemen, you are a great, a powerful, and a learned body; the whole world is indebted to medical science, and there are no men in the universe who are so competent to understand the intricacies of human nature, so competent to the investigation of the powers of the human mind, as medical men. (*Hear, hear.*) We regulate the course of life, and we fearlessly grapple with death. (*Hear, hear.*) The hopes of thousands hang upon our exertions. The hopes of millions rest upon the knowledge which we acquire in early life. (*Hear, hear.*) Recollect how the kind husband—the affectionate wife, often rush to you in the wildness of despair imploring your skilful aid—seeking your protection in a moment, perhaps, when they expect that within one short hour everything joyous, unless your efforts succeed, will be torn from their grasp for ever. (*Loud cheers.*) A profession like this, Gentlemen, is deserving of all the support which men of learning and ability can bestow upon it (*hear, hear, hear*); therefore, I say, let no more jealousies, no more discords, find a place amongst us; but let us all come forward with one accord, united by one irresistible determination to establish a glorious college—a temple raised in honour of medical science, and to the fame of its votaries—a temple erected before the shrine of Charity—a beautiful Monument, founded upon the adamant pillars of truth. (*Loud and long-continued cheering, the gentlemen rising in a body and waving their hats with peculiar earnestness.*)

The chairman then put the motion, which was carried with only one dissentient.

Mr. KING rose to move the next resolution. I feel, Gentlemen, that it is no easy task to address the meeting immediately after so able and so eloquent a speaker as the gentleman who has just sat down. Upon the resolution I am about to submit to the meeting, there may be a difference of opinion. I hope, therefore, that all will think of it well before they either approve or disapprove; remembering that I stand here as willing to be convinced by the arguments of others, as

to endeavour to convince others by my own. The gentleman who last spoke has taken a *practical* view of the subject, and with the permission of the meeting, therefore, I will take rather a different course in the few remarks I shall submit to you. Let me first of all inquire then, whether there really exists any natural division between the practice of surgery, physic, and the dispensing of medicine? I think that no man in this room will say that there does. For example; the surgeon who takes off a limb, ought to be able to prescribe for the fever that supervenes upon the amputation. He ought also to be able, in case there were no chemist or druggist at hand, not only to prescribe, but to send to the patient the necessary medicines; for surely, unless he possess the ability to perform each office, the amputation ought never to have taken place. (*Cheers.*) Indeed the divisions which at present distinguish the profession are in every respect detrimental to the welfare of our fellow-creatures and the advancement of sciences. For as our institutions now exist, medical students are obliged to come to London to devote one portion of time in preparation for an examination in Lincoln's-Inn-Fields, and one portion of time in preparation for examination before the Apothecaries' Company; and if they wish in after life to obtain the rank which ought to be conferred on industry and talent, they are obliged to keep terms at some one of the universities for an immense length of time, in order to enable them to become Licentiates of the College of Physicians. In this way an egregious sacrifice of time is made to obtain a respectable rank in the profession. I can speak from experience to the fact, for I have been for the last five or six years a teacher in anatomy, that the moment medical students have the knowledge crammed into them which is necessary to obtain one diploma, they expel it from their memories for the purpose of acquiring information in another branch which will enable them to obtain a degree in it, and thus, from the division into which the profession is branched out, the greatest evils result. (*Loud cheers.*) [The worthy speaker here showed how strongly these facts bore upon the question of a new medical college, embracing in its examinations every department of medicine and surgery, and then pointed out the effect of the monopolies existing under the present injurious system.] I myself (said Mr. King) stated to Mr. Brodie on one occasion, my desire to become a candidate for the office of surgeon then vacant in one of our London Hospitals, and the reply of Mr. Brodie was, "Sir, if you were a second Hunter, and had not been our apprentice, you would stand no chance of getting elected." (*Hear, hear, and shame,*

shame.) With respect to our present surgical institution, some gentlemen may consider that it would be better to attempt to reform the old one than to erect a new one. I am not of that opinion. I have always found it much better and much easier to form a good thing at once, than to endeavour to make an old and a bad one good; and I believe that the present establishment has become so corrupt, as to be *beyond* the reach of improvement or repair. Besides, I cannot believe that the governing powers of the College of Surgeons will ever consent to be reformed, since they would not allow even their own members (until very lately) to go into the theatre of their own College at the front door; and since they send for Bow Street officers to expel the members from their own theatre. (*Lead cheers and laughter.*) The number of new institutions that are springing up and receiving the sanction of the highest authorities and most influential personages in the country, is highly encouraging to the project for forming a new College of Medicine (*hear, hear*); and I think that if it were so formed as to entitle itself to the confidence of the public, the present enlightened government would afford its just protection to it. (*Cheers.*) In such an institution, the examinations of medical students would be conducted as the examinations of gentlemen and not of boys. The extent of their knowledge should be ascertained by a conversational, rather than a categorical mode of inquiry, such as is now pursued, and by which the offensive and too often unjust term *rejection* of a candidate would be entirely obliterated. If a little further time were required for proficiency in any particular branch, the student might have the department in which he was deficient pointed out to him, in a manner not calculated to hurt his feelings, and throw a blot upon his character for ever. Entertaining these views, I am prepared to exert myself to the utmost in the formation of a new college, courting no friendship, nor going out of the way to attack any enemy. We should solicit support only from the public; and our claim for that support should be, that we are steering the vessel forwards for the public good. [Briefly adverting to the attacks which the new institution would probably meet with from the friends of corruption and the enemies of science, the learned and eloquent speaker concluded by moving, amidst the warmest applause, the following resolution.]

"That the establishment of a new medical college on principles in accordance with the present state of science, presents, at the same time, the most practicable means of obtaining a general and complete reform in the system of medical legislation, is calculated to afford the greatest security to the

public health, and will most effectually increase the utility, and advance the rank and respectability, of the general body of the medical profession."

Dr. JOHN EPPS rose to second the resolution. There were two points in it, he said, to which the attention of the meeting required to be more particularly directed; first, whether the present state of the medical institutions of this country were suited to the advanced state of medical science; and secondly, whether any means could be adopted for so remodelling those institutions as to render them adequate to the existing wants of the profession and the public, and render a new college unnecessary. After giving the subject his best attention, he had himself come to the conclusion, that they were altogether unsuited to the present state of knowledge. It was impossible, in his opinion, to remedy the defects of the present system by any alteration in it; no step that could be taken but that of forming a new college could be efficient; there were some institutions so bad in principle, that with whatever industry the malignant branches might be lopped off, the trunk itself was too completely cankered in its centre for it ever to yield any fruit that was not poisonous. Such was the case with the present College of Surgeons. (*Cheers.*) Where could a stronger proof of the truth of this be seen than in the case of Mr. Lawrence? (*Hear, hear, hear.*) He was sorry that the meeting had felt it necessary to receive that Gentleman's name with the hisses which had saluted their ears. Mr. Lawrence was a gentleman who had long conducted himself in a manner calculated to merit the praises of his countrymen. He seemed to have been born in the very cradle of science and liberality; yet it had been found, painfully found, that the very instant he got into the pestilential air of the college, instead of preserving the strength of a giant, he had sunk, like Sampson, into the lap of a Delilah. (*Immense cheering.*) He (Dr. Epps) could not avoid calling to mind, when thinking of Mr. Lawrence, the singular but honest statement of the excellent Lord Chancellor respecting the abuses of the Court of Chancery. His Lordship said, he held it imperative to hasten to the remedying of those abuses, for though he had only been a short month in the court, he felt the mud so clinging to him, that unless he exerted himself to the utmost he should sink beneath its weight. (*Hear, hear, hear.*) This unfortunately had been the fate of Mr. Lawrence. They must then act for themselves; and he believed that there would scarcely be a medical man in the country (thousands of whom were anxiously looking for the result of that meeting) who would not afford a new college every sap-

port. He thought, with Mr. King, that such an institution would speedily ensure the confidence of the public and the hearty and powerful protection of the legislature, the great principle inducing to its erection being the good of the community, a principle which none could possibly gainsay. (*Cheers.*) He should conclude by seconding the resolution.

Mr. SLEIGH rose before the motion was put to the meeting by the chairman, to make some observations prefatory to an amendment which he intended to move. I should not, he said, have intruded myself this evening had it not been that these are times when all private feeling must be sacrificed to public good, and when it behoves all men to come forward boldly and speak their sentiments, or silence itself becomes a crime.

(*Cheers.*) I beg leave thus early and thus publicly to express my opinion, first, upon that wretched institution in Lincoln's-lun-Fields; secondly, on the disgraceful outrage which was committed there on Tuesday against the members at large, of which I was an eye-witness; and, thirdly, I wish to do an act of justice to several hundred persons who long ago came forward and united themselves with me to do that for which this meeting has now assembled. As regards the wretched establishment called the Royal College of Surgeons in London, I have ever entertained but one opinion; namely, that its constitution is equally repugnant to every principle of justice and to the whole British nation (*hear, hear*); but I think that the system of self-election in that College is the ground-work of all the evils which have given rise to so many complaints against it,—a system indeed which originates so pestilential an effluvia, that it is capable of contaminating the noblest mind; and I do not hesitate to declare that no man is firm, virtuous, and independent enough to resist its effects, and avoid serving his own interests instead of those of his fellows, if the opportunity be afforded him of doing so. (*Cries of "No, no,"—"How dare you say so?"*) There is, Sir, one great abuse which has not been noticed during the evening, that the Council make laws for the government both of themselves and the members, while the members have no voice whatever in their enactment. The Council also take the money of the members, but they never render to them any account of it. According to a rough calculation I have had made, independent of fines and fees which they must have received, their receipts, since 1800, must have amounted to at least 10,000*l.* a year. On the next point, the late outrage committed by them in the theatre, words are inadequate to express my disgust at that unprofessional, that unconstitutional, that unmanly attack. (*Loud*

*cheers.*) It was not only an assault upon the gentleman who was dragged like a felon from his seat, but it was the grossest insult that was ever offered to the members of the College at large. (*Hear, hear, hear.*) How glaring a specimen of English manners and conduct to hold up to civilized Europe, that policemen were brought in by the President and Council to turn the members of the College of Surgeons out of their own theatre, as if they were a set of pick-pockets, or the lowest rabble collected together. Even had they been characters of this stamp, a compliment would but have been paid to them by the reading of the riot act (*hear, hear*), before any man had dared to touch them. But without even so infamous an apology as this for the conduct of the assaulters, the members were rushed upon with violence, and expelled from their own theatre, *vi et armis*, in the most disgraceful manner. (*Hear, hear.*) I witnessed the whole transaction, and I defy any man who regards truth to say that the conduct of Mr. Wakley on that occasion was in any respect otherwise than most manly and spirited, and such as was worthy of a Briton. He stood his ground as an independent and heroic man, until he was forced from it by overpowering weight. (*Cheers.*) Having thus expressed my unequivocal sentiments respecting that most disgraceful outrage, I shall proceed to my third point. Before doing so, however, I wish to bring back the recollection of the assembly to the meeting that was held in 1825 or 1826 in the Freemason's Tavern; a meeting, I believe, principally called through the instrumentality of Mr. Wakley, and at which Mr. Lawrence was in the chair. I was present on that occasion, and disapproved of the measures then adopted, because I believed that they would fail of success, as the result has showed. Notwithstanding this, I should have signed the petition that was prepared in pursuance to a resolution passed at that meeting, had it not been that I read in a number of the valuable journal conducted by Mr. Wakley (*hear, hear, hear*), an intimation,—or rather a threat,—an intimidation held out to compel the profession to come forward to sign it: it was to this effect, "A black book shall be kept, in which the names of those shall be entered who do not sign the petition." This threat I despised, and on account of it refused to give my signature. (*Cries of "Read the passage," and "Question."*) I am coming to the question. I have not got the number of *THE LANCET* with me, but I can pledge myself to the accuracy of my representation. I have waited for four years to see what the result of that meeting would be. The petition was presented to Parliament, and the Speaker's order with regard to it has been impli-

cilly obeyed, for on his table has that petition lain, from the moment at which it was presented, to the present hour. (*Hear and laughter.*) Believing in the end that the only way to get rid of the existing college was by the formation of a new one, I drew up a prospectus of the principles upon which it appeared to me such an institution could be and ought to be established. Before doing so I waited on many gentlemen, and particularly on Mr. Wakley, whom I regarded as the oracle of the feelings of the profession, and the powerful advocate of medical independence, and laid before him the prospectus. Mr. Wakley found fault with a clause in it, and said that the Attorney-General would interfere to stop such an institution. I begged Mr. Wakley to consider the subject, and said I would wait upon him again. On the next meeting, Mr. Wakley said, that on further reflection, he thought it would do, and he believed that it was exactly what Mr. Lawrence had had in view some time before. I observed, that in my opinion neither Mr. Wakley nor any other person had ever heard of Mr. Lawrence entertaining such views. (*Cries of "Question, question."*)

The CHAIRMAN really thought the speaker was digressing from the subject before the meeting.

Mr. SLEIGH submitted that he was not, and, with many interruptions, proceeded to read from a paper an account of the principles upon which the institution he alluded to was proposed to be formed.

The CHAIRMAN trusted that the interruptions would cease, though he could not see how Mr. Sleigh's course applied to the objects of the meeting.

Mr. SLEIGH proceeded. This is the first opportunity I have had of asking Mr. Wakley, as a man, and I expect impartiality from him, in the name of those gentlemen who came forward to support the institution which I projected (some of them the most respectable in the country), on what ground it was that Mr. Wakley wrote the following paragraph respecting it. (Mr. Sleigh here read from THE LANCET, No. 333, the following passage):—"A document entitled 'Prospectus of the British College of Surgeons in London,' was published in No. 312 of this journal. The paper appears to have produced no little sensation in the different ranks of the profession, and this to a considerable distance from the metropolis. The inquiries respecting this offset of corruption are, in fact, multiplying with such rapidity, that we shall feel called upon to notice its peculiarities in our next LANCET. Thus much we may now say—that it is too puny, and meagre, to afford shelter to a single upright, intelligent, zealous SURGICAL REFORMER. Begotten in dishonour, it must perish

in disgrace." The only reason I ever knew he gave for this was, that the first meeting proclaimed to establish the college, was announced to be a public one; but surely a more satisfactory reason for objecting to it could be assigned, and it is absurd that a new institution, such as is now proposed to this meeting, should be commenced when one, in all respects the same, called "The British College of Surgeons in London," is already in existence. Accordingly I have an amendment to propose to the resolution just offered, which, with the permission of the chair, I will now read:—

"Forasmuch as an institution called 'The British College of Surgeons in London' was commenced in 1829, the fundamental laws of which, as read at this meeting, appear to be not only perfectly competent to protect and support the honour and independence of the profession, but fully adequate to the advancement of science, resolved, that an open Committee be now appointed to investigate all circumstances connected therewith, and to have a report of the same prepared for another public meeting, to be held with as little delay as possible."

Mr. JONES seconded the amendment.

The CHAIRMAN. In coming here to preside on this occasion I did not expect that we were to have entered into the subject of any controversy that may have occupied the columns of THE LANCET, or any other work (*hear, hear*), and I submit to you, that if we are to go into details of which we have just had an example, the night will be nothing like long enough for the discussion. If I am appealed to, I should say, that this is altogether out of the routine of business. (*Hear, hear, hear.*) I feel, however, that as a charge has been made against Mr. Wakley, he cannot, in justice, be refused an opportunity of shortly answering that portion of it which is personal, but beyond this, if you are to carry your proceedings to any thing like a termination this evening, we cannot possibly go. If you agree with me, I shall then submit that Mr. Wakley be allowed a reply to the personal remarks, and nothing more, and that then we should proceed to the regular business of the meeting. (*Cheers.*)

Mr. WAKLEY then came forward. As a public man I am always delighted when an attack is made on my conduct in my presence, because I can defy any man on earth to say, in truth, since I became a public man, that I have ever adopted any course which was intended to serve my private interests, or to sacrifice the public good. (*Cheering.*) Mr. Chairman and Gentlemen, the first allegation made against me is this—That I threatened to record, "in a black book,"

the names of those gentlemen who refused to sign the Surgeons' Petition, presented to the House of Commons in 1846. My memory, I believe, is not a very bad one, but I declare that I do not recollect, in the whole course of my life, having made any such declaration, and it is very extraordinary if I ever did that, as Mr. Sleigh can produce *THE LANCET* for one thing, he cannot produce it for another. (*Cheers.*) I will not deny that I may have said their names *ought* to be recorded. (*Hear, hear.*) I say so *now* (*hear, hear*); and I should like to know if they have done no wrong, why they should dislike to have their names published. (*Cheers.*) Well then, that charge is dismissed from your minds. But I am inclined to look with some suspicion on whatever statements Mr. Sleigh may make on these points, because, for some time, we have been at issue on the subject of reform. Mr. Sleigh came to London in 1823, when the monopolizing by-laws came into operation; and at that time he was frequently with me, arguing the necessity of getting them removed. I told him to commence lecturing, and hold to defy the College. He tried again and again, but could not succeed; and then he came to me with a letter from himself, which he wished me to publish against the College, and which accordingly I sent to the printer's. This letter was actually in the hands of the printer, when Mr. Sleigh came again to me in great haste to prevent the publication of that letter, and said "Be Jesus, Mr. Wakley, they have recognised my certificates, and I think I had better not publish that letter. I think I had now better leave them alone, and let other people fight, for I have got what I wanted." (*Hear, hear, hear, and Shame, shame.*) Now with such a man as that I could not act in matters of reform, nor indeed could any honest man. (*Cheers.*) Mr. Sleigh says that *he* projected the principles of the institution, which is called the British College of Surgeons; but I say that the principles of that college were made public by myself as far back as the month of May, 1824, when I stated that the members of our College should never rest satisfied until they had obtained means of representing their own body. (*Hear, hear.*) Mr. Sleigh says I stated that the British College was "founded in dishonour, and would perish in disgrace." I say it *was* founded in dishonour—at least in my opinion, and I will tell you why. A prospectus for this College was published by Mr. Sleigh, and at the end of it there were two notes,—one of them stating that a meeting would be held at a certain place in Leicester Square, at which meeting no gentleman should attend who was not favourable to the establishment of the college, thus gag-

ging the mouth of every man who might enter the building. At that meeting certain resolutions were to be agreed to, which resolutions were to be submitted to a *general meeting*. Now, will you believe it,—and I am astonished at the audacity of Mr. Sleigh, I am astonished that he, or any man under such circumstances, should come forward and make a charge against one who was acting in the open and fair discharge of his duty, I am surprised at the astounding brass (*loud cheers*) which enabled Mr. Sleigh to come forward on this occasion,—Gentlemen, attend to the fact I am about to state to you,—let Mr. Sleigh's friends attend to me,—at the first meeting, no person was to attend who was not favourable to the proposition! therefore no gentleman, however unfavourable to such an institution, was to have an opportunity of speaking, because, as it was said in the second note attached to the prospectus, the resolutions then proposed would be submitted to a subsequent general meeting, at which they might be fully discussed—although (will you believe it?) it was immediately afterwards advertised, that those resolutions had been passed at a *general meeting*, and that the college "*Was established.*" (*Hear, hear, and Shame, shame.*)—no public discussion upon them having ever been permitted from that hour to this—no man having had an opportunity of offering a single objection to them! The child was reared, as Mr. Sleigh perhaps thought it *ought* to be reared, and behold its fate! (*Hear, hear, hear.*) I ask you, whether I was not correct in saying that such an institution was founded in dishonour? (*Cries of "Yes, yes"*), and whether I was not equally correct in predicting its ultimate end—that it would perish in disgrace—for in disgrace it *has* perished? (*Very great cheering.*)

THE CHAIRMAN. If the mover and seconder of this amendment wish it to be put, I shall now do so; but I am anxious to observe, that I hope our time will not further be taken up with discussions that have long passed.

MR. SLEIGH intimated his wish that the amendment should be persisted in.

The amendment was then put and unanimously rejected, the meeting evincing strong marks of disapprobation at the motion, and carrying the original resolution by acclamation.

MR. GEORGE WALKER rose to move the third resolution. He was satisfied, he said, that nothing could meet the exigencies of the profession short of a new college, and he hoped there would be no lack of energy in the great body of the profession, in co-operating with himself and others for its immediate formation. (*Cheers.*) As as

time was to be lost, he would immediately move the following resolution:—

“That a committee of five, with power to increase their number to twelve, be appointed to examine deliberately into the best plan for the formation of a new institution. That this Committee do frame a code of laws and regulations for its general government and operations, and that they be required to report minutely on its several details to a general meeting, to be held within six weeks from the present day. Further, that no resolution shall be adopted by the Committee, unless it have received the sanction of two-thirds of its members.”

Dr. MORSON had great satisfaction in seconding the resolution. He strongly deprecated the system of monopoly which prevailed in the existing College of Surgeons, and cordially approved of all that had been stated with regard to it. The new College should have his hearty support. (*Cheers.*)

Mr. W. MARSDEN was also deeply convinced of the necessity which existed for removing the grievances of which the members of the College of Surgeons so long complained. The only doubt with him was, as to the mode in which those grievances could be best and most effectually remedied. He was inclined to think that a petition to the legislature for a reform in the old establishment, would be the right course. (*Cries of “It has been unanimously resolved that a new College shall be formed.”*) He was aware of this; at the same time he thought good might be done by going to Parliament directly with a petition against the abuses in the old College; he therefore moved the fourth resolution:—

“That the Council of the Royal College of Surgeons in London have, by a long and continued system of arbitrary oppression and vexatious conduct towards the members of the College, assumed a jurisdiction which can never be constitutionally vested in any corporation, and that by the adoption of by-laws and regulations inconsistent with the interests of that institution, and the exercise of repeated acts of authority subversive of its objects, they have, in the opinion of this meeting, lost the confidence of the profession, and justly forfeited their privileges and charters;—that a petition be therefore presented to the legislature, praying the appointment of a Committee to inquire into the conduct of the President and Council of the Royal College of Surgeons in London, in the administration of their duties, and the present state of medical knowledge, and to adopt a remedy for the abuses which this meeting believes to exist in its government and constitution. That such petition do lie for signatures of members of the College at ———.” (*Cheers.*)

Mr. WALKER seconded the resolution.

Mr. WAKLEY earnestly recommended going to the legislature for relief against the abuses of the present College of Surgeons. It seemed to him, that such a course was perfectly compatible with the formation of a new College. In the end it might turn out, that so much relief was afforded by Parliament with respect to the old College, that it might be found expedient to adapt the principles of government intended for the new College, to the old College in Lincoln's Inn Fields.

The CHAIRMAN put the resolution, which was carried unanimously.

Mr. BAINBRIDGE then moved—

“That temporary chambers be taken, and a secretary engaged, for the accommodation and service of the committee appointed to report on the New Medical College;” which was seconded and carried unanimously.

The following names were then given in by the meeting to form the Committee, and unanimously adopted:—Mr. Wakley, Mr. King, Mr. Waller, Dr. Epps, and Dr. O'Shaughnessy.

Mr. DERMOTT trusted that all the gentlemen who should be appointed on the Committee, either then or subsequently, would be reformers, anatomically speaking, to the back bone. (*Hear, hear.*)

Mr. WAKLEY then moved the thanks of the meeting to their honourable and talented Chairman. He congratulated the profession at large that there was such a man in the House of Commons, and that that man was a surgeon. (*Cheers.*) If the public could be as fully aware as he was of the great worth of their excellent Chairman, of the immense benefit he was unobservedly rendering to the public, they would think with him, that if a monument of gold could speak more plainly the gratitude which the country owed him, than one of marble, he ought to have it. (*Great cheering.*) Of his own knowledge, the worthy Chairman was in the constant habit of devoting seventeen hours out of the twenty-four to the public service; and it was his decided opinion, that they owed the reduction of millions and millions in the public expenditure solely to Mr. Hume. (*Immense cheering.*)

The CHAIRMAN said,—Gentlemen, I feel that I have but inadequately fulfilled the duties I undertook when I entered this room. (*Cries of “No, no.”*) With respect to the proceedings of this evening, I have long been convinced that great reform is necessary. Some years ago I attempted to commence,—indeed, I had *begun*, some amendment. I had something to do with the Bills, the Apothecaries' Bill particularly, which have been alluded to; and I then obtained an amendment of that Bill, while it was in the House of Commons,



which would have answered a great deal of what is now asked for; but the clause was struck out in the House of Lords, and, what is extraordinary, without my knowledge. It was an amendment permitting general practitioners to charge for their attendance. With regard to the College of Surgeons, I am satisfied that no man can, for a moment, consider the subject, and say that its government is suited to the circumstances of the present times. (*Hear, hear.*) Whether the endeavour to form a new establishment will succeed better than an attempt to reform the old one; is not for me to say; but I am quite satisfied the time is come when a GREAT REFORM MUST TAKE PLACE. (*Loud cheers.*) It is only necessary for those in the profession *steadily to persevere*, and their objects will be accomplished. If I were disposed to offer an opinion at present, I should be inclined to say, Let us make a new College of our old house. When the subject goes before the House of Commons, I apprehend you will find the object there to be, to avail themselves of any opportunity of reforming the old College. At the same time, I should think you are acting wisely to have the whole field before you, as you can then subsequently take what course circumstances may point out to be the best. (*Hear, hear.*) I can only say that my efforts, which are very feeble, shall be perfectly at your service. I was in the house when my friend Mr. Warburton presented the Surgeons' Petition. I know that no man could have been more anxious than he was to proceed with that petition. But he found the influence in the house so great against it, that so many hon. members had been sent to upon it, consulted upon it, and had been so much prejudiced and influenced against it, that Mr. Warburton, after consulting with me, abandoned the attempt to bring forward a motion founded upon that petition, for the appointment of a committee to inquire into the abuses of the college. He felt that it would be better (and I advised him to the same course), to let it drop than bring forward a motion which was sure to fail. It is now in our power to take up that petition again; or to present another petition, upon which the house will act as it may be advised. It would be necessary in going to parliament, that you should embody distinctly and clearly all those matters of which we have a right to complain respecting the college. I doubt whether it would be prudent to include in one petition your complaints against both institutions, the College and the Apothecaries' Company; but, whatever is done, take care to make your charges distinct and intelligible, so that in case of going into a committee, you would be prepared to prove to the house

all the abuses you may bring before them. (*Cheers.*) I am not aware that there would be much expense attending this. The inquiry would be a public one, and there is only a trifling expense attending such an inquiry beyond the cost of witnesses; and I should hope you would have no occasion to pay any thing for them. Further, the object of this meeting would be best effected, by joining to the petition to the house, a petition to the Secretary of State for the home department, whose business it is to attend to these things, and from whose office they go into the House of Commons. It would be necessary, also, that you should lay a memorial before the Secretary of State, to be presented to the First Lord of the Treasury; and in that way your complaints will be better brought forward. Then, when once we have got clear of the great question which is now before the house, for it will be very important not to advance any question of public interest until then, and when, I trust, we shall have a reformed House of Parliament, I have every confidence that your complaints will be listened to. (*Cheers.*) But I think that six weeks, as stated in one of the resolutions, is rather too short a time. The committee will doubtless take due time to prepare their statements, but I think they had better not press the subject on the Government till the house is prepared to receive it. It is well known that the present question will engross all our time for some period yet; if it be decided favourably, there will be but little time before we go back to our petitions, and if not, I hope that still less time will elapse before we are engaged with them. (*Hear.*) If this parliament should be dissolved, and I should be a humble member of the House when the next parliament assembles, I should certainly be glad to render every assistance to you that may be in my power. I certainly feel it a duty towards those in the same profession as myself to do every thing I can to place them in the honourable and respectable condition which their very important situation in life demands. (*Loud cheers.*) With regard to the naval surgeons, I assure you that the moment I heard of what I shall call a shameful insult to that branch of the profession; when I heard of the stigma which had been thrown upon them, I felt it my duty instantly to complain of it, and to call upon the first Lord of the Admiralty to explain how it had occurred (*repeated cheers*), and I trust there is reason to expect that the stigma will be removed. It of course rests with his Majesty, but then he acts by his advisers, and I hope that the result of the public feeling which has been expressed on the subject, will be to place the surgeons and assistant surgeons of the navy in the

station which they ought to occupy. It is impossible to suppose that his Majesty's navy will be supplied in future with men of talent and respectability, if they are to be thus degraded. (*Hear, hear.*) I may only further say, that I know a navy surgeon on half pay, who, when he was informed that he could not attend the levee in consequence of that office, directed his name to be struck off the list, when he became at liberty to attend immediately. (*Hear, hear.*) Therefore, I should hope while you are attempting to remedy some of your grievances, that some means will be taken to lay before the government the sense you entertain of the stigma that has been cast upon the naval surgeons. I now thank you, Gentlemen, for the manner in which you have been pleased to receive the motion that has just been made, and to assure you I shall to the latest period of my life appreciate it. (The hon. chairman then left the room, attended by the committee and several of the gentlemen, amidst the loudest acclamations.)

## THE LANCET.

*London, Saturday, March 26, 1831.*

A FULL report of the proceedings of the Meeting held at the Crown and Anchor on Wednesday evening, the 8th of March, will be found in our present Number, and we doubt not that the detail will receive that attention from the members of the profession which the vast importance of the subject so strongly demands. Without energy and co-operation, it will be impossible to succeed in this great undertaking for establishing a new College of Medicine; but with zeal and co-operation on the part of the great body of medical practitioners, it will be impossible to fail. As the multifarious professional abuses are explained so much at length in the addresses of the various speakers, we shall not dwell upon them in this place, merely contenting ourselves with requesting that medical gentlemen in every part of the kingdom, will not only apply their minds to a comprehensive view of the whole subject, but take the earliest

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opportunity of communicating to the committee their candid unbiassed opinions.

The following propositions embrace the chief principles by which it is intended that the new College should be governed. The propositions are here placed in detached parts unencumbered by comments; and for the convenience of reference, each paragraph is numbered, so that correspondents in their letters will only have to refer to Par. 1, 2, 3, 4, &c. in order to be fully understood. Up to the present hour, the scheme has received, so far as we can learn, the unanimous approval of the profession. The feeling in its favour is, indeed, of so determined a character, that a complete and glorious triumph will be the certain reward of the zealous and sincere medical reformers.

### SCHEME OF GOVERNMENT FOR THE LONDON COLLEGE OF MEDICINE.

1. All medical gentlemen now *legally qualified* to practise in either branch of the profession shall be deemed eligible candidates, *without examination*, for the Diplomas of the LONDON COLLEGE OF MEDICINE.

2. The possessors of the Diplomas to be denominated FELLOWS, and to be entitled, both in and out of the College, to the title of DOCTOR.

3. The College to be governed by a PRESIDENT and COUNCIL, who are to be elected annually by the FELLOWS in general convocation.

4. During the *first year* the Diploma from any University or College of Physicians or Surgeons, shall be deemed a sufficient qualification to entitle the Candidate to the Diploma of this College. But the DIPLOMAS of the LONDON COLLEGE of SURGEONS, dated *subsequently* to Tuesday the 8th of March, the day on which the infamous assault was committed on the MEMBERS, *will not be received.*

5. The examination of Candidates to take place in PUBLIC, and to be conducted by the PRESIDENT, a COURT of EXAMINERS, and a MEDICAL JURY. Each Candidate to be ex-

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exained, in *anatomy* and *surgery*, on the *dead body*.

6. Candidates will not be required to produce any CERTIFICATES whatsoever, as COMPETENCY to undergo a fair and searching practical examination, will be considered the only professional QUALIFICATION necessary for the attainment of the DIPLOMA.

7. All Candidates to undergo a general examination in *Anatomy, Physiology, Pathology, Surgery, Midwifery, Practice of Medicine, Materia Medica, and Chemistry*. They will be required, also, to furnish short translations from the *Greek and Latin*, and, probably, from the *French and German* languages. Whatever may be the determination of Candidates with regard to the *line of practice* which they may pursue after they have obtained the Diploma—that is, whether they confine themselves to medicine, surgery, or midwifery,—it will not be admitted by the COURT of EXAMINERS and the JURY that there ought to be any distinctions in *medical education*.

8. The FELLOWS will be at liberty to practise in any branch of medical science; but public security will demand that the Candidates display a competent knowledge of the elements of the whole.

9. The sum to be charged for the Diploma will be the lowest that can be named, consistent with the maintenance and utility of the College.

10. It is intended that the act of incorporation shall concede to the PRESIDENT, COUNCIL, and FELLOWS of this College, assembled in general convocation, the right to *elect* the *medical* officers of the great chartered HOSPITALS; their choice, however, to be subject to the approval of the First Lord of the Treasury. The authorities of the College to be further empowered to remove such officers, in case of incompetence or neglect of duty.

11. A COLLEGIATE ELEMOSYNARY FUND to be instituted for the support of the *widows* and *orphans* of FELLOWS who may be so unfortunate as to leave them unprovided for; and also to render assistance, in cases of absolute necessity, to any of the FELLOWS themselves who may be reduced to distress by circumstances over which they may have no control; such claims not to be enter-

tained unless supported by testimonials of high moral character.

12. The ELEMOSYNARY COLLEGIATE FUND to be established and maintained by life, or annual, contributions from the *whole* of the FELLOWS; and the payments to be regulated by the FELLOWS at the *annual collegiate convocations*.

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THE Council of the College in Lincoln's Inn Fields are, we understand, propagating a report, that they announced to the Editor of this Journal, previous to the 8th instant, that the order for excluding naval surgeons from the King's levees was rescinded. It is scarcely necessary for us to say, that there is not one word of truth in this report; the entire statement is wholly and unequivocally false. The Editor of this Journal has received no direct communication whatever from the College, with the exception of two printed circulars relating to the postponement of the lectures; and no communication indirectly, except the statement published in the note from Mr. KING, that the Council could not act upon the resolutions, in consequence of the "irregularity" of the proceedings. If any other communication were intended for the Editor, the College could not have employed a trustworthy messenger. But the whole report is a mere trick—a subterfuge—a mean and contemptible manoeuvre, resorted to with a view to deceive the members of the College, and to impose upon the public. Failing to discover any, the least, just apology for their infamous and ruffianlike conduct on the 8th inst., they have not hesitated to resort to falsehood, and to endeavour, by giving circulation to misrepresentations, to make the profession believe that the interference on behalf of the naval surgeons on the 8th inst. was uncalled-for,—“because,” say this contemptible junto, “we had sent to Mr. WAKLEY before that day, to tell him that the obnoxious order *was* rescinded.” The immediate tools of the Council *might* have

believed this statement. The toad-eaters of the Council might have *affected* to believe it, even in opposition to the most unqualified contradiction from ourselves; but the manly integrity of the Lord CHAMBERLAIN has set the question at rest. On the very day that the deputation of members waited upon his Grace the Duke of DEVONSHIRE, his Grace communicated the commands of his Majesty to the Lords of the ADMIRALTY, and the circular,\* which was immediately transmitted from the Admiralty to the naval surgeons, bears date the 17th inst.—the very day, as we have already stated, on which the deputation waited on the Lord CHAMBERLAIN, and on which his Grace communicated his Majesty's commands to the Lords of the Admiralty. After this plain statement of facts, the Council, with all their impudent audacity, will scarcely be foolish enough to repeat the falsehood which they have invented in order to extricate themselves from a portion of their difficulties.

We congratulate the members of the College with feelings of the most heartfelt satisfaction on the victory they have gained over injustice and oppression on behalf of the surgeons and assistant-surgeons of his Majesty's navy, who, on their parts, will ever recollect with sentiments of the deepest esteem and respect, the disinterested and generous exertions of the MEMBERS of the London College of Surgeons. They will also remember, that when the resolutions adopted at the College were laid before the Duke of DEVONSHIRE, the noble Duke,—acting, too, on behalf of his sovereign, did not, like the dirty and miserable Council in Lincoln's Inn Fields, refuse to act upon them, on account of the “irregularity” of the proceedings. His MAJESTY and the Duke of DEVONSHIRE were ready and willing to act upon the resolutions; but the meeting at which they were agreed to, was too “irre-

gular” to suit the well-arranged and noble minds of the self-perpetuating junta in Lincoln's Inn Fields.

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AN action has been instituted by Mr WAXLEY against the Bow Street Officers for the assault committed on him on the 8th inst. in the theatre of the College of Surgeons.

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OFTEN have we had occasion to express our unqualified disapproval of the conduct of the APOTHECARIES' Company; but the worshipful old ladies have now far outstepped all their previous efforts in the infamous work of monopoly and oppression. They have opened their pest-house upon the members of the College of SURGEONS. The Apothecaries' Act, as we have repeatedly shown, is, without exception, the most irrational measure that ever received the sanction of the legislature. Its provisions reach the very summit of absurdity. We have neither space nor time on this occasion to go into a full description of particulars, but the Worshipful Company, after maintaining a pausing attitude for sixteen years, has at last made a direct blow at the members of the College in Lincoln's Inn Fields, and,—it has been stated by one of the Company's agents,—WITH THE EXPRESS APPROVAL OF THE COUNCIL OF THAT COLLEGE. A member of the College, Mr. RYAN, having settled as a surgeon at a village in FARNINGHAM, in Kent, prescribed and dispensed medicines for his patients. This the worshipful dealers in asafetida considered to be an infringement upon their “Act,” and, accordingly, proceedings were commenced against Mr. RYAN, and the cause was tried at MAIDSTONE on the 17th inst., when, after a trial of many hours' duration, a verdict was returned for the plaintiff on one count only; and the jury, consisting, apparently, of very intelligent gentlemen, expressly stated that they gave their verdict in consequence of Mr. Justice BAYLEY's

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\* A copy of the circular will be found at page 868.

definition of the law. The case which the judge and jury decided to be medical,—as strictly medical,—was one of *HYDROTHORAX*!

We shall return to this subject in our next Number, and, in the mean time, we hope that a report of the trial will be in the hands of the profession, as a short-hand writer was employed, and we believe it is Mr. RYAN's intention to publish a full account of the proceedings. We cannot, however, avoid stating, that a case of more marked cruelty was never brought into a court of justice. Mr. RYAN had treated the whole of his patients with the greatest skill; he was proved to be a man of sound ability; it was proved that he was a member of the College; that he had served a seven years' apprenticeship under the Apothecaries' Company in Dublin; that he had attended lectures and hospital practice in LONDON; that he had been in the highest degree successful as a medical man; and yet this detestable, monopolizing, trading company, prosecuted him for visiting, prescribing, and dispensing, in medical cases.

The company did not DARE even to ATTEMPT to produce proof of ignorance against Mr. RYAN. Indeed, he had cured *all* his patients (with the exception of one, whom he saw but twice), and that too, in many instances, where other practitioners had failed to afford relief. The verdict, of course, is not only opposed to every principle of justice, to every dictate of common sense, but it is contrary to law, and *must* be set aside on a new trial. But the expense, the ruinous expense, to Mr. RYAN! How is a gentleman who is only just embarked in business, with pockets almost emptied by the expenses of a protracted medical education, to maintain his ground against the enormous funds of a city corporation? We cannot believe, however, that the generous and spirited members of the medical profession will stand quietly by, and see such a man as Mr. RYAN, a Member of the college, crushed by such detest-

able and infamous machinery as the Apothecaries' Company have set in motion. The iniquities which mark this transaction will surely stimulate medical practitioners of all denominations to support, by every means in their power, a new College of Medicine.

## NAVAL SURGEONS.

### *To the Editor of THE LANCET.*

SIR,—Allow me in the first place to thank you most sincerely for the kind and prompt manner in which you inserted my letter of the 22d January last, relative to the obnoxious order excluding us from the King's levees; and secondly, on the part of myself and the medical officers of the Navy, to express our heartfelt gratitude to you, to those who have acted more immediately with you, and to the members of the college generally, for the manner in which you and they have stood forward to vindicate the honour, the dignity, and the respectability, of the medical profession. Believe me, my dear Sir, the medical officers of the Navy owe you all a debt of gratitude that will not easily be forgotten, and I hope yet to give you some substantial proof of it. In order that you may see the different manner in which the Duke of Devonshire was pleased to convey his Majesty's sentiments in rescinding the orders, and that in which the Admiralty have thought proper to communicate to the service, I enclose you their circular. That was gracious, *this* ungracious—it speaks for itself. Allow me to observe, that the surgeons of the Royal Navy, though necessarily silent during the struggle, have not felt the less intensely; with many of them, their hairs are waxing grey (my own among the number), and they can ill afford to lose their hard-earned pittance. It would gratify me to see this inserted anonymously in the LANCET, to prove to the medical world, that the surgeons and assistant surgeons of the Navy are not indifferent to the exertions made by their brethren in their behalf.

Believe me, Sir,  
Very gratefully and truly yours.

March 20, 1830.

### " MEMORANDUM.

" Admiralty Office, March 17, 1831.

" His Majesty has been graciously pleased to rescind the Memorandum of the 2d December last, and to direct that any Naval Officer, not being a Commissioned Officer,

who may wish to attend his Majesty's Levees, shall be presented only by one of the Lords Commissioners of the Admiralty.  
 "GEORGE ELLIOT."

*To the Editor of THE LANCET.*

SIR,—Having seen in THE LANCET of last week that his Majesty has rescinded the order issued from the Admiralty prohibiting naval surgeons and assistant surgeons from appearing at the levees, and also that his Majesty has declared, through the Lord Chamberlain, that he entertains every kind feeling towards those gentlemen, I wish you to inform me, if you can, how long these kind sentiments have been felt; because, when his Majesty held the office of Lord High Admiral, he not only refused to see any medical officer on sending up his card at the Admiralty, but ordered that none should be admitted to an interview. It must, therefore, be acknowledged by every one, that the surgeons and assistant surgeons of the royal navy are entirely indebted to your powerful aid for the removal of this degrading order, thereby entitling you to fresh claims on their gratitude, and that of the profession at large. I am, Sir, Your obedient servant,

A. C. R.

March 23d, 1831.

EFFECTS OF THE APOTHECARIES' ACT.

*To the Editor of THE LANCET.*

SIR,—I beg leave to call your attention to the law case, at the Maidstone assizes, "The Apothecaries Company v. Ryan;" by the decision of which, it appears, that a Member of the College of Surgeons cannot legally dispense medicines to his own patients, although he make no specific charge for them, unless he be also an admitted apothecary.

According to this construction of the Act "For better Regulating the Practice of Apothecaries," the surgeon of a line-of-battle ship, who may have been for years entrusted to dispense medicine to hundreds of our brave tars, is not deemed competent to minister to the clodpoles of the smallest village, unless he shall have previously obtained a certificate from the Court of Examiners of the Apothecaries' Company, "of his fitness and qualifications to practise as an apothecary."

Now, Sir, the regulations of the Apothecaries' Company require, "that every candidate for such certificate, shall produce testimonials of having served an appren-

ticeship of not less than five years to an apothecary;" and of these, three must have been actually passed in compounding drugs, two only being allowed for the acquisition of surgical and medical science. Against this regulation, it is of no avail that the candidate may have devoted five years to attendance upon hospitals, lectures, and dissections; that he may have passed his examination as a regular surgeon; and that he may have acquired a competent knowledge of medicine: he must also have been *apprenticed* to an apothecary.

There can be no doubt that the regulation, which is calculated to throw a monopoly of all the country practice into the hands of the members of the Apothecaries' Company, was not contemplated by the legislature; for its direct tendency is, to compel every young man whose views are directed to that line, to devote the greater part of the time allotted to his studies, to the mere *business* of an apothecary, instead of the more important *profession* of a surgeon; and thus, eventually, to degrade the one to the level of the other.

It is no doubt proper, that every person who dispenses medicines, should prove that he possesses a competent knowledge of their properties; and, so far as regards apothecaries who keep open shops, the apprenticeship is only a needful safeguard to the public; but it is absurd to suppose that any regularly-qualified surgeon can be ignorant of the nature of the drugs which he administers to his own patients, and in his case it should be dispensed with. The subject is of great importance, and a notice of it in your widely-circulated columns, will confer an obligation on many a regularly-educated member of the profession, as well as on,

Sir, your obedient servant,

A STUDENT OF ST. GEORGE'S.

St. George's Hospital, 23rd March.

CROSS ILLIBERALITY OF

THE LONDON COLLEGE OF PHYSICIANS.

*To the Editor of THE LANCET.*

SIR,—From the very impartial manner in which your periodical is conducted, from the valuable information it contains, and from the public spirit displayed by yourself on many occasions, I think it becomes every member of the medical profession to give you his support. It cannot be denied, even by your bitterest enemies, that numberless abuses have by its means been brought

to light, and many of them rectified, although much still remains to be done.

In your last week's number, a correspondent who addresses you and signs himself "A Licentiate," speaks but too justly of the privations he endures as a member of the College of Physicians of London. It is really too bad that Licentiates should not be allowed the use of the library, access to the museum, and the right of attending medical discussions, without, as he truly observes, "laying himself under a personal obligation to any fellow who may be elected a librarian or curator of the museum."

It has been my good fortune to travel a good deal on the Continent of Europe, visiting the principal universities and schools of learning; and I do not remember a single instance where, upon making myself known as a physician, every opportunity was not afforded me of procuring medical information; and I do not remember an instance where every resident physician had not only free access to the library, &c. himself, but also the privilege of introducing any medical friend. I might quote Paris, Berlin, Vienna, Bologna, Padua, Pavia, Pisa, &c. &c. as examples.

But how differently is an English Licentiate circumstanced in his own country! Not only is he deprived of the power of introducing any foreigner of the profession he may accidentally meet, and who formerly may have done the same kind office for him abroad, but he is not even allowed to attend the medical meetings of the College of Physicians without a special invitation from the President and Fellows; and as to the library or the museum, their doors are only to be opened for him through the courtesy of the curator or librarian.

Perhaps it is as well that many of the medical papers, under the existing regulations, should only be read, and that as quickly as possible, as really some of them are "beneath contempt." I conceive that it would be greatly to the advantage of the London College of Physicians to use every means of diffusing medical information among its members; yet, how can this be done under the present system? Of how many thousands of pounds does it not annually deprive our country? The large sums that are necessary for a finished medical education must be expended abroad, not because we have not ample means at home to furnish every medical instruction, but because those means are not put to a proper purpose.

I am, Mr. Editor,

Your humble servant,

March 15th, 1831.\*

M. D.

## ASSOCIATIONS OF MEDICAL PRACTITIONERS.

NEWCASTLE AND GATESHEAD SOCIETY.

To the Editor of THE LANCET.

SIR,—Although the late appearance in THE LANCET of my letter of the 23d January naturally gave rise to some surprise, I am nevertheless satisfied with your explanation of the cause of it; nor do I doubt your desire to treat the subject with the candour and impartiality which every subject connected with the welfare and respectability of the profession merits. You have my best thanks, then, for your declaration that your pages shall be open for the full discussion of the question. But that this discussion may be carried on with success it is necessary to obtain a clear idea of what the question really is; and although your remarks carry with them an appearance of candour and moderation which I have no doubt was the spirit in which they were written, yet I must think that somehow or other you have overlooked the main principle on which the association here has been founded, and have confined your observations to what may be called the second link in the chain of its proceedings, *the table of fees*. Whether or not the adoption of this table may be the wisest and best method of bringing into operation the principle referred to, may be determined afterwards, and in due time I shall be prepared to defend it as a useful practical guide, neither too vague to prevent its being applied to nearly every case that can occur in ordinary practice, nor too precise to preclude its adaptation to cases of more rare occurrence. It neither aims at regulating "the ideas of the practitioner, the reputation of the practitioner, nor the pecuniary capabilities of the patient," but on the contrary, by suggesting a maximum and minimum only, it is so constructed as to leave room enough for its own regulation according to all these considerations.

But setting aside this document for the present, I shall endeavour to place in as clear a light as I can the real question for discussion, which, it appears to me, is of much moment for the profession to settle in a satisfactory manner. It arises out of a sound maxim in political economy, which is both very old and of great authority; and which in particular reference to its present application has been recognised by an English jury, and confirmed by a judge in an English court of justice:—"The labourer is worthy of his hire."—I need scarcely refer you to the case of *Handey versus Henson*. I shall propose the question in

the following terms:—"Shall the general practitioner be contented to receive *his hire* as heretofore, in the shape of an undue, an uncertain, and an unequal profit on the comparatively worthless substances which are compounded together in his prescriptions, thus submitting, *at the least*, to the imputation of being a very *dear trader*, instead of pursuing the more open, candid, and manly course of telling his patients that the real value of his services arises from the stores of professional knowledge and experience which are treasured in his mind; from his power of discriminating disease and deciding upon the appropriate remedies for its relief; that their true character is not *pharmaceutical* but *intellectual*; and that whatever reward may be bestowed upon him for such services must hereafter be given and received, without *equivocation* or *disguise*, on account of its proper equivalent?" When the profession shall have given, as I trust they soon will do, a unanimous and emphatic *negative* to this important question, it will then be proper to inquire how far the course pursued by our association is the right one for rescuing them from the present uncandid and humiliating system. I cannot but hope that professional gentlemen in various parts of the country will take early opportunities of making known their feelings and opinions on the subject. It is probable that a general determination to act upon this better principle would make no material difference in the amount of professional emolument. In some cases, perhaps, it might be more, in others less, in many very nearly what it now is; but in every case it would be a strict proportion to the extent of services actually rendered. I remain, Sir,

Your very obedient servant,  
T. M. GREENHOW.

Newcastle, March 16, 1831.

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DR. MORRISON'S "MEDICINE NO MYSTERY."

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To the Editor of THE LANCET.

SIR,—In THE LANCET of the 15th of January there appears a critique on a work of mine, "Medicine no Mystery, &c." which is chiefly characterized by the personal abuse there bestowed on me. I shall offer no comment on the critique in *this* respect; you, no doubt, have consulted the taste of your readers in inserting it. But, Sir, I have to accuse the writer of the above article of an offence of a much graver character, viz. that of having *falsified* my text in the quotations he professes to give from my work, either by supplying a word not to

be found therein, and which alters the signification of the passage, or by omitting a subsequent sentence, which modifies materially that of the doctrine I have laid down; thus in quoting my observation respecting the *terminations of inflammation*, the word *only* is added, which does not occur in the text; and in the subsequent quotation, where I have stated, "that the *arulent* matter is always contained in a *bag*," the sentence immediately following is omitted, which runs thus, "*which is formed by a natural process, when the structure of the part does not oppose an insurmountable obstacle to that operation.*"

I am most unjustly accused, Sir, in the above critique, of having designed to attack that respectable class of professional men, the *general practitioners*; nothing could have been further from my intention; the whole tenor of my treatise leads to an inference *directly the reverse*. I have declared myself an enemy "to all self-created and invidious distinctions." My remarks only apply to those who, without *any* previous study or knowledge of the medical profession, presume to practise it,—to the apothecary who, instructed only in the mechanical composition of drugs, abandons his trade to intrude on the profession of his superiors, and to the quack who, educated neither in profession nor trade, criminally exercises *both* to the destruction of his victims. One might have supposed, that with such objects in view, I could have reckoned on the support of every well-wisher of science and of mankind.

The writer of the critique observes, "That no one after perusing Dr. Morrison's treatise, would have his knowledge of the medical art increased." I have, however, anticipated this remark, by stating in my introduction, "that it was rather my design to inspire a taste for the study of medical science, than to convey much actual information in so short a work."

Now, Sir, you will do me but justice in inserting this letter in an early number of your paper. To fair criticism, my little work is of course open, but I deny that any critic possesses the right to falsify my text, or to put sentiments into my mouth which I disclaim.

I have the honour to be, Sir,  
Your most obedient servant,  
JOHN MORRISON, M. D. and A. B.  
Trinity College, Dublin.

10, Upper Gloucester Street, Dublin,  
February 18, 1831.

[After all, the "false quotations" amount, it seems, to the accidental addition of the word "only."—ED. L.]



## UNITED SERVICE MEDICAL CLUB.

*(From a Correspondent.)*

It is proposed to establish a UNITED SERVICE MEDICAL CLUB, to include the officers of the East India Company's service. It is not intended to seek *patrons* and *vice-patrons*, as it is presumed the medical officers of the three services possess talent and integrity enough within themselves, without high-sounding names, to establish and conduct their own institution. The most eminent men in the three services to be chosen as directors, a library and museum to be furnished by donations—Gratuitous lectures on scientific subjects connected with the medical profession by competent members, who shall volunteer their services—An *economical* hotel on the principle of the existing service clubs, established in a central part of the metropolis, and connected with the institution. Officers of either service approving, will please to signify their assent, with a view to a general meeting, to Charles Maybery, Esq., Surgeon, R.N., Sycamore-Cottage, Little Chelsea, London, *secretary pro temp.*; to Thomas Wakley, Esq., Editor of THE LANCET, or the proposer, John Gooch, Surgeon, H.M.S. Prince Regent, Sheerness. All letters to be post-paid.

March 21, 1831.

MEDICAL DEPENDENT ON  
POLITICAL REFORM.*To the Editor of THE LANCET.*

SIR,—There is no class of men in the whole empire who ought to feel more deeply interested in the success of the new measures of Parliamentary Reform than the medical profession. Its members are politically interested in common with the other members of the state, and are vitally interested in it individually as the only means of obtaining a regeneration of the medical profession. Let me then exhort them in the most serious and urgent terms to become warm partisans of parliamentary reform. I speak this with especial reference to the fully-expected dissolution of parliament, when the best exertions of every friend of science will be required to aid the people of England, who, without the ballot, will be pitched against the boroughmongers with their infinite means of over-awing and over-influencing the electors of Great Britain. I am in constant intercourse with men who either are now, or have been, high in official stations in this country, and I am the

personal friend of the chief members of the Council of the College of Surgeons, and the head Fellows of the College of Physicians, and I tell the members of the medical profession throughout the kingdom, as the result of most ample opportunities for knowing the fact, that Polignac has more chance of restoring Carliam in France, than has the profession of reforming the present abuses of the medical constitution without a reform in Parliament.

To the profession, then, who are in every house, and can obtain the attention of every ear; who may advise, persuade, and influence without offence beyond all other men; whose opinions are looked up to with the highest respect, and whose wishes are so often commands; who acutely know the necessity for reform in the constitution of their own body, and who can so eloquently point out the importance of it to the dearest interests of every family; who have peculiar opportunities to steady the wavering and fix the uncertain,—to them I turn for their best aid in the cause of political reform.

Is there not some cause for the appeal I have thus, as an honest man, thought it my duty to make to the profession? I could acquaint you with not a few proofs, that the statement I have above recorded, is terribly true, but they would be useless unless published, and if published would betray my own name with a result which it must be my business to avoid. Let it be sufficient that the members of the profession have had warning.

Before I close my letter—the first (though well acquainted, Sir, with your person, a warm friend to your efforts, and one who is intimately acquainted with the state of medical politics),—the first which I have written to your journal, I shall, without fear of betrayal in one respect, make you acquainted with the following fact: Let the profession ponder on it, though it is not directly connected with my subject.

A proposal was made a very short time back in the Council of the College, that no man should be permitted to give “recognisable” certificates of attendance on surgical lectures, who was not a “hospital surgeon.” The proposer was Sir WILLIAM BLIZARD. The motion was within an ace of being carried.

I am your very obedient servant,

N. V.

London, March 24.

## TO CORRESPONDENTS.

Will A Pupil of St. George's favour us with his name and address confidentially?

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